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Pennsylvania Medicine®

VOLUME 99 • NUMBER 1
JANUARY 1996

House Bill 2122: Control Costs in the Courtroom

—page 22

Speak Out on Tort Reform Now

—page 24

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CONTENTS

JANUARY 1996
VOLUME 99 • NUMBER 1

Tort Reform Now!

The only true way to change the expense of medical malpractice insurance in Pennsylvania is to control what goes on in the courtroom, says the Society's Office of General Counsel. Learn more about what you can do to help achieve meaningful reform:

22 ***House Bill 2122: Controlling Medical Malpractice Costs***

24 ***Pass It On: Pennsylvania Physicians Must Speak Out Now on Tort Reform***

25 ***State Board Warns: Don't Refuse to Pay CAT Fund***

Special Insert: Readying for "Rally on Change"

Including:

- *"Resolution for Reform"*
- *Rally registration form*
- *1996 Leadership Conference registration form*

18 ***Four-Drug Initial Therapy for TB Is Standard Treatment***

In this first in a series of articles on chronic respiratory diseases, Pennsylvania researchers show how early observations have led to the use of combination regimens in treating tuberculosis.

28 ***Taking Charge in a Changing World***

The newest member of the PennMed Member Services Company (PMSCO) team shares his thoughts on the health care market and how PMSCO is making a difference for physicians in the commonwealth.

Earl A. Schulte, MD
Chief Operating Officer, PMSCO

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Medigram

4 Late news at press time

Issues of Interest

10 Retrospective—Top 5 of '95—*Maria T. Montesano*
12 Government—Bill would protect patient access to emergency care
14 Managed Care—Integration insider
16 Public Health—HIV service responds to 10,000 calls in first year/AHCPR guidelines urge cardiac rehabilitation/Orthopods back program to curb foot problems/Institute on Aging studying women's health/Abington surgeon joins national stroke campaign
18 Public Health Education—Four-drug initial therapy for TB is standard treatment—*P.J. Brennan, MD, and Rob Roy MacGregor, MD*
20 Drug Education—Center posts successful year/Q&A: drug utilization/Medication update
22 Tort Reform Now!—House Bill 2122: controlling medical malpractice costs/Conversing, corresponding with your legislators
24 Tort Reform Now!—Pass it on: Pennsylvania physicians must speak out now on tort reform/State board warns: don't refuse to pay CAT Fund
26 Medical History with a Twist—Snakes, staffs, and symbols—*Richard T. Bell, MD*
28 Physician Integration—Taking charge in a changing world
38 Peer Review—KePRO adopts TQM to improve services—*Donald E. Harrop, MD*

Opinion

6 Editorial—A new year for speaking out
8 Letters to the Editor—A critical fight in your state/Don't let deaths be in vain: fighting to save lives
44 Discharge Summary—A hundred years after the ray—*Joseph N. Aceto, MD*

Departments

32 Newsfronts—YPS trustee urges continued AMA membership/Physicians honored with annual awards
36 Newsmakers
40 Obituaries
41 New Members
42 Classified Advertising
43 Advertisers' Index

"OK, Tom was right.

After forming our group two years ago, we really shopped around for medical liability coverage. Not all of us were in favor of the policy from the discount carrier. Especially Tom. He felt the risks of our profession were already high enough, and we couldn't trust just anyone to protect our practice and our reputation. But Liz and I wanted to lower monthly expenses. We honestly thought we'd get the same peer review on claims that PMSLIC offers its policyholders.

Boy, were we misinformed. After Liz was sued, we found ourselves defending her actions to the very people we were paying to defend us. I mean, they're supposed to be on our side, right? I still can't believe how much time we've already spent trying to get our practice back on track. If we had gone with PMSLIC, we wouldn't be in this mess. I wish we had made the right move from the start. I wish we had listened to Tom."

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MEDIGRAM

DR. JANNETTA RESIGNS STATE POSITION TO PURSUE BREAKTHROUGH: Health Secretary Peter J. Jannetta, MD, announced in December that he will resign his state position effective March 1, 1996, to pursue a substantial breakthrough in medical research. Though a successor has not yet been named, Daniel Hoffman of Hershey has been named executive deputy secretary for administration within the department; he has worked in the health care field for 16 years. Dr. Jannetta's resignation brings increased pressure for the Ridge administration to change the requirement that the secretary of health be a physician.

GRASSROOTS LEADERS DISCUSS TORT REFORM EFFORTS AT SUMMIT: A December 12 summit at State Society headquarters drew nearly 90 leaders from specialty and county medical societies to discuss grassroots response to tort reform and House Bill 2122. Representative J. Scot Chadwick (R-Bradford), sponsor of the bill, also attended the summit, where the group voiced support for his bill and the January 23 tort reform rally in Harrisburg. For rally details, see the special insert in this issue, or call the Society's tort reform hotline at (800) 566-TORT.

WORKERS' COMP ANNUAL UPDATE SET AT 3.5 PERCENT: The Pennsylvania Department of Labor and Industry has announced a 3.5 percent update for physicians who perform services under the state's Workers' Compensation Act of 1994. To calculate rates for services performed on or after January 1, 1996, physicians should multiply their 1995 rates—113 percent of the 1994 Medicare allowance plus the 3.2 percent update—by the 1995 update percentage of 3.5 percent. As provided in the law, annual updates are based on the percentage change in the statewide average weekly wage. Insurers who do not recognize the higher allowance should be reported to the Bureau of Workers' Compensation through a Petition for Fee Review.

PPHP SUPPORTERS NUMBER 3,500 IN PENNSYLVANIA: More than 3,500 physicians who live and practice in Pennsylvania have invested over $18.5 million since July 1995 to establish the Pennsylvania Physician Healthcare Plan, Inc. (PPHP), according to a PPHP news release. The stock offering deadline has been extended to February 15, 1996. For more information on the offering and how you can still participate, see page 11.

HOUSE PASSES MEDICAL SAVINGS ACCOUNTS BILL: The state House of Representatives in December unanimously passed House Bill 1468, which permits a person or an employer, for the benefit of an employee, to deposit up to $2,500 in a medical savings account for an individual and up to $5,000 for an employee with dependents. The amounts would be adjusted each year based on the change in the medical component of the national consumer price index. The Society supports the bill, introduced by Insurance Committee Chairman Nicholas Micozzie (R-Delaware).

SEMINARS FOCUS ON CODING, REIMBURSEMENT: The Society, for the fourth staight year, is offering Physician Payment Updates seminars which review changes in coding, Medicare and Medicaid, and other reimbursement issues. Carol McClain, RN, BSN, will lead seminars on February 7 in Mars (Pittsburgh North); February 8 in Greentree (Pittsburgh South); February 13 in Philadelphia; February 14 in Bethlehem; and February 15 in Harrisburg. Call the Society at (800) 228-7823, extension 1488 to register.

SOCIETY EFFORTS EFFECTIVE AT AMA INTERIM MEETING: Members of the Pennsylvania Delegation to the AMA effectively represented Pennsylvania physicians at the AMA's Interim Meeting of the House of Delegates, held last month in Washington, DC. The AMA House adopted delegation resolutions to reexamine employment-based health insurance, to study a system of competitive bidding for substandard risks in health insurance underwriting, to require a fiscal note on all resolutions, and not to require U.S. citizenship of AMA Medal of Valor recipients. The delegation also supported expanded graduate medical education funding.

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A New Year for Speaking Out

John W. Mills, MD
Medical Editor

Most members who read this column on a regular basis know that I don't hesitate to speak out when I think our profession is maligned, or if I believe we should take a stand on an issue. Here's my short list for 1996:

Tort reform: full steam ahead

The new year is still in diapers, but your State Society is on track with a full head of steam, highballing for legislative tort reform through House Bill 2122.

You've probably received the details about the reforms in the bill, the call for participation in our Rally for Change on January 23 (see *Executive Report* insert and pages 11 and 22-25 for more information), and our concerns of present CAT Fund administration. Our proposed reforms may not seem earth-shaking—and are no threat to the trial bar—but they will help level the playing field. We demand that Pennsylvania physicians be given the same rights that physicians in other states have recently won.

In case you're behind in your reading, we want:

- informed consent;
- elimination of duplicate payments;
- reasonable limits on punitive damages;
- periodic payments of awarded damages;
- real expert witnesses (board certified in specialty being litigated);
- targeting of frivolous lawsuits;
- arbitration agreements; and
- mandatory risk management for all health care professionals, as well as medical liability insurance companies.

Plaintiffs may still sue, but the cards will be more evenly stacked so one profession—legal—doesn't have the authority to ride roughshod over our profession.

The CAT Fund of Act 111 is a separate issue altogether and is being addressed by Senate Bill 1122. Suffice it to say that the surcharge of nearly 170 percent in 1995, and similar one for 1996, may very well result in a physician shortage and patient access problems in this state. Many physicians will be unable to pay their astronomical insurance charges—or will have to go into debt to keep practicing. It's a frightening scenario; I've been there.

Opposing "gladiator" fighting

Bare-fisted fights—few holds barred, if any—to the end are nothing more than human cock fights, and our profession needs to condemn such behavior and be public about it. Gladiator-like "sport" in the twentieth century is a far cry from our constitutional freedoms.

Our legal system bends over backwards to protect our rights, but inhumane fights, or the ability to stage one, don't constitute a protected freedom in my mind. One of the Atlantic states recently refused to allow the spectacle, but North Carolina permitted it. It's bad enough to have adults clamor for, and witness, such dubious behavior, but note that many children were in the audience. Does that say something about what's happened to our moral fiber in this country, conceived in the Judeo-Christian ethic? No wonder our statistics on violence continue to escalate!

We need to stop defending and protecting outright criminal behavior, or soon we'll be on the slippery slope. I intend to ask our board to consider a resolution condemning these "human cock fights."

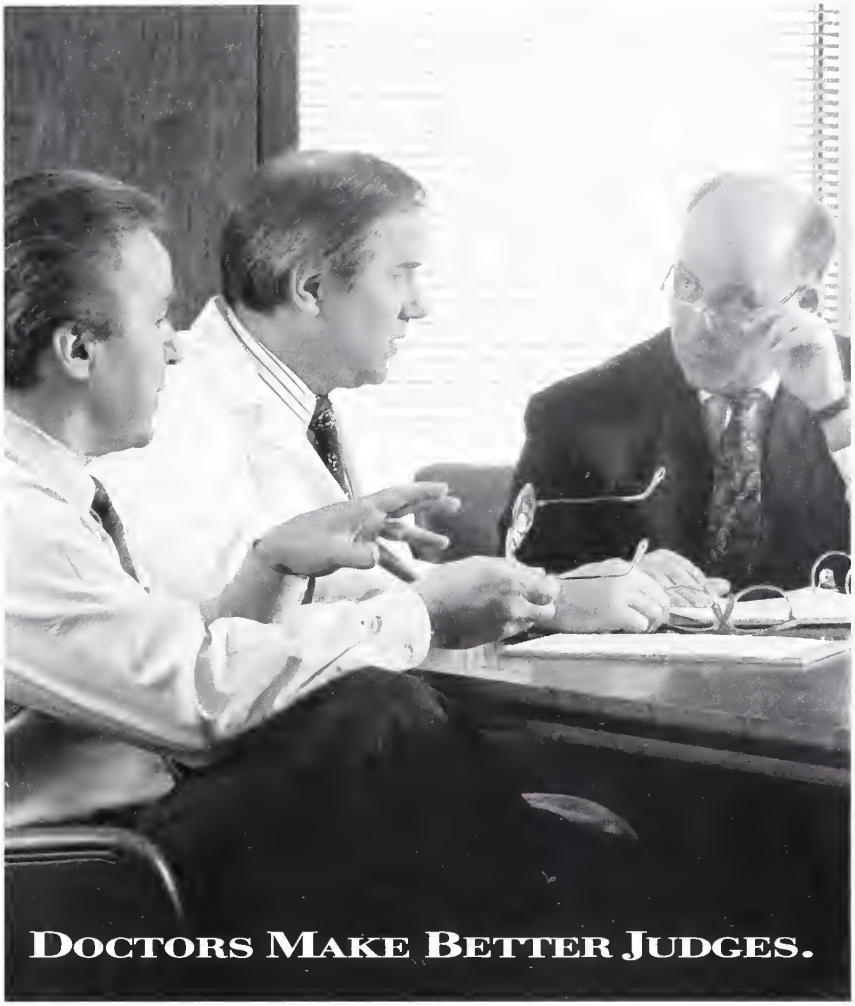
A new Leadership Conference

This year will bring a fresh appeal to the Pennsylvania Medical Society Leadership Conference, April 19-21. It will be a weekend for the "Family of Medicine" at the Lancaster Host Resort and Conference Center.

On Friday, we'll have a box lunch, followed by a keynoter or two in the afternoon, then a family picnic. That means *your* family—as well as the family of medicine.

Saturday morning we offer a larger selection of workshops; the afternoon will also include family activities, coordinated by the Pennsylvania Medical Society Alliance. The dinner on Saturday will be sponsored by PAMPAC. We will conclude by Sunday noon, after a focused look at the changing health care marketplace and a report on the current state of practice in Pennsylvania.

Family activities in the Lancaster area abound. Make plans now for a super weekend with family, and less time out of the office. And in the meantime, let's toast the new year with fighting spirit in preparation for the many challenges before us.



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A CRITICAL FIGHT IN YOUR STATE

This letter was mailed to all members and supporters of the Association of American Physicians and Surgeons in Pennsylvania.

This may seem like a small point. But it could be the point of a deep-seated abscess—and a chance to make a tremendous difference.

The union representing teachers at Bucks County Technical School has an idea that should benefit all, teachers and taxpayers alike (or so it would seem): medical savings accounts (MSAs). Union negotiator Ed Moffit (you may have met his brother Bob at an AAPS meeting) thought the school board would love the idea, which he learned about from public employees in Jersey City, New Jersey. It would save the taxpayers thousands of dollars in benefits; it would put more money in the pockets of the teachers; it would save their freedom of choice.

Much to Mr. Moffit's surprise, the school board did not say "Great idea!" They went ballistic.

The school board will not release census information so that Mr. Moffit can go into the market and get a bid for his proposed plan. An "unfair labor practice" action has been filed.

"These people want me dead," Mr. Moffit said. The question is "Why?"

One force on the opposite side is Blue Cross/Blue Shield, which is carrying on a television ad campaign. They want teachers in their managed care plan.

Another is the local politicians, who want more federal Medicaid money funneled to them through school-based clinics. "Medically needy" has been redefined to include anyone aged 0 to 21 who has a learning disability or behavior problem. That can mean failure to achieve one of the goals of "outcome-based education." Anyone in that category can then receive "health care" and counseling at a school "wellness center," through a network of providers, paid for by Medicaid.

One strategy of achieving HillaryCare through the back door is through school-based "wellness."

What does this have to do with MSAs? It could be that anything that hinders the establishment of monopolistic control over patients and physicians is a roadblock to the social engineering agenda.

Be that as it may, MSAs are a threat to insurers who want to control big managed care networks.

Mr. Moffit says he is in the fight of his life and hopes the cavalry will arrive. I asked how we might be able to help.

He suggested we might help to amplify the demand for the information needed to write an insurance plan utilizing MSAs. There has already been an ad in the *Bucks County Courier-Times* asking people to call board members. The message: Negotiate in good faith, and release the medical information.

A state representative is interested in the issue: Representative Sam Rohrer, (610) 775-5130, fax 775-3736. You might want to call his office and ask what is going on.

You can help us by supplying any information about moves to force public employees into managed care in other parts of the state, or information about school-based clinics (one just opened in Philadelphia, I understand).

I plan to write a letter to the *Courier-Times* editor just saying that MSAs have been very successful, and the teachers in their town might like to try them out. A local person would have a better chance of being published, however.

Please spread the word, and let us know of any suggestions.

Thanks!

Jane M. Orient, MD
Executive Director
Association of American Physicians and Surgeons, Inc.

DON'T LET DEATHS BE IN VAIN: FIGHTING TO SAVE LIVES

A needless death—Doug Milner.

Thousands of other deaths such as Lawrence Stern, the past editor of the *Washington Post*, are needless. Why are they needless?

1) Because of a lack of education concerning the use of epinephrine (adrenaline) that can be used in the case of a reaction to an insect sting to prevent death in the event of anaphylactic reaction.

2) The failure of states to pass legislation to allow laymen to administer epinephrine.

I have worked to educate laymen and get laws passed in states to allow laymen to administer epinephrine. Everyone should have an emergency epinephrine kit. As a long crusader, I have been able to get legislation passed in 20 states. Texas, where Mr. Milner lived, is not one of these states.

Death from a severe anaphylactic reaction can occur in five minutes, which is insufficient time to get to medical aid. Doug Milner was unconscious within minutes. Epinephrine (adrenaline) is the only treatment that will save a person suffering an anaphylactic reaction.

May the death of Doug Milner not be in vain!

Claude A. Frazier, MD
Asheville, North Carolina

Editor's note: Accompanying Dr. Frazier's letter were reprints of two articles. The first, from the November 14, 1995, Dallas Morning News, *tells of the death of Doug Milner, a freelance photographer and former journalist, who died of an allergic reaction to a wasp sting. In it, his wife is quoted as saying, "It was just this freak thing, living out in the country."*

The second reprint is a guest editorial by Dr. Frazier which appeared in the May 1994 issue of Annals of Allergy. *Dr. Frazier, who in 1993 received a special award from the American College of Allergy and Immunology for his efforts in educating the public about the life-threatening dangers of insect allergy, in the editorial outlines his efforts—including having the AMA prepare model legislation to allow trained persons to administer epinephrine to a person suffering from a severe reaction to an insect sting.*

Copies of both articles are available upon request.

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

Please send letters to:

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JANUARY 1996

January 10th
Advances in the Treatment of NIDDM
Alan J. Garber, M.D., Ph.D.
Professor of Medicine,
Biochemistry and Cell Biology
Baylor College of Medicine
Houston, TX

January 17th
Addiction Medicine
David Smith, M.D.
President of the American Society
of Addiction Medicine
University of California/San Francisco
(UCSF) School of Medicine
San Francisco, CA

January 24th
Antibiotic-Associated Diarrhea
Sherwood L. Gorbach, M.D.
Professor of Medicine and Community Health
Tufts University School of Medicine
Boston, MA

January 31st
Unrelated Donor Bone Marrow Transplantation
David Marks, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania
and Hahnemann University
Division of Hematology/Oncology
Hahnemann University Hospital

Phyllis Sabol, M.D.
Hematology/Oncology Fellow
Medical College of Pennsylvania
and Hahnemann University
Hematology/Oncology
Hahnemann University Hospital

FEBRUARY 1996

February 7th
Salt Retention and Diuretic Resistance in Congestive Heart Failure
Wadi Suki, M.D.
Professor of Medicine and Molecular
Physiology and Biophysics
Baylor College of Medicine
Chief, Renal Section, Methodist Hospital
Houston, TX

February 14th
Aspirin and Warfarin Therapy
Alexander Graham Turpie, M.D.
Professor of Medicine
McMaster University, Hamilton General Hospital
Hamilton, Ontario, Canada

Abnormalities of Thrombosis in Cardiovascular Disease
Barry S. Coller, M.D.
Murray M. Rosenberg Professor of Medicine
Mount Sinai School of Medicine
Chair, Department of Medicine
Mount Sinai Hospital
New York, NY

February 21st
Advances in Magnetic Resonance Imaging for the Internist
Robert MacMillan, M.D.
Professor of Medicine
Associate Professor of Radiology
Medical College of Pennsylvania
and Hahnemann University
Director, Cardiac MRI,
Division of Cardiovascular Diseases
Hahnemann University Hospital

Paula Touliopoulos, M.D.
Assistant Professor of Radiology
Medical College of Pennsylvania
and Hahnemann University
Department of Radiology
Hahnemann University Hospital

February 28th
Pathogenesis and Treatment of Reflux Esophagitis
Roy C. Orlando, M.D.
Professor of Medicine and Physiology
Tulane University School of Medicine
Chief, Section of Gastroenterology and Hepatology
Tulane University Medical Center
New Orleans, LA

MARCH 1996

March 6
Clinical Pathologic Conference
Dina Capalongo, D.O.
Michael Downing, M.D.
Lawrence McDermott, M.D.
Lisa Scheib, M.D.
Chief Residents, Hahnemann University Hospital

March 13
New Concepts in Pulmonary Medicine: Sleep Apnea, Respiratory Failure
Barry Fuchs, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania
and Hahnemann University
Division of Pulmonary and
Critical Care Medicine
Hahnemann University Hospital

Joanne Getsy, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania
and Hahnemann University
Director, Sleep Lab
Division of Pulmonary and
Critical Care Medicine
Medical College of Pennsylvania Hospital

Edward S. Schulman, M.D.
Professor of Medicine, Medical College of
Pennsylvania and Hahnemann University
Chief, Division of Pulmonary
and Critical Care Medicine,
Hahnemann University Hospital

March 20th
Cutaneous Signs of Systemic Disease
Melda Isaac, M.D.
Assistant Professor of Dermatology
Medical College of Pennsylvania
and Hahnemann University

March 27th
Medical Education and Medical Practice—What's Next: A View from Washington and the AMA
Richard F. Corlin, M.D.
Speaker of the House of Delegates
American Medical Association
Assistant Clinical Professor of Medicine
UCLA School of Medicine
Los Angeles, CA

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

JANUARY 10, 1996
Diabetes
Course Directors: Leslie I. Rose, M.D., Allan B. Schwartz, M.D.
Lecturers:
Alan J. Garber, M.D., Ph.D., Harry Gottlieb, M.D.

JANUARY 17, 1996
Addiction Medicine
Course Director:
Vincent Zarro, M.D., Ph.D.
Lecturer:
David E. Smith, M.D.

FEBRUARY 14, 1996
Abnormalities of Thrombosis
Course Director:
Marc Cohen, M.D.
Lecturers:
Alexander Graham, Turpie, M.D., Barry S. Coller, M.D.

MARCH 1996
NO MEETING

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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This program is eligible for 1.0 credit hour for each hour of attendance in Category 2A of the American Osteopathic Association.

Top 5 of '95

Baby New Year is out of the womb, but before we follow him into all that 1996 will bring, let's take one last look back at the year that was...1995.

Maria T. Montesano
Assistant Managing Editor

On the national front, health system reform as we knew it in 1993-94 fell to the background of the issues pile. Instead, managed care and how best to finance care for the elderly and indigent are becoming *the* issues to watch.

Internally, the Society last year witnessed one of the most exciting years in the past five: New marketplace structures brought opportunities, long battles resulted in big wins, and unexpected—and unwelcomed—surprises renewed member interest in a long-standing priority.

Here's a look at our pick of the stories of 1995 as affecting Pennsylvania physicians and their practice of medicine.

5 PMSCO Efforts Take Off

The Society's newest for-profit subsidiary, the PennMed Member Services Company (PMSCO), opened its doors in 1994 to help physicians take a leadership role in the changing health care system. And while 1994 was an exciting year, 1995 brought extensive growth to the new company—proof that the Society was on target in understanding not only the changing marketplace, but also physicians' needs.

Financial goals were reached earlier than anticipated, and by year-end, PMSCO was actively working with 19 physician organizations in various stages of development across the state. While PMSCO initially focused solely on consulting services, it expanded its offerings in 1995 to include administrative support and management services as well.

PENNSYLVANIA MEDICINE started the new year of 1995 with an interview of PMSCO Executive Director Michael P. Lance, whose vision is based on a sensitivity and understanding of physicians' perspectives. Earl A. Schulte, MD, PMSCO's new chief operating officer, joined the organization late in the year, bringing not only first-hand experience in medicine to his position, but an extensive knowledge of managed care as well. An interview with Dr. Schulte begins on page 28.

4 Workers' Comp Regs Final(ly)

More than two years after passage of the Workers' Compensation Act, regulations fully implementing the act's medical cost containment provisions were approved. For physicians providing care to injured workers, the regulations clarify a number of issues related to the delivery of services, reporting of services and claims submission, and the adjudication of claims.

Key changes include:

- a cap on medical fees at 113 percent of the 1994 Medicare allowance as of December 31, 1994;
- annual updates commencing January 1, 1995, equal to the percentage change in the statewide annual weekly wage;
- bills are to be paid within 30 days unless there is a request for utilization review;
- changes to provider's codes will occur only after discussion with the provider and within 30 days;
- utilization review processes and qualifications of reviewers have been strengthened to require the reviewer to be of the same specialty, board certified when performing reconsideration, and in active clinical practice of 20 hours per week or more;
- physicians may be held responsible for cost of reconsideration if found to be the losing party; and
- suspension of payment during review ceases after reconsideration if services are deemed necessary.

3 QMB Victory Nets in Excess of $54 Million for Providers

In early 1995, physicians statewide began to see the effects of a Society victory in a lawsuit forcing the state to pay appropriate coinsurance and deductibles for patients, known as Qualified Medi-

Elizabeth B. Metz, Esq., the Society's counsel for health law and policy, and Donald N. McCoy, director of regulatory affairs and specialty legislation, contributed to this article.

care Beneficiaries (QMBs), eligible for both Medicare and Medicaid. Within the first month, payments totaled $9.5 million to providers; to date, providers received more than $54 million, with more than $35 million paid to physicians.

Prior to the Society's court victory in late 1994, the Pennsylvania Department of Public Welfare (DPW) only made QMB cost-sharing payments to providers who participated in the Medicaid program. In addition, DPW limited these payments to the excess of the Medicaid fee schedule amount over the Medicare payment. In most cases, even participating Medicaid providers received no QMB payment once the QMB's Medicare deductible was satisfied, because the Medicaid fee schedule amount is invariably less than the Medicare payment.

Federal courts ordered DPW to pay the *full* QMB patient cost-sharing for all claims processed on or after September 26, 1994. After the court order and at the Society's urging, DPW also agreed to make QMB payments to non-participating Medicaid providers. The state has been working since December 1994 to implement the court's order and related agreements, and now is largely in compliance.

PPHP Achieves Capitalization Goal

The Pennsylvania Physician Healthcare Plan, Inc. (PPHP) in early December surpassed its break-escrow point of $16.5 million required to capitalize the organization. PPHP is now moving forward into the next phase of the company's development—the licensure process.

PENNSYLVANIA MEDICINE in May talked with PPHP founder Gary C. Brown, MD, a Wyndmoor ophthalmologist, about the capitalization and future of Pennsylvania's only physician-owned managed care organization. He explained that the effort was in response to the collapse of the Clinton health care plan, but that the main point was not to maximize physicians' fees. Instead, he emphasized the competitive edge physicians will have if they are able to maintain control of the quality of care.

The company's stock offering remains open until February 15 to permit participation from physicians who have not yet invested, as well as for additional investment from current subscribers. For more information, call PPHP at (800) 671-7747.

Emergency Surcharge Sparks Revival of Tort Reform

The 68 percent emergency surcharge of the Medical Professional Liability Catastrophe Loss Fund (CAT Fund) announced in late September, coupled with a CAT Fund surcharge of 164 percent for 1996, sparked renewed physician interest in medical liability tort reform in the fall.

The Society has been fighting for tort reform for more than two decades, but renewed physician interest—along with renewed legislative interest—means renewed grassroots interest.

The Society supports two related bills in Harrisburg: House Bill 2122, introduced by Representative J. Scot Chadwick (R-Bradford) at the Society's request, seeks comprehensive medical liability and tort reform; Senate Bill 1122, introduced by Senator Edwin Holl (R-Montgomery), seeks CAT Fund reform. The Society has also requested a meeting with Governor Tom Ridge to discuss tort reform and the CAT Fund.

Help us help you...by joining the Society in Harrisburg on January 23 for our tort reform rally on Capitol Hill. The more physicians in attendance at this special event to kick off the Society's comprehensive 1996 tort reform strategy, the more of a statement we can make to legislators and the administration about the importance of such reform—and our commitment to it.

Two decades of runaround is long enough. Isn't it about time something is done? For rally details, see the special insert in this issue, or call (800) 566-TORT (8678).

Reasons You Shouldn't Miss...

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BILL WOULD PROTECT PATIENT ACCESS TO EMERGENCY CARE

The Pennsylvania Chapter of the American College of Emergency Physicians (PaACEP) is urging Pennsylvania legislators to protect patients' access to emergency medical care by passing House Bill 1415, known as the "prudent layperson" bill. Representative John Lawless (R-Montgomery) is the bill's chief sponsor.

PaACEP secured approval by the House Insurance Committee for this bill late last year. The State Society also contacted committee members to support passage of the bill, opposed strongly by insurance interests and now on the House calendar.

"Through this legislation, we are trying to establish a uniform definition of what constitutes a medical emergency based on a patient's symptoms rather than the final diagnosis," says Steven Parrillo, DO, PaACEP president. "Currently, because there is no statutory definition, insurance plans may deny payment for an emergency department visit if the patient is not diagnosed with a life-threatening condition, regardless of the severity of the symptoms."

Dr. Parrillo says PaACEP is concerned that this increasingly common insurance practice may put patients at risk. Some people may avoid visiting the emergency department, even though their symptoms suggest a medical emergency, because they cannot afford the cost of the visit if their insurance claim is denied. He cites a classic example:

A 45-year-old man with chest pain is worried he may be having a heart attack and visits an emergency department. After an examination, he is reassured that the diagnosis is indigestion, and he goes home. His insurance company denies payment for the claim because indigestion is a "non-urgent" condition, not warranting emergency care.

A few evenings later, he again has chest pain, but delays seeking care at the emergency department. He reasons he doesn't want to pay the hospital bill again and opts for calling his primary care physician the next morning. He goes to bed that night and suffers a major heart attack.

Under House Bill 1415, patients who seek treatment in a situation that they perceive as a true emergency would be guaranteed that the treatment would be covered by their insurance company. According to the bill, insurance companies would rely on the judgment of a patient who "possesses an average knowledge of health and medicine" to determine if a health situation merits immediate treatment.

Legislation similar to House Bill 1415 has already become law in Maryland, Arkansas, and Virginia. A prudent layperson bill has also been introduced in the U.S. House of Representatives.

"In this era of managed care, emergency physicians understand the need to control health care expenses, but not at the cost of our patients' lives," says Dr. Parrillo. "That's why we're pushing for passage of House Bill 1415.

Also on the hill

To date, nearly 4,000 different bills have been introduced at the state level. The State Society has reviewed all of these and found that more than 220 of them relate directly to health care and the practice of medicine. Year-end legislative activity on two important bills included:

House Bill 2210—CAT Fund Payments: The House Insurance Committee has approved House Bill 2210, which would permit those covered under Act 111 to make installment CAT Fund payments. The Society supports the bill. Representative William Adolph Jr. (R-Delaware) is the prime sponsor. The bill was tabled in the House.

Senate Bill 1122—CAT Fund Reforms: The Society has supported legislation aimed at reforming the Medical Liability CAT Fund by shifting powers to the basic carrier, by using prevailing primary rates as the basis for surcharge calculations, and by foreclosing the need for future "emergency" surcharges by the fund. Senator Ed Holl (R-Montgomery) is the prime sponsor. The bill was amended and reported favorably by the Senate Banking and Insurance Committee and is now on the Senate calendar.

Recent legislation introduced

- *House Bill 2123* to abolish joint and several liability was introduced by Representative Howard Fargo (R-Mercer) and has been referred to the House Judiciary Committee. The Society supports this bill.
- *House Bill 2085* to prohibit smoking in public places was introduced by Representative Lita Indzel Cohen (R-Montgomery) and has been referred to the House Commerce and Economic Development Committee. The Society supports this bill.
- *House Bills 2095 and 2096,* regarding the Health and Welfare block grant and seeking alternative funding acts, were introduced by Representative Jere Strittmatter (R-Lancaster) and have been referred to the House Health and Human Services Committee. The Society is studying these bills.
- *House Bills 2146 and 2147,* regarding certification of managed care benefits plans and HMO penalties, were introduced by Representative Michael McGeehan (D-Philadelphia) and have been referred to the House Health and Human Services Committee. The Society is reviewing these bills.
- *House Bill 2169,* which defines "medical necessity," was introduced by Representative Thomas Gannon (R-Delaware) and has been referred to the House Insurance Committee. The Society supports this bill.
- *House Bill 2185* to require HMOs to inform patients of practice parameters was introduced by Representative Nicholas Colafella (D-Beaver) and has been referred to the House Insurance Committee. The Society supports this bill.
- *House Bill 2190* to prohibit tobacco sales to minors was introduced by Representative Thomas Gannon (R-Delaware) and has been referred to the House Finance Committee. The Society is seeking amendments to this bill.
- *House Bill 2216* to revise the state Workers' Compensation Act was introduced by Representative Joseph Gladeck Jr. (R-Montgomery) and has been referred to the House Labor Relations Committee. The Society is seeking amendments to this bill.
- *House Bill 2237,* seeking parity coverage for mental illness, was introduced by Representative Thomas Gannon (R-Delaware) and is now in the House Insurance Committee. This bill, supported by the Society, is primarily the work of the Pennsylvania Psychiatric Society.

JEANES HOSPITAL & PHILADELPHIA G.I. GROUP

Present

"COMMON G.I. PROBLEMS EMPHASIZING MANAGEMENT"

MARCH 23, 1996

HOLIDAY INN

City Line Ave. and Presidential Blvd., Philadelphia, Pa.

8:30 - 9:00 **Registration and Coffee**

9:00 - 10:30 **Inflammatory Bowel Disease—Moderator: A.J. DiMarino, M.D.**
Pouchitis—J. Deren
Extra Colonic Manifestations—D. Katzka
Newer Therapy—G. Lichtenstein
Surgical Options—J. Morris

10:30 - 10:45 **Coffee**

10:45 - 12:15 **Premalignant Disease of the G.I. Tract—Moderator: D. Castell, M.D.**
Surveillance of High-Risk Colon—J. Katz
Liver—S. Munoz
Esophagus & Stomach—W. Rubin
Molecular Biology of Colon Cancer—P. Traber

12:15 - 1:15 **Lunch**

1:15 - 2:45 **Liver Disease—Moderator: Martin Black, M.D.**
Drug-Induced Liver Disease—C. Brass
Transplantation—Indications and Update—M. Lucy
Quo Vadis—Hepatitis C—C. O'Brien
Hemochromotosis—P. Malet

2:45 - 3:00 **Coffee and Coke**

3:00 - 4:30 **G.I. Manisfestations of Systemic Conditions—Moderator: W. Battle M.D.**
Connective Tissue Disease—A. Alboronz
Pregnancy—H. Clearfield
Renal Disease—J. Hubsher
Diabetes—H. Parkman

Educational Objectives:
At the conclusion of this activity, the participants should be able to:

1. Identify and list new therapies for inflammatory bowel disease.
2. Recognize premalignant conditions and institute proper surveillance.
3. Describe the problem associated with the treatment of Hepatitis C.

Accreditation Statement: Jeanes Hospital is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.

Designation Statement: Jeanes Hospital designates this continuing medical education activity for (6) credit hours in Category I of the Physician Recognition Award of the American Medical Association and Pennsylvania Medical Society membership requirement.

Disclosure Statement: All faculty participating in continuing medical education sponsored by Jeanes Hospital are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

American Osteopathic Association category 2-A 6 hours.

Registration: **$80.00**
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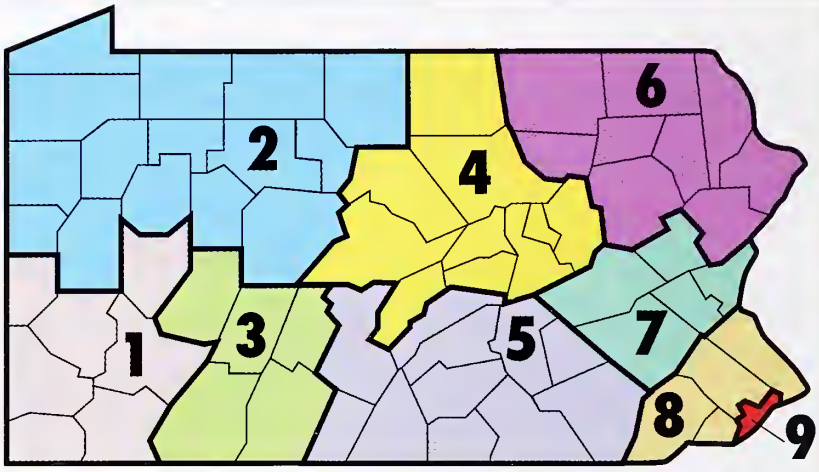
Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

The 300-person corporate membership of Pennsylvania Blue Shield, Camp Hill, on November 28 voted 163-55 to approve consolidation with Blue Cross of Western Pennsylvania. Formal filing for regulatory review was planned for last month, with the intention of starting to consolidate operations early this year. *[Pennsylvania Blue Shield press release]*

Magee-Womens and Passavant hospitals have formed a joint venture under which Magee will operate and help upgrade Passavant's obstetrical and newborn care units. *[Pittsburgh Post-Gazette]*

PPG Industries is offering a Medicare HMO option to 1,000 retirees in the Pittsburgh region. If successful, the company will expand the option to its 10,000 retirees nationwide. *[Pittsburgh Business Times]*

The Pennsylvania Department of Insurance approved HealthAmerica's proposal to sell HMO care directly to individuals in the Pittsburgh area. Advertising for the new "direct-pay product" was to begin in mid-November. Blue Cross of Western Pennsylvania is pursuing a similar product. *[Pittsburgh Business Times]*

Central Physician Associates (CPA), currently based in State College, is looking to expand its original network base. A broad-based multispecialty structure is being developed. *[PMSCO]*

The Tioga County Physicians Organization (TCPO) has completed its formalization process. TCPO differs in size from other organizations being formed in the state—it currently has 12 members, all of whom are specialists. *[PMSCO]*

The Lancaster Physician Practice Corporation (LPPC) became operational in the fall with 374 physicians representing Lancaster County hospitals. The LPPC board has decided to continue offering stock to all eligible Lancaster County physicians for a limited period of time. *[PMSCO]*

Officials of Capital Health System and the Greater Susquehanna Physician Alliance have announced regulatory approval of a new, independent organization to provide managed care in Central Pennsylvania. The Capital Region Health Network (CRHN)—owned 50 percent by physician shareholders of the alliance and 50 percent by Capital Health System—is now negotiating preferred provider contracts with several area employers and aggressively pursuing risk-sharing arrangements with regional HMOs. *[CRHN press release]*

The Hazelton Area Physician Association (HAPA), a multispecialty independent practice association (IPA), is in discussions with various payers regarding possible contracting arrangements. HAPA has retained management services and is gearing up its operations. *[PMSCO]*

Ninety-three physicians in Monroe County have joined together to form the Pocono Regional Physicians Organization (PRPO). The organization's Executive Committee and PMSCO have been actively pursuing contracting opportunities with area HMOs and PPOs. *[PMSCO]*

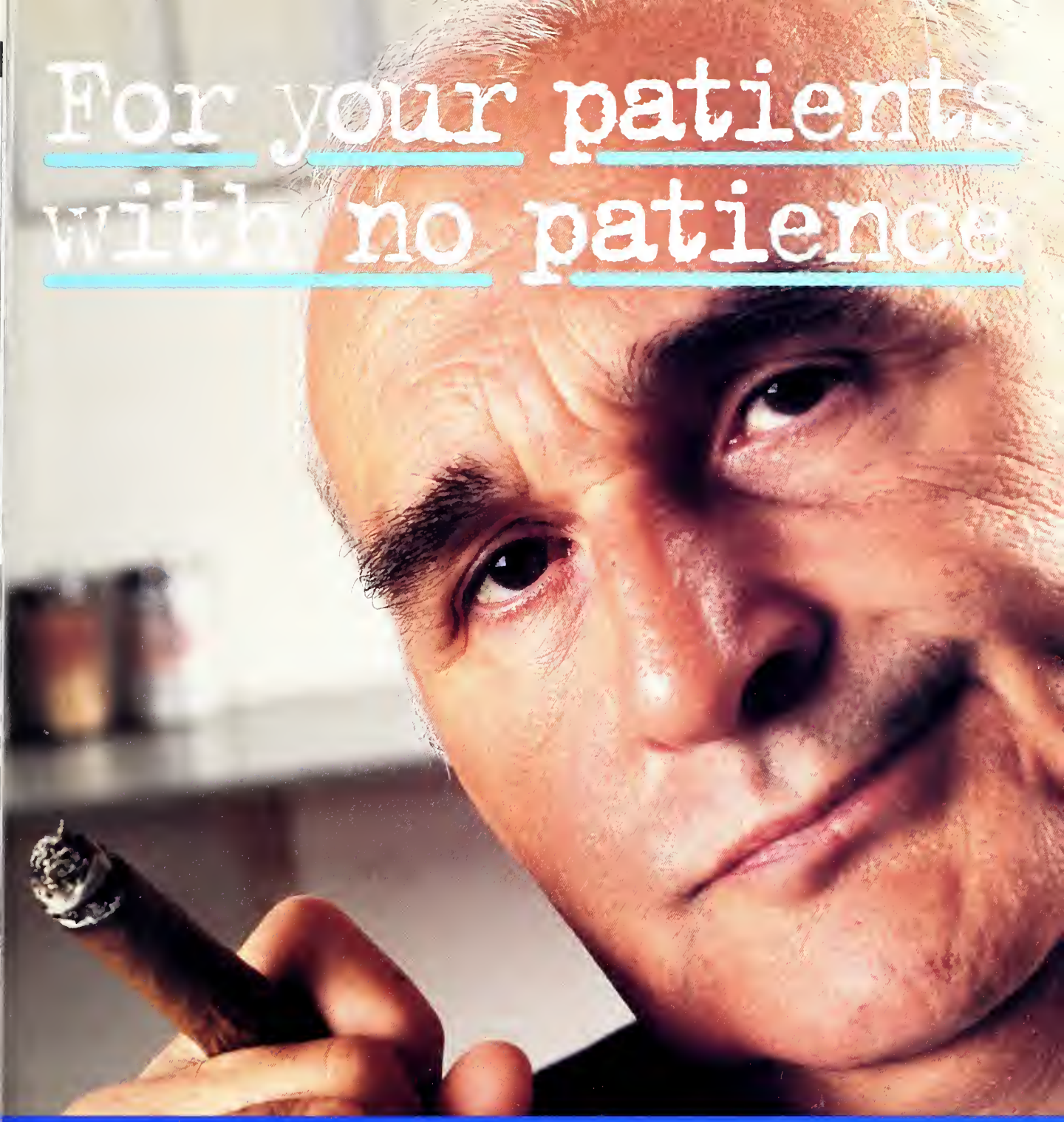
Lackawanna Physician Organization (LPO) has completed the organizational phase of PO development. The LPO board of the 174-member organization planned its first meeting last month. *[PMSCO]*

The Physicians Network of Luzerne County (PhyNet), with a membership of 101 physicians, is now operational and actively pursuing open discussions with area payers. *[PMSCO]*

The Schuylkill Physicians Organization (SPO) late last year began its solicitation process. An educational meeting gave local physicians an opportunity to learn more about the development of the organization. The termination date for subscription participation was December 22, 1995. *[PMSCO]*

North Penn Hospital, Lansdale, and its medical staff have joined the PennCARE℠ integrated delivery system, a network of hospitals, physicians, and other providers offering a full range of prevention and treatment services to businesses in Eastern Pennsylvania. *[PennCARE press release]*

Progressions Health Systems, Inc., Blue Bell, a regional provider of comprehensive mental health



Tablets and Oral Suspension

CEFZIL®

(CEFPROZIL)

Fights Infections* Fast!

*Mild to moderate respiratory tract infections.

Please see brief summary of Prescribing Information on the following page.

Tablets and Oral Suspension

CEFZIL®

(CEFPROZIL)

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- Broad-spectrum *in vitro** activity against more than 30 organisms, including the three most important respiratory tract pathogens— *Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis*
- QD and BID dosing, depending on the indication

*Although a useful guide, *in vitro* activity does not necessarily correlate with clinical response.

BRIEF SUMMARY
The following is a brief summary. Please consult complete Prescribing Information.

INDICATIONS AND USAGE
CEFZIL® (cefprozil) is indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of the designated microorganisms in the conditions listed below:

UPPER RESPIRATORY TRACT
Pharyngitis/Tonsillitis caused by *Streptococcus pyogenes.*
NOTE: The usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever, is penicillin given by the intramuscular route. Cefprozil is generally effective in the eradication of *Streptococcus pyogenes* from the nasopharynx; however, substantial data establishing the efficacy of cefprozil in the subsequent prevention of rheumatic fever are not available at present.
Otitis Media caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Moraxella (Branhamella) catarrhalis.* (See CLINICAL STUDIES section.)
NOTE: In the treatment of otitis media due to beta-lactamase producing organisms, cefprozil had bacteriologic eradication rates somewhat lower than those observed with a product containing a specific beta-lactamase inhibitor. In considering the use of cefprozil, lower overall eradication rates should be balanced against the susceptibility patterns of the common microbes in a given geographic area and the increased potential for toxicity with products containing beta-lactamase inhibitors.

LOWER RESPIRATORY TRACT
Secondary Bacterial Infection of Acute Bronchitis and Acute Bacterial Exacerbation of Chronic Bronchitis caused by *Streptococcus pneumoniae, Haemophilus influenzae* (beta-lactamase positive and negative strains), and *Moraxella (Branhamella) catarrhalis.*

SKIN AND SKIN STRUCTURE
Uncomplicated Skin and Skin-Structure Infections caused by *Staphylococcus aureus* (including penicillinase-producing strains) and *Streptococcus pyogenes.* Abscesses usually require surgical drainage.
Culture and susceptibility testing should be performed when appropriate to determine susceptibility of the causative organism to cefprozil.

CONTRAINDICATIONS
CEFZIL is contraindicated in patients with known allergy to the cephalosporin class of antibiotics.

WARNINGS
BEFORE THERAPY WITH CEFZIL IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEFZIL, CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. IF THIS PRODUCT IS TO BE GIVEN TO PENICILLIN-SENSITIVE PATIENTS, CAUTION SHOULD BE EXERCISED BECAUSE CROSS-SENSITIVITY AMONG BETA-LACTAM ANTIBIOTICS HAS BEEN CLEARLY DOCUMENTED AND MAY OCCUR IN UP TO 10% OF PATIENTS WITH A HISTORY OF PENICILLIN ALLERGY. IF AN ALLERGIC REACTION TO CEFZIL OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE TREATMENT WITH EPINEPHRINE AND OTHER EMERGENCY MEASURES, INCLUDING OXYGEN, INTRAVENOUS FLUIDS, INTRAVENOUS ANTIHISTAMINES, CORTICOSTEROIDS, PRESSOR AMINES, AND AIRWAY MANAGEMENT, AS CLINICALLY INDICATED.
Pseudomembranous colitis has been reported with nearly all antibacterial agents, and may range from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.
Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis."
After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug effective against *Clostridium difficile.*

PRECAUTIONS
General
Evaluation of renal status before and during therapy is recommended, especially in seriously ill patients. In patients with known or suspected renal impairment (see DOSAGE AND ADMINISTRATION), careful clinical observation and appropriate laboratory studies should be done prior to and during therapy. The total daily dose of CEFZIL® (cefprozil) should be reduced in these patients because high and/or prolonged plasma antibiotic concentrations can occur in such individuals from usual doses. Cephalosporins, including CEFZIL, should be given with caution to patients receiving concurrent treatment with potent diuretics since these agents are suspected of adversely affecting renal function.
Prolonged use of CEFZIL may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.
Cefprozil should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
Positive direct Coombs' tests have been reported during treatment with cephalosporin antibiotics.

Information for Patients
Phenylketonurics: CEFZIL for oral suspension contains phenylalanine 28 mg per 5 mL (1 teaspoonful) constituted suspension for both the 125 mg/5 mL and 250 mg/5 mL dosage forms.

Drug Interactions
Nephrotoxicity has been reported following concomitant administration of aminoglycoside antibiotics and cephalosporin antibiotics. Concomitant administration of probenecid doubled the AUC for cefprozil.

Drug/Laboratory Test Interactions
Cephalosporin antibiotics may produce a false-positive reaction for glucose in the urine with copper reduction tests (Benedict's or Fehling's solution or with Clinitest®[1] tablets), but not with enzyme-based tests for glycosuria (e.g., Tes-Tape®[2]). A false-negative reaction may occur in the ferricyanide test for blood glucose. The presence of cefprozil in the blood does not interfere with the assay of plasma or urine creatinine by the alkaline picrate method.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
No mutagenic potential of cefprozil was found in appropriate prokaryotic or eukaryotic cells *in vitro* or *in vivo.* No *in vivo* long-term studies have been performed to evaluate carcinogenic potential.
Reproductive studies revealed no impairment of fertility in animals.

Pregnancy: Teratogenic Effects. Pregnancy Category B
Reproduction studies have been performed in mice, rats, and rabbits at doses 14, 7, and 0.7 times the maximum daily human dose (1000 mg) based upon mg/m^2, and have revealed no evidence of harm to the fetus due to cefprozil. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery
Cefprozil has not been studied for use during labor and delivery. Treatment should only be given if clearly needed.

Nursing Mothers
It is not known whether cefprozil is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when CEFZIL is administered to a nursing mother.

Pediatric Use
Safety and effectiveness in pediatric patients below the age of 6 months have not been established. However, accumulation of other cephalosporin antibiotics in newborn infants (resulting from prolonged drug half-life in this age group) has been reported.

Geriatric Use
Healthy geriatric volunteers (≥ 65 years old) who received a single 1 g dose of cefprozil had 35%-60% higher AUC and 40% lower renal clearance values when compared to healthy adult volunteers 20-40 years of age. In clinical studies, when geriatric patients received the usual recommended adult doses, clinical efficacy and safety were acceptable and comparable to results in non-geriatric adult patients.

ADVERSE REACTIONS
The adverse reactions to cefprozil are similar to those observed with other orally administered cephalosporins. Cefprozil was usually well tolerated in controlled clinical trials. Approximately 2% of patients discontinued cefprozil therapy due to adverse events.
The most common adverse effects observed in patients treated with cefprozil are:
Gastrointestinal — Diarrhea (2.9%), nausea (3.5%), vomiting (1%), and abdominal pain (1%).
Hepatobiliary — Elevations of AST (SGOT) (2%), ALT (SGPT) (2%), alkaline phosphatase (0.2%), and bilirubin values (< 0.1 %). As with some penicillins and some other cephalosporin antibiotics, cholestatic jaundice has been reported rarely.
Hypersensitivity — Rash (0.9%), urticaria (0.1%). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy.
CNS — Dizziness (1%). Hyperactivity, headache, nervousness, insomnia, confusion, and somnolence have been reported rarely (< 1%). All were reversible.
Hematopoietic — Decreased leukocyte count (0.2%), eosinophilia (2.3%).
Renal — Elevated BUN (0.1%), serum creatinine (0.1%).
Other — Diaper rash and superinfection (1.5%), genital pruritus and vaginitis (1.6%).
The following adverse events, regardless of established causal relationship to CEFZIL, have been rarely reported during post-marketing surveillance: anaphylaxis, colitis (including pseudomembranous colitis), erythema multiforme, fever, serum-sickness like reactions, Stevens-Johnson Syndrome and thrombocytopenia.

Cephalosporin-class paragraph
In addition to the adverse reactions listed above which have been observed in patients treated with cefprozil, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibiotics:
Aplastic anemia, hemolytic anemia, hemorrhage, renal dysfunction, toxic epidermal necrolysis, toxic nephropathy, prolonged prothrombin time, positive Coombs' test, elevated LDH, pancytopenia, neutropenia, agranulocytosis.
Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment, when the dosage was not reduced. (See DOSAGE AND ADMINISTRATION and OVERDOSAGE.) If seizures associated with drug therapy occur, the drug should be discontinued. Anticonvulsant therapy can be given if clinically indicated.

OVERDOSAGE
Cefprozil is eliminated primarily by the kidneys. In case of severe overdosage, especially in patients with compromised renal function, hemodialysis will aid in the removal of cefprozil from the body.

CLINICAL STUDIES
Study One:
In a controlled clinical study of **acute otitis media** performed in the United States where significant rates of beta-lactamase producing organisms were found, cefprozil was compared to an oral antimicrobial agent that contained a specific beta-lactamase inhibitor. In this study, using very strict evaluability criteria and microbiologic and clinical response criteria at the 10-16 days post-therapy follow-up, the following presumptive bacterial eradication/clinical cure outcomes (*i.e.,* clinical success) and safety results were obtained:

U.S. Acute Otitis Media Study
Cefprozil vs. beta-lactamase inhibitor-containing control drug

Efficacy: Pathogen	% of Cases with Pathogen	Outcome
	(n = 155)	
S. pneumoniae	48.4%	cefprozil success rate 5% better than control
H. influenzae	35.5%	cefprozil success rate 17% less than control
M. catarrhalis	13.5%	cefprozil success rate 12% less than control
S. pyogenes	2.6%	cefprozil equivalent to control
Overall	100.0%	cefprozil success rate 5% less than control

Safety:
The incidence of adverse events, primarily diarrhea and rash,* were clinically and statistically significantly higher in the control arm versus the cefprozil arm.

Age Group	Cefprozil	Control
6 months – 2 years	21%	41%
3 – 12 years	10%	19%

* The majority of these involved the diaper area in young children.

Study Two:
In a controlled clinical study of **acute otitis media** performed in Europe, cefprozil was compared to an oral antimicrobial agent that contained a specific beta-lactamase inhibitor. As expected in a European population, this study had a lower incidence of beta-lactamase-producing organisms than usually seen in U.S. trials. In this study, using very strict evaluability criteria and microbiologic and clinical response criteria at the 10-16 days post-therapy follow-up, the following presumptive bacterial eradication/clinical cure outcomes (i.e., clinical success) were obtained:

European Acute Otitis Media Study
Cefprozil vs. beta-lactamase inhibitor-containing control drug

Efficacy: Pathogen	% of Cases with Pathogen	Outcome
	(n = 47)	
S. pneumoniae	51.0%	cefprozil equivalent to control
H. influenzae	29.8%	cefprozil equivalent to control
M. catarrhalis	6.4%	cefprozil equivalent to control
S. pyogenes	12.8%	cefprozil equivalent to control
Overall	100.0%	cefprozil equivalent to control

Safety:
The incidence of adverse events in the cefprozil arm was comparable to the incidence of adverse events in the control arm (agent that contained a specific beta-lactamase inhibitor).

REFERENCES

1. Clinitest® is a registered trademark of Miles Laboratories, Inc.
2. Tes-Tape® is a registered trademark of Eli Lilly and Company.

Revised June 1995
771BOIM-06

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E2-K005-8-95

services, has expanded its services by acquiring Psychiatric Care Associates, Inc., a multidisciplinary clinical practice with outpatient offices in Fort Washington and Exton, and a provider network of over 800 independent psychiatrists, psychologists, social workers, and nurses in Philadelphia, Montgomery, Chester, Berks, and Lehigh counties, Connecticut, and Rhode Island. *[Progressions news release]*

8 ▶ King of Prussia's NovaCare, Inc., is launching an independent company to provide consulting and management services to health care providers. The company is also exploring the possible acquisition of a Huntingdon Valley consulting firm that specializes in geriatric health care. *[Philadelphia Business Journal]*

▶ California-based Zenith National Insurance Corporation has dropped plans to develop a managed care company with U.S. Healthcare, Blue Bell, and the Unum Corporation, Portland, Maine, because it could not reach terms with U.S. Healthcare. *[New York Times]*

In other news, U.S. Healthcare has:

▶ reported a 9.1 percent drop in third-quarter net income reflecting sharply higher medical costs for its managed health care networks. *[Wall Street Journal]*

▶ hired Thomas Durovsik, former president of the Franklin Mint, to head a new division that will market high-tech information products for health care consumers. *[Philadelphia Business Journal]*

▶ unveiled its "Safety Net" program which allows enrollees who lose their jobs to receive one month of free coverage for themselves and their dependents. *[BNA's Managed Care Reporter]*†

9 ▶ The physicians affiliated with Chestnut Hill Hospital, Philadelphia, have created the Hill Independent Practice Association, which formally incorporated in October 1995. Currently, Hill IPA has 154 physicians and is pursuing contracting opportunities. *[PMSCO]*

▶ Children's Hospital of Philadelphia is partnering with West Jersey Health System to offer West Jersey patients expanded pediatric services. *[Philadelphia Inquirer]*

Managed care moves, state by state

▶ The Louisiana State Medical Society (LSMS) has announced plans to form a health insurance entity that will offer a wide spectrum of products, including a PPO, an HMO, and a medical savings account. LSMS is asking physicians to contribute $1,000 each to complete the precapitalization phase that will enable the organization to capitalize through a stock offering. Ultimately, they will be asked to purchase stock at $5,000-6,000 per share. Managed care penetration in New Orleans, which represents half the Louisiana market, has skyrocketed from three percent in 1990 to 24 percent. *[BNA's Managed Care Reporter]*†

▶ The Federal Trade Commission has given the California Medical Association's proposed HMO a shot in the arm by setting aside a 1979 consent order that prohibited the association from publishing physician fee schedules. The commission acknowledged that the order was a barrier to forming the HMO, which it believes may be procompetitive by expanding managed care choice. *[Modern Healthcare]*†

▶ Duke University Medical Center is joining with New York Life Insurance Company in a managed care venture. Duke's goal: turn managed care cost savings into a medical education funding source. *[American Medical News]*

▶ FPA Medical Management, Inc., a multi-state health care management services organization, has entered into a contract with AmeriHealth HMO, which serves approximately 22,000 commercial HMO members in Delaware. The contract expands FPA's current market. *[FPA press release]*

▶ The U.S. government is allowing Maine to shift its poorest families into managed care, a move expected to save $3.2 million over two years. *[American Medical News]*

▶ A coalition of 103 patient and provider groups, under the umbrella of the National Health Council, has adopted a set of principles for patients' rights and responsibilities under managed care. Casting doubt on the document's prospects: HMOs and insurers that belong to the council declined to sign. *[American Medical News]*

† *Excerpted from "AMA Market Trends"*

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HIV SERVICE RESPONDS TO 10,000 CALLS IN FIRST YEAR

During its first year of operation, the HIV/AIDS Treatment Information Service (ATIS), Rockville, Maryland, responded to more than 10,000 calls. The free telephone reference service, available to health care providers and people living with HIV, offers information about the latest treatment options, provides customized database searches, and links callers to other HIV/AIDS information resources.

Among the latest information available from the service: recommendations for HIV counseling and voluntary testing for pregnant women, guidelines for the prevention of opportunistic infections in persons infected with HIV, study results concerning the anti-HIV therapy which lowers risk of AIDS death in patients with intermediate-stage HIV disease, and an ATIS-developed "Glossary of HIV/AIDS-Related Terms."

For additional information, call ATIS at (800) HIV-0440, or send an e-mail to atis@cdcnac.aspensys.com.

AHCPR GUIDELINES URGE CARDIAC REHABILITATION

Guidelines released by the Agency for Health Care Policy and Research (AHCPR) say cardiac rehabilitation services—medically supervised interventions aimed at limiting physical and other damage from heart disease that reduce the risk of death and help patients resume a normal life—are widely underused in spite of their proven benefits.

The clinical practice guidelines recommend a comprehensive approach that includes exercise, education, counseling, and behavioral interventions to assist patients in achieving and maintaining optimal health. They also recommend considering home-based cardiac rehabilitation, guided by a health care professional, as an alternate approach for low- to moderate-risk patients who cannot participate in traditional, structured group cardiac rehabilitation generally conducted in hospitals or other health facilities.

An estimated 13.5 million Americans have coronary heart disease, including almost one million who survive heart attacks each year, the more than 600,000 annually who undergo coronary artery bypass surgery or balloon angioplasty, and the approximately 2,000 patients who have heart transplants each year. About half of all these patients are elderly. Heart disease patients also include about seven million persons with angina and 4.7 million who have stable heart failure.

A quick reference guide for clinicians is available free of charge from the agency's Publications Clearinghouse. Call (800) 358-9295. The full guidelines may be purchased from the U.S. Government Printing Office at (202) 512-1800.

ORTHOPODS BACK PROGRAM TO CURB FOOT PROBLEMS

The American Academy of Orthopaedic Surgeons has announced a new, national public education program, "If the Shoe Fits, Wear It," to inform people about how to select shoes that properly fit.

One in six people in the U.S., or 43.1 million people, have foot problems, many of which are caused by improperly fitting shoes that can cause bunions, corns, hammertoes, and other foot deformities, according to the academy.

Suggestions and special tips for women, children, and athletes are included in the academy's "If the Shoe Fits, Wear It" brochure. For a free copy, call the academy at (800) 824-BONES, or send a stamped, self-addressed, business-size envelope to "If the Shoe Fits, Wear It" at the academy, P.O. Box 1998, Des Plaines, IL 60017.

INSTITUTE ON AGING STUDYING WOMEN'S HEALTH

The National Institute on Aging (NIA) is sponsoring the first large-scale national study to examine the health of women in their 40s and 50s. Based at seven research centers across the U.S.—including the University of Pittsburgh—the study will examine the physical, psychological, and social changes that occur at mid-life.

Investigators will evaluate alterations in women's body composition, bone density, and cardiovascular function; risk factors for cardiovascular disease and arthritis; the endocrine system; sexuality; and the influences of socioeconomic, lifestyle, social support, and occupational factors on health in mid-life.

Approximately 3,200 women are expected to participate in the five-year project, including a large proportion of African-Americans, Hispanics, and Asian-Americans.

For additional information, call the NIA Public Information Office at (301) 496-1752.

ABINGTON SURGEON JOINS NATIONAL STROKE CAMPAIGN

A campaign launched by a coalition of six national organizations hopes to speed up the medical treatment response time in instances of stroke, according to Steven J. Barrer, MD, associate surgeon in the Division of Neurosurgery, Abington Memorial Hospital.

Dr. Barrer has joined 500 physicians nationwide as a "Brain Attack" faculty member, volunteering his time to educate other medical professionals about the need to treat a stroke with the same degree of urgency that is now accorded a heart attack.

Dr. Barrer says, "The idea is to reduce the amount of damage a stroke causes. There is a well-known treatment 'window of opportunity,' a time period of about two hours during which the permanent effects of cerebral ischemia can be limited or actually reversed."

By renaming often deadly stokes "brain attacks," the coalition hopes to convey the fact that strokes are on a par with heart attacks. For more information on the program, or to have Dr. Barrer speak to your group or organization, call (215) 657-8145.

Health Department Distributing Annual Report of Disease

The Pennsylvania Department of Health is distributing its 1992 Annual Report of Communicable Diseases. This free publication is a compilation of reportable communicable diseases for the commonwealth. The report reviews each disease epidemiologically and provides detailed information about the associated morbidity and mortality. To obtain a copy of the booklet, call Teresa Francis at the Department of Health, (717) 787-3350.

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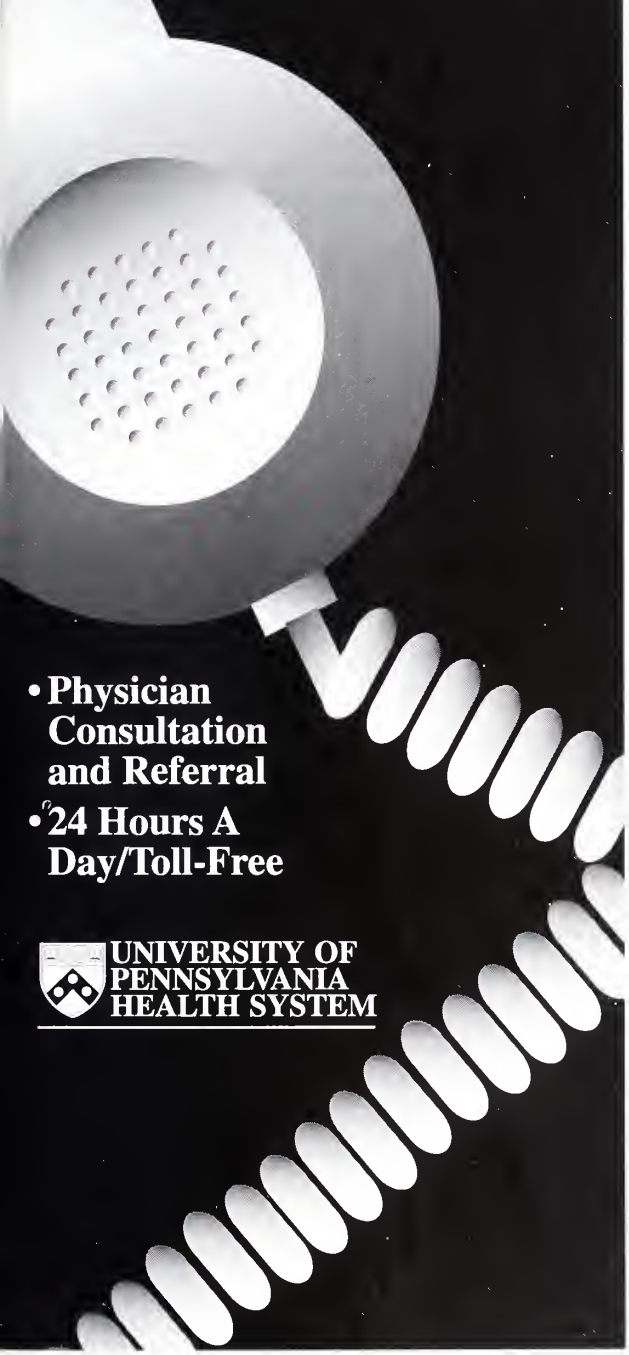

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Four-Drug Initial Therapy for TB Is Standard Treatment

P.J. Brennan, MD
Rob Roy MacGregor, MD

Early observations have led to the use of combination regimens in treating tuberculosis.

An effective anti-microbial treatment for tuberculosis was the subject of intensive research efforts in the first half of this century. The decades-long search for a pharmaceutical cure culminated in 1947 with the introduction of para-amino salicylic acid (PAS) in Sweden, followed within one month by the administration of streptomycin to a patient at the Mayo Clinic. The euphoria of the early cures soon turned to dismay as relapses began to occur within months of the first dramatic response to these new agents. It was quickly learned that single-agent treatment regiments resulted in the rapid emergence of resistant strains of *Mycobacterium tuberculosis.*

Isoniazid (INH) was introduced in 1952, and once again early success was followed by relapse with drug-resistant tuberculosis. From these early clinical trails of monotherapy, much was learned about the rates at which *Mycobacterium tuberculosis* develops resistance. In 1952, among 173 patients treated with isoniazid alone, 11 percent had developed a resistant isolate after one month of therapy, 52 percent after two months of therapy, and 71 percent after three months of therapy. These early observations led to the use of combination regimens.

The effects of combination therapy were twofold. First, the bactericidal activity of streptomycin and INH rapidly sterilized sputum, rendering patients less contagious, enabling them to receive treatment outside of hospitals and sanitaria. Second, the combination of agents, when taken faithfully, prevented the emergence of resistance to any one component of the regimen. Isoniazid proved to be particularly effective in preventing the emergence of resistance to other drugs. Since the emergence of single-drug resistance is independent of resistance mutations to other drugs, the chance that a patient would spontaneously develop a mutant strain which was resistant to two agents while on therapy was extremely small.

The three-drug combination of INH, streptomycin, and PAS required 18 to 24 months to achieve acceptable cure rates. The introduction of pyrazinamide, a rapidly cidal drug developed in the 1950s, and rifampin in the late 1960s, led to a significant shortening of the course of therapy. With four-drug initial therapy, a curative course of treatment could be completed in six months; however, concerns about adverse drug effects, particularly from streptomycin and pyraziniamide, limited their use, and patients were routinely treated with fewer than four drugs.

Four-drug therapy endorsed

Two years ago the Centers for Disease Control and Prevention recommended, and the Pennsylvania Department of Health endorsed, the concept of four-drug initial therapy as a standard treatment regimen in some areas of the United States. In Pennsylvania, it is the statewide standard for initial therapy of tuberculosis. Why was this necessary?

One of the beneficial effects of multidrug bactericidal treatment regimens was the transfer of tuberculosis patients to outpatient settings. Unfortunately, therapy was oftentimes not carefully monitored in these settings, and patients tended to be less compliant with their regimens. Patient noncompliance and drug intolerance led to reductions in therapy such that patients were sometimes only receiving a single effective drug. As occurred in the clinical trials of monotherapy in the 1940s and '50s, drug-resistant disease began to increase in frequency.

By the 1980s, the problem of secondary or acquired resistance due to medication noncompliance was compounded by the emigration of peoples from areas where multi-drug-resistant TB is highly endemic. In 1994, 18 percent of tuberculosis patients in Pennsylvania were foreign born, and 46 percent of these cases presented within two years of entry into the country.

The scope of the problem of multidrug-resistant tuberculosis will be the subject of a later column in this series. It should be noted that multi-drug-resistant TB (MDRTB) is not common in

This is the first in a series of articles offered by the Advisory Committee to the Pennsylvania Department of Health on Chronic Respiratory Diseases.

Dr. Brennan is hospital epidemiologist and director of infection control, and Dr. MacGregor is director of the AIDS Clinical Trials Unit, University of Pennsylvania Medical Center, Philadelphia.

Pennsylvania. Less than two percent of the isolates in Pennsylvania in 1994 were MDRTB.

Why is four-drug therapy necessary if MDRTB is rare in Pennsylvania? First, the level of single-drug resistance (usually isoniazid) is high. Six percent of the isolates statewide were isoniazid resistant in 1994. Among currently active cases in Philadelphia, the rate of isoniazid resistance approaches 20 percent. Fortunately, clinical trials of isoniazid-resistant strains have demonstrated that four-drug initial therapy can be curative even in six-month courses if rifampin is part of the regimen.

An additional concern is the close geographic proximity of Pennsylvania to areas such as New York City and Newark, New Jersey, where the levels of multi-drug resistance (INH and rifampin) were recently reported to be 19 percent of all culture-proven cases in a one-month time period. Recent outbreaks of MDRTB have witnessed the deaths of patients due to drug-resistant isolates before their susceptibility results were available from the microbiology laboratory.

Despite these facts, only 55 percent of tuberculosis cases in Pennsylvania in 1994 were treated initially with four drugs. In light of these conditions, the commonwealth's Advisory Committee on Respiratory Diseases and the Department of Health have endorsed four-drug therapy as the standard initial treatment for tuberculosis in Pennsylvania.

The initial four-drug regimen for adults should include isoniazid 300 mg daily, rifampin 600 mg daily, pyrazinimide 15-30 mg/kg daily, and ethambutol 25 mg/kg daily or streptomycin 15 mg/kg (up to 1 gram maximum intramuscular daily). For children the daily doses of isoniazid and rifampin are 10-20 mg/kg and streptomycin is 20-30 mg/kg. Adult and pediatric doses of pyrazinamide and ethambutol are identical. The first two months of four-drug therapy is followed by two drugs (INH and rifampin) for an additional four months.

Intermittent treatment regimens have been shown to be as effective as daily therapy. Four-drug regimens administered three times weekly from the start of therapy, or twice weekly following a two-week daily induction phase, can be effectively managed through state Health Department offices. Tablets containing combinations of antituberculous drugs (rifater and rifamate) are available and may enhance patient compliance.

The importance of appropriate initial therapy cannot be underestimated; however, other factors, including strain susceptibility, patient immune status, and social factors, influence the management of patients with tuberculosis and must be considered in every case. The susceptibility profile should be determined for each culture-proven case so as to individually tailor both the medical regimen and the duration of treatment.

Susceptibility testing for mycobacteria may not be available at every hospital laboratory, but the state Department of Health Laboratory can provide this service. Currently, susceptibility test results for *M. tuberculosis* require four to eight weeks to complete, but molecular diagnostics will soon provide clinicians with results in a time frame that approaches routine bacterial susceptibility testing. The state laboratory resources will be reviewed in this space at a later time.

Optimal management of tuberculosis requires knowledge of the patient's immune status. HIV seropositivity requires a longer course of therapy for cure of tuberculosis (nine months, versus six months for drug-susceptible strains). All patients with TB should be tested for HIV because of the high percentage of patients with dual infection.

The final, but most important piece in management is ensuring the completion of a curative course of therapy. Predicting therapeutic compliance is an inexact science. Homelessness, psychiatric disorders, and drug and alcohol abuse are important factors causing patients to abandon treatment, and are part and parcel of the medical condition. Problems such as these should be sought in every patient with TB and an effort made to remedy these conditions.

Effectively managing the psycho-social dimensions of this disease can be the cornerstone to therapeutic success. Moreover, non-compliance crosses social strata, and for that reason all patients should be considered candidates for directly observed therapy (DOT).

Through DOT, patients can be closely monitored for compliance and completion of a curative course of treatment. Twenty-nine percent of TB patients in Pennsylvania in 1994 received therapy through DOT centers. If the completion rate for treatment is less than or equal to 90 percent within 12 months of diagnosis, then expanded programs of DOT are warranted. O

Think TB in Diagnosis

Remember that effective therapy begins by making the correct diagnosis. "Think TB" when seeing patients with signs and symptoms of tuberculosis such as fever, chronic cough, weight loss, night sweats, and hemoptysis. A high index of suspicion should be maintained in diagnosis of foreign-born persons with these symptoms. Immunocompromised patients are particularly vulnerable and may have accelerated courses.

"Thinking TB" is particularly important at areas of entry into the health system such as emergency departments, obstetrical clinics, admissions offices, and outpatient primary care practices. Without such recognition, even patient isolation, environmental controls, and personal protective equipment are ineffective. Without four-drug therapy for two months followed by isoniazid and rifampin for four months, patients with tuberculosis in Pennsylvania may be receiving ineffective therapy.

Suggested Reading

American Thoracic Society. Treatment of tuberculosis and tuberculosis infection in adults and children. *Ame J Resp Crit Care Med* 149:1359-1374, 1994.

Centers for Disease Control and Prevention. Initial therapy for tuberculosis in the era of multi-drug resistance. Recommendations of the Advisory Council for the Elimination of Tuberculosis. *MMWR* 42(RR-7): 1-8, 1993.

CENTER POSTS SUCCESSFUL YEAR

In its third year of operation, the Society's Center for Professional Drug Education and Information experienced continued growth and success. Focusing on establishing credibility as a knowledgable source of pharmacotherapeutic information, the Center developed strategies to create awareness of its services and encourage physician participation. The innovation of this physician-driven program can be measured by its wide variety of activities throughout the year.

Physicians' strong interest in the Center's cost-comparison information was confirmed at the numerous professional exhibits attended by Center staff. The Center recognizes the need for continual expansion into other drug classifications and categories. Annual meetings attended include those of the State Society, the Pennsylvania Osteopathic Medical Association, the Pennsylvania Chapter of the American College of Emergency Physicians, and the Pennsylvania Academy of Family Physicians, as well as at the Society's spring Leadership Conference and the Pennsylvania Medical Society Alliance Confluence.

Barbara A. Layne, RN, Center director, presented an overview of the drug education program to groups of physicians across the state at various hospital staff meetings, including those at hospitals in Philadelphia, Pittsburgh, York, Harrisburg, and Lancaster. Medical society staff also learned more about the Center and its mission.

A CME program, sponsored by the Center and MEDNET on June 14 in Philadelphia, provided physicians with 6.75 Category I CME credits, at no cost. Discussion focused on prescribing for minorities, with emphasis on ethnic and racial differences in therapy. This seminar will be repeated for physicians at the Westin William Penn, Pittsburgh, on March 6, 1996. Further information will be available in the near future. Additional programs in the planning stages focus on management of gastrointestinal disorders and will be held in Philadelphia, Pittsburgh, and Harrisburg.

The Center's literature was expanded to include articles on Helicobacter pylori, antidepressant therapy, polypharmacy, calcium channel blockers, and low molecular weight heparin. Educational articles appeared regularly in PENNSYLVANIA MEDICINE and various county medical society journals. Cost-comparison charts were expanded to include a total of 12 drug classes in both wall chart and pocket card sizes. Classes currently available are: ACE inhibitors, antiadrenergic agents, antidepressants, antihyperlipidemics, antipsychotics, beta blockers, broad-spectrum antibiotics, calcium channel blockers, diuretics, H_2 antagonists, NSAIDS, and quinolone antibiotics.

"Better prescribing through education."
Professional DRUG EDUCATION & INFORMATION
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Coupled with education of physicians, the Center is also tackling the issues of patient education and compliance with drug therapy. To assist physicians in this area, the Center pursued resources that would provide materials that were simple to read and comprehend. Materials on congestive heart failure, angina, cancer pain, otitis media in children, and depression are now available for patients.

Retrospective drug utilization review for the Pennsylvania Department of Public Welfare is a major function of the Center. The overall response rate to the profile process exceeded that of other states, and savings of $77,534 were identified for the first two cycles.

Although the government's current focus is on prescription dollars saved, the Center recognizes that the impact on the Medicaid budget is not limited to drug expenditures. We expect patient outcomes to improve as a result of less drug/drug interactions and side effects, and frequency of hospital and emergency room visits to diminish as a result of decreased drug-related problems.

The Center continues to encourage physician input. Physicians were surveyed about their reactions to the retrospective drug utilization review profile letters and the educational materials currently available. The majority of physicians (70 percent) had no prior knowledge of OBRA, and those that did had heard about it from PENNSYLVANIA MEDICINE. Also, 52.5 percent found the educational information included with the profiles to be helpful. The sample for this survey was small, with 40 physicians of 184 contacted responding.

The survey of physician satisfaction with educational materials provided a wealth of information. Two thousand surveys were distributed with 340 physicians responding. Important points included:

- Cost information received the highest mean rating (4.54), indicating a strong need to continue to expand the information available.
- The most requested drug classes by physicians were allergy OTC, topical ointments, and antilipids.
- Physicians preferred communication of professional information by direct mail or newsletter.
- The majority of physicians (59.6 percent) valued education most from their professional organization.

With these findings in mind, the Center on November 1 premiered its "Counter Details" newsletter. This first issue was mailed to every physician in the commonwealth and DUR programs across the nation; subsequent issues will be published quarterly to keep physicians abreast of the latest in pharmacotherapeutic information. Articles will be written by staff members and guest authors, including prominent researchers, physicians, and pharmacists.

What does the future hold for the Center? Quality health care will always be an issue, and the Center plans on playing an integral part in the future of quality pharmacotherapeutics in Pennsylvania. With its finger on the pulse of the physician community, the Center's vision is to continue to provide physicians with the services necessary to enhance physician

prescribing. New cost-comparison charts will be designed for remaining drug classes, and physician CME programs will be continued.

Patient education materials will also remain a focus. Materials under development are unbiased and at a reading level that will allow comprehension by the largest number of patients and their families.

Physician profiling will become an integral part of the intervention process. Physician prescribing that falls outside accepted therapeutic practices will be identified, and the physician will be encouraged to become involved in the programs offered by the Center. The specialty of the physician will be taken into consideration.

As the state moves towards a managed care environment for Medicaid patients, the Center sees a continued role for its program. Yet, much work still remains. Pennsylvania physicians need an unbiased source for pharmacotherapeutics based on disease management—the Center is that source.

Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What is the new agent *Fosamax*®, and how is it dosed?

A: *Fosamax*® (alendronate sodium) is an aminobisphosphonate that acts as a specific inhibitor of osteoclast-mediated bone resorption. It is indicated for the treatment of osteoporosis in postmenopausal women and for the treatment of patients with Paget's disease of bone. The recommended dose for osteoporosis is 10 mg/day and for Paget's disease 40 mg/day for six months. It should be taken at least one-half hour before the first food, beverage, or medication of the day with plain water only.

Side effects have generally been mild and usually do not require discontinuation of treatment. Gastrointestinal symptoms are the most common adverse effects seen and include abdominal pain, nausea, and dyspepsia. It is not recommended for patients with renal insufficiency (creatinine clearance <35mL/min) and should be used with caution in patients with upper GI problems. Antacids and/or calcium supplements may interfere with absorption of *Fosamax*® and should be taken at least one-half hour after the *Fosamax*® dose. For a copy of the complete drug monograph, please call the Center at one of the numbers above.

MEDICATION UPDATE

New indications

Altace® *(ramipril)*—This ace inhibitor has been approved for the treatment of congestive heart failure immediately after myocardial infarction (MI).

Bactroban® *(mupirocin)*—A nasal ointment formulation for antibacterial therapy for *Staphylococcus aureus*, including methicillin-resistant strains, has been approved.

New drugs

Dynabac® *(dirithromycin)*—A once-daily macrolide antibiotic indicated for the treatment of acute bacterial exacerbations of chronic bronchitis or secondary bacterial infection due to *Moraxella catarrhalis* or *Streptococcus pneumoniae* in patients 12 years or older.

MetroCream® *(metronidazole)*—A topical cream formulation of metronidazole with the same indication as the water-based gel formulation; for topical application in the treatment of inflammatory papules and pustules of rosacea.

Miacalcin® *(calcitonin-salmon)*—A nasal spray for the treatment of postmenopausal osteoporosis in women who cannot or refuse to take estrogen. It is indicated for women who have low bone mass compared with premenopausal women and are more than five years past their menopause.

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Pennsylvania Medical Society Liabiltiy Insurance Company (PMSLIC)
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PennMed Member Services Company (PMSCO)
Harrisburg

Physicians' Health Programs
Harrisburg

The Medical Mastermind
Lewisburg

Exhibit booth space is available. To join these exhibitors, contact the conference exhibit director, Jeanne Quinn, at (717) 233-8853 for additional information.

House Bill 2122: Controlling Medical Malpractice Costs

The cost of medical malpractice insurance has risen dramatically over the past 20 years and, as a result, caused physicians' mandatory contributions to the CAT Fund to skyrocket. The only true way to change the expense of the CAT Fund is to control what goes on in the courtroom. Why? Because, that's where questions regarding a physician's conduct, decision-making ability, and the amount of money to be paid to the alleged injured party are decided.

House Bill 2122—introduced by Representative J. Scot Chadwick (R-Bradford) and cosponsored by 54 Republicans and Democrats in the House of Representatives (see insert for list of cosponsors)—is the key to controlling the cost of medical malpractice insurance. Here are a few important issues addressed by the bill:

Limiting punitive damages

Generally, punitive damages are threatened in a malpractice action; however, they are rarely awarded. Punitive damages are awarded for the purpose of punishment, to deter intentional or reckless behavior or actions motivated by actual malice. Punitive damages are not awarded to compensate any loss.

House Bill 2122 limits the amount of money to be awarded for punitive damages. If a court finds that punitive damages should be assessed, the punitive damages award should not exceed 200 percent of the economic and non-economic damages. Also, if a plaintiff files a punitive damages claim, and the court finds there is no reasonable basis for such a claim, the plaintiff (patient) shall pay to the defendant (physician) any reasonable expenses incurred because of the claim being filed, including a reasonable attorney fee.

Statute of limitations

Currently, the statute of limitations on medical malpractice cases is two years from the date of discovery, regardless of when treatment was provided. House Bill 2122 would change the statute to two years from the date of discovery or four years from the date of the cause of the injury, whichever is earlier. This provision would not apply to foreign objects left in the individual's body. Cases involving a minor under the age of eight must be filed within four years after the parent/guardian knew or should have known of the injury, or within four years of the minor's eighth birthday, whichever is earlier.

Periodic payment of future damages

Periodic payment means making payments on a schedule over time, as opposed to in a single lump sum. This is proposed only for damages that have been calculated to occur in the future, such as lost wages over a projected period of years or expected future medical expenses.

It is important to note that this reform would not affect a claimant's ability to receive the full amount of damages for any past or present damages, such as the medical bills or lost wages incurred through the date of the trial. The claimant will still receive these damages in a lump sum at the time of judgment or settlement.

Trial lawyers oppose this because, under the periodic payment reform, the patient receives more of the award—and the attorney less. Where a claimant receives a lump sum award that is not reduced to present value, the contingency fee paid to the claimant's attorney is much higher than it would be if the award was reduced to present value and structured as a periodic payment.

Periodic payments are important to protect claimants from mishandling the money for future needs, something particularly important in cases of minor or incompetent claimants. Large lump sums are often squandered, particularly when the recipient does not have a good grasp of what the needs of the injured party will be in the future, such as how much care will be required for a brain-injured patient. Bad investments or extravagant expenditures use up the funds, which are then unavailable for the purpose for which they were intended: future medical costs, living assistance, lost wages.

Twenty-eight states now have some rule addressing periodic payment issues; 13 make it mandatory for future damages over a certain monetary threshold.

Collateral source rule reform

The collateral source rule prohibits a defendant from introducing any evidence that a plaintiff has been or will be reimbursed by any other person or organization for damages claimed in a lawsuit. For example, many plaintiffs receive compensation for medical bills or lost wages through health insurance, but this evidence is currently not allowed to be introduced to the jury. Even after these "collateral source payments" have already been paid to the person bringing the lawsuit, the plaintiff is allowed to try to collect it a second time in his or her lawsuit. As a result, plaintiffs often are paid twice for the same damages. That is why collateral source payment is often referred to as "double recovery."

Why do we need collateral source rule reform? First, it just does not make sense to allow the plaintiff to collect twice for the same medical bills or other economic losses. This drives up the cost of health care for all of us.

Second, and most important, it encourages extra and unnecessary usage of health care items and services, if not outright fraud and abuse. Here's why: When plaintiffs can recover twice for the same medical bill—once from their insurance and once from the defendant in the lawsuit—they (and especially their lawyer) can start to see this as a money-making venture. The more medical bills they run up, the bigger their windfall.

For example, if the plaintiff incurs $100,000 in medical bills which is paid by insurance, they then get to collect the $100,000 in their lawsuit. The plaintiff has then made $100,000 on this transaction and has an incentive to try to increase the amount. The lawyer working on contingency fee benefits makes

Pennsylvania Medicine®

Executive Report®

JANUARY 1996

Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

In this issue...

Rally Information — 1-3

Quick facts about medical malpractice — 4 & 5

Sponsors of HB 2122 — 5

Fax-on-demand Rally menu—4

Rally registration form — 6

Resolution for reform — 7

PENNSYLVANIA PHYSICIANS READY TO "RALLY FOR CHANGE" ON 1/23/96

All across the state, buses are starting their engines to hit the road to Harrisburg. Pennsylvania physicians, their families, colleagues, and employers have responded enthusiastically to the State Society's call for a show of support for tort reform in the commonwealth.

All Pennsylvania physicians who want TORT REFORM NOW are invited to join us at the "Rally for Change" on January 23, 1996, at the State Capitol, Harrisburg.

This special supplement provides Society members as much information about Rally logistics, tort reform information, and State Society strategies as is available at press time. Remember, however, that this information is constantly changing as updates are communicated to Rally coordinators, research continues, and new materials are created.

Check the State Society's fax-on-demand system for the latest updates—see page 5 for a menu of items that can be selected and immediately faxed to your location. Or call the Society's special toll-free number to speak directly to Rally coordinators:

(800) 566-TORT

CAN'T ATTEND THE RALLY BUT WANT TO LEND YOUR SUPPORT?

We need all physicians' support—not just those who can make the trek to Harrisburg—to ensure passage of the first step toward equitable tort laws in the commonwealth. Passage of House Bill 2122, Representative Scot Chadwick's legislation, is the Rally's focus, but all physicians must continue to be active supporters throughout the 1996 legislative calendar.

Here's how you can help:

1. Contact your legislators. A personal visit is best, but call, fax, or write to them—and continue to do so at each step of the legislative process. Describe your personal experiences and frustrations with unfounded malpractice suits and with the costs of defensive medicine. See pages 4 & 5 for facts to back up your arguments.
2. Help your colleagues, staff, family, or other supporters attend the Rally. Arrange appropriate coverage for emergency care, and coverage for colleagues who are attending the Rally, and tell your patients that you are involved in an issue of vital importance to their care and health care costs.
3. Sign the "Resolution for Reform." Post a copy of the resolution (page 7 in this issue) in your office for patients to sign. Ask staff, friends, family, colleagues to sign. After you've gathered as many signatures as you can, send or fax your resolution to the State Society. These signatures will be a visual sign to legislators of the number of Pennsylvanians concerned about this vital issue.

KEY PROVISIONS OF HB 2122

- Imposes sanctions on attorneys who file frivolous lawsuits.
- Eliminates duplicate payments for the same injury.
- Clarifies informed consent requirements.
- Requires certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf.
- Allows patients to arbitrate medical malpractice claims.
- Requires pre-trial preparations to be completed expeditiously and pre-trial conferences to be used to promote settlement.

❹ Speak to your patients about tort reform. Public understanding and support for tort reform—and medical malpractice tort in particular—is growing. Some patients will be receptive to hearing your side of the story. Speak out in the media, write letters to your local newspaper, and use every opportunity to voice your opinions in your community.

❺ Be active in your county and state societies and in the AMA.

❻ Contribute to the Pennsylvania Medical Society Political Action Committee.

RALLY LOGISTICS: WHERE TO GO, WHAT TO DO, AND WHAT TO SAY

At press time, final details were still being compiled for the Rally. Check the State Society's fax-on-demand or Rally hotline for updates.

• Where can you catch a bus to the Rally?

Look for a sign-up sheet at your hospital, or call your county medical society office. Bus transportation to Harrisburg is being arranged by many groups across the state. If you are unable to find local information, call Bob Lilley at the State Society's Rally hotline.

• If you're driving on your own, where should you go and where should you park?

Parking in downtown Harrisburg is extremely limited. That's why a central pre-Rally site or sites is planned. Since we don't know at press time how many people are coming, arrangements for the pre-Rally meeting and lunch are not final. Announcements will be made on our Rally hotline—1-800-566-TORT—and by fax to those who sent in Rally information request forms. Attend the pre-Rally meeting, eat lunch with us, and catch a State Society-sponsored shuttle directly to the back steps of the Capitol building. We will "march through the Capitol" to a Rally staging site, either within the rotunda (if space permits) or outside on the front Capitol steps. After the Rally, a shuttle will return you to the pre-Rally site. Call the Rally hotline, and ask for directions to the pre-Rally site to be faxed to you.

• What's the Rally schedule?

10:00 a.m.	Arrive in Harrisburg
11:00 a.m.	Pre-Rally meeting/Box lunch
12:00 noon	Shuttles to Capitol
1:00 p.m.	Rally at Capitol
2:30 p.m.	Meet with your legislators
3:30 p.m.	Shuttles return to pre-rally site

SPECIAL STRATEGY SUGGESTIONS

✔ *Bring your cellular phone!* Physicians who are unable to visit legislators can call their legislators' office from the Capitol steps—we want legislators' phones ringing off the hook over HB 2122! There will be a limited number of telephones set up at the pre-Rally site, as well.

✔ *Wear your white coat!* What better display of physician support than an impressive sea of white coats on the Capitol steps!

✔ *Leave a special message at the office.* On your answering machine, or through office staff, leave a prepared statement that spreads the message to your patients: You and your colleagues are participating in a very important event in Harrisburg that is vital to health care in Pennsylvania. You'll find a sample notice on our fax-on-demand system. Call the Rally hotline 1-800-566-TORT.

✔ *Bring a copy of your liability insurance bill to show your legislator.* Many legislators have no conception of the figures individual physicians as well as hospitals are required to pay under the 1995 CAT Fund surcharge. Demonstrate how this cost affects your ability to practice medicine in Pennsylvania.

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- **Should you bring your family and friends?**
  By all means! Our goal is to show not only the number of concerned physicians who want Tort Reform NOW!, but the numbers of Pennsylvanians who support this cause.

- **What if it snows?**
  Because winter weather can vary so greatly from one corner of the Commonwealth to the other, the Rally will not be cancelled unless extreme conditions exist across the entire state. Contingency plans are being made to move the Rally indoors, if necessary. Check the Rally hotline for last-minute weather-related changes.

SOUND BITES

"I've never seen a bill generate such a grassroots response—representatives and senators are already pulling me aside in the hallways of the Capitol to say, 'What's this bill I'm getting so many calls from physicians on?'

It's very important to keep this kind of pressure on. I want to see this January event a spectacular success, to give this bill and this tort reform process the momentum it needs."

—Representative J. Scot Chadwick, sponsor of House Bill 2122, speaking to physicians attending the Society's Tort Reform Summit on December 12.

"A recent survey of all Pennsylvania physicians confirmed what we already knew: There is no other issue which causes physicians greater concern than the cost and anguish of professional liability...Our medical liability tort reform system is broken and needs to be fixed. Those who are truly injured deserve to be compensated...There are steps being undertaken to fix the short-term problems of the CAT Fund. But they won't fix the underlying long-term problem—our malpractice system...Physicians have had enough—enough frivolous lawsuits and enough of the CAT Fund emergency surcharge. We need tort reform—NOW!"

—John H. Hobart, MD, immediate past president of the Pennsylvania Medical Society

"Our system is inefficient in operation and ineffective in compensating injured individuals. It results in wasteful spending and unnecessary increases in health care costs."

—Arnold Sokol, DO, president of the Pennsylvania Osteopathic Medical Association

"I think we can all agree that the concerns physicians are expressing to one another throughout Pennsylvania need to be expressed to the rest of the citizens of the commonwealth—clearly, forcefully, and effectively. The Rally for Change on January 23, 1996, is a first step. We need your support, we need your colleagues' support, and the support of your supporters—as many people as we can get to the Capitol on January 23rd."

—John W. Lawrence, MD, State Society 2nd District Trustee

"If we don't have that unity, if we don't have that fire in our gut—that this is one of the most important problems we have in the practice of medicine—then we have lost the battle...We have something to pass on to the next generations and it starts now with liaiblity tort reform."

—Victor F. Greco, MD, State Society president elect

"Now is the time. Now is the time for physicians to rise up in unity and to address the legislature and the public and say 'We demand tort reform NOW!'"

—Jonathan E. Rhoads Jr., MD, State Society president

A Leadership Summit on Tort Reform on December 12 drew nearly 60 leaders from specialty and county medical societies, as well as representatives of the Pennsylvania Osteopathic Medical Association, Hospital Association of Pennsylvania, and the Alliance. Representative J. Scot Chadwick thanked the group for their support of HB 2122, and State Society leaders and staff provided legislative and rally details. As of the summit, sign up efforts for rally buses had grown to 27 sites across the state, and registration forms were flowing into Society headquarters. A mailing was also being prepared to go to all non-members Pennsylvania physicians. Above, Representative Chadwick addresses the group.

COMPLETE THE IMPORTANT FORMS INSERTED IN THIS ISSUE

Inserted in this supplement are several very important forms. Please take the time to review, complete, and return these to the appropriate State Society offices.

- ✔ Rally Information form—complete if you would like information on the Rally for Change on January 23 at the State Capitol.
- ✔ Resolution for Reform—copy and post in your office; ask staff, friends, supports, colleagues to sign, and return as many signatures as possible to State Society offices prior to the Rally.

FAX all forms to:
1-800-558-7840

Mail all forms to:
Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

QUICK FACTS ABOUT MEDICAL MALPRACTICE LIABILITY

- ✘ Defensive medicine plus medical malpractice premiums nationwide has been estimated to account for more than 18 percent of all expenditures on physicians' services.
- ✘ Only 43 cents out of every liability dollar goes to the injured patient; 57 percent goes to attorneys, experts, and insurance company executives.
- ✘ Nationwide, malpractice premiums for physicians have increased at an annual rate of 15.1 percent during recent years.
- ✘ Outcomes vary: One patient may receive a substantial award, while another patient in an identical situation may receive nothing.
- ✘ The system is not speedy. It takes an average of six years from date of complaint filing to the time the patient receives the award; in many cases the wait is even longer.
- ✘ The CAT Fund surcharges have steadily increased from 10 percent in 1976 to 50 percent in 1990 to 170 percent in 1995. This means that a specialist who performs higher risk procedures will pay as much as $135,000 for liability insurance this year.

IMPORTANT CHECK: ARE YOUR LOCAL REPRESENTATIVES CO-SPONSORS TO HOUSE BILL 2122?

Listed below are legislators who had signed-on as co-sponsors of the Society's tort reform bill as of December 21, 1995. If your representatives are not listed, it is even more vital that you contact them to urge support. If your representatives are listed, you may want to thank them appropriately.

Sponsors of House Bill 2122, Medical Liability Reform
Prime Sponsor: Representative J. Scot Chadwick (R-Bradford)

Cosponsors:

Tony DeLuca *(D-Allegheny)*
Elaine Farmer *(R-Allegheny)*
Fred Trello *(D-Allegheny)*
Nick Colafella *(D-Beaver)*
Dennis Leh *(R-Berks)*
Sheila Miller *(R-Berks)*
Paul Semmel *(R-Berks)*
Larry Sather *(R-Blair/Huntingdon)*
Jerry Stern *(R-Blair)*
Rick Geist *(R-Blair)*
Paul Clymer *(R-Bucks)*
Tom Corrigan *(D-Bucks)*
Joseph Conti *(R-Bucks)*
Tom Druce *(R-Bucks)*
David Steil *(R-Bucks)*
Matt Wright *(R-Bucks)*
Keith McCall *(D-Carbon)*
Robert Flick *(R-Chester)*
Art Hershey *(R-Chester)*
Elinor Taylor *(R-Chester)*
Teresa Brown *(R-Crawford)*
Al Masland *(R-Cumberland)*
Jerry Nailor *(R-Cumberland)*
Ron Marsico *(R-Dauphin)*
Frank Tulli *(R-Dauphin)*
Jim Merry *(R-Erie)*
Jeffrey Coy *(D-Franklin)*
Pat Fleagle *(R-Franklin)*
Samuel Smith *(R-Jefferson)*
Daniel Clark *(R-Juniata)*
John Barley *(R-Lancaster)*
Jere Strittmatter *(R-Lancaster)*
Katie True *(R-Lancaster)*
Edward Krebs *(R-Lebanon)*
Donald Snyder *(R-Lehigh)*
Stanley Jarolin *(D-Luzerne)*
Thomas Dempsey *(R-Lycoming)*
Howard Fargo *(R-Mercer)*
David King *(R-Mercer)*
Ken Jadlowiec *(R-McKean)*
Joseph Battisto *(D-Monroe)*
Roy Cornell *(R-Montgomery)*
Joseph Gladeck *(R-Montgomery)*
Robert Godshall *(R-Montgomery)*
Allan Egolf *(R-Perry)*
Marie Lederer *(D-Philadelphia)*
Robert Allen *(R-Schuylkill)*
Sandra Major *(R-Susquehanna)*
Russ Fairchild *(R-Union)*
Leo Trich *(D-Washington)*
Jerry Birmelin *(R-Wayne/Pike)*
Jess Stairs *(R-Westmoreland)*
Stanley Saylor *(R-York)*
Michael Waugh *(R-York)*

TORT REFORM FAX-ON-DEMAND OPTIONS

To reach the Society's tort reform fax library, call (800) 566-TORT (8678), and press 1. You may then request these documents by following the recorded directions.

Document Number	Document Description	Number of Pages
01	Fax Library Directory	1
02	Directions to Pennsylvania Medical Society	2
03	Tort Reform Rally Flyer and Schedule	1
04	CAT Fund Surcharge: What is the Pennsylvania Medical Society Doing?	2
05	The CAT Fund: A Time of Change (Background)	3
06	Medical Liability/Tort Reform: House Bill 2122 (Sponsored by Representative Chadwick)	2
07	Comparison of House Bill 2122 to Current Law	4
08	Sponsors of House Bill 2122	2
09	Effective Communication with Legislators	2
10	Tort Reform Press Release	2
11	Hotline Recorded Message Transcript	1
12	Talking Points for Legislative Contacts	1
13	Resolution for Reform	2
14	Form for Posting in Physician Offices	1

It's A Family Affair... The 1996 Leadership Conference

Mark your calendar now...

April 19-21, 1996...

and plan to attend the Pennsylvania Medical Society's Leadership Conference at the Lancaster Host Resort and Conference Center. This year's conference has something for everyone in the family...

- New weekend dates...Friday through Sunday
- Outstanding speakers discussing the latest issues affecting health care
- Hands-on workshops, such as public speaking, on-line computer services, leadership development, stress management, ethics of managed care, and more
- Educational programs for the kids
- Time to enjoy golf, tennis, swimming, or Lancaster's many attractions and shopping outlets

Hold the dates...More details will be coming soon!

MORE QUICK FACTS ABOUT MEDICAL MALPRACTICE LIABILITY

- ✘ Pennsylvania is one of only eight states left which have not enacted tort reform. Because there has been no liability reform in our state, physicians think they have no choice but to order more tests and procedures to protect themselves from lawsuits.
- ✘ Since 1986, every state except Pennsylvania, Arkansas, Maine, and North Carolina have signed into law legislation that limits or modifies some or all of their tort practices.
- ✘ The surcharges only keep us current. They do nothing to reduce the $1.9 billion unfunded liability that experts conservatively estimate faces the CAT Fund today, even with the 68 percent emergency surcharge.
- ✘ Pennsylvania's premiums are higher than those of any surrounding state.While Pennsylvanians now enjoy the benefits of numerous academic medical centers and a wealth of medical school graduates and residents locating in the commonwealth, this could be affected long-term by CAT Fund inequities and lack of tort reform.

Fax this form back for information...

Tort Reform NOW! HB 2122
Rally for Change January 23, 1996

Schedule

11:00 a.m. Pre-Rally meeting, the Radisson Hotel, Camp Hill

1:00 p.m. (approximate time) Rally in the Capitol Rotunda, Harrisburg

Arrangements for bus transportation to Harrisburg are being coordinated at many hospitals and county medical socieities throughout Pennsylvania. If you do not receive information or see posted sign-up sheets in your local area, complete the form below and fax it to the Pennsylvania Medical Society at **(717) 558-7841**.

☐ Yes, I want to be in Harrisburg on January 23 to call for Tort Reform NOW! However, I have been unable to find a sign-up sheet in my hospital or other location. Please send information on buses that are leaving my area which is _____.

☐ I plan to be in Harrisburg on my own and would like information on how to participate in the Rally and pre-Rally session.

☐ Please send me an information kit on HB2122. (For fax-on-demand information documents, recorded updates, and general questions, call the Tort Reform NOW! Hotline at 1-800-566-TORT.)

_____
Name

_____
Address

_____

_____
Telephone Number Fax Number E-Mail Address

Please fax this completed form to (717) 558-7841

Or mail to:

Tort Reform NOW!
c/o Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

Tort Reform NOW! Hotline 1-800-566-TORT

Resolution for Reform

and support of Tort Reform Legislation in Pennsylvania

WHEREAS, The long-standing problems of medical liability continue unabated; and

WHEREAS, Those problems have forced a 68 percent emergency surcharge on all health care providers covered under the Medical Liability Catastrophe (CAT) Fund for 1995, over and above the 102 percent surcharge for the year; and

WHEREAS, The 1996 annual surcharge has been set at 164 percent of the provider's basic premium; and

WHEREAS, Nothing has been done to address the medical liability issue through needed tort reform legislation, such as passed in other states; and

WHEREAS, Increased premium and surcharge payments only continue to fuel the system and provide less than 43 cents of the dollar to compensate the injured patient; therefore be it

RESOLVED, That, in order to prevent a further worsening of the liability situation and its adverse reaction on the access to and delivery of health care in Pennsylvania, the undersigned endorse and support Tort Reform legislation which accomplishes the following:

- **Eliminates Public or Group Collateral Sources** by permitting the court to deduct such benefits from an award;
- **Places Reasonable Limits on Punitive Damages,** permitting such awards only if there is clear and convincing evidence that the defendant acted with evil motive or disregarded risk;
- **Strengthens Definition of "Expert" Witness** by requiring licensure, same specialty qualifications, and active clinical practice;
- **Permits Periodic Payment of Future Damages** for awards exceeding $200,000;
- **Attacks Frivolous Lawsuits** by empowering courts sanctions, requiring early expert review and exchange of reports;
- **Allows Pre-Treatment Agreements to Arbitrate,** giving patients the opportunity to reconsider after receiving treatment, and requires Med CAT Fund to be bound by such agreements; and
- **Strengthens Definition of Statute of Limitations,** requiring claims to be filed within two years of discovery or four years from the act, whichever is earlier, and establishes statute for minors.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please complete and return the signed resolution to the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820 or by FAX (717) 558-7841.

Tort Reform NOW!

Highlights of House Bill 2122

Introduced by Representative J. Scot Chadwick, (R-Bradford)

Group Collateral Sources

- ✔ The court will deduct from an award any public or group benefits received or to be received by the claimant unless the claimant paid the premium or if the benefits were from a life insurance, a pension or a profit-sharing plan.
- ✔ This provision does not take away a victim's ability to be compensated but stops some duplicate payments.

Places Reasonable Limits on Punitive Damages

- ✔ Punitive damages can only be awarded if there is clear and convincing evidence that the defendant acted with an evil motive or ignored a high degree of risk.
- ✔ Punitive damages will be limited to not more than 200 percent of compensatory damages.
- ✔ The court must first decide that punitive damages should be awarded before it holds a hearing to set the amount, thus preserving the physician's confidentiality with respect to assets.

Strengthens Definition of "Expert" Witness

- ✔ A physician testifying as an "expert" must be licensed and have personal experience with the subject.
- ✔ The expert must have been actively engaged in direct patient care in the same medical subject.
- ✔ The expert must be board certified if the defendant is board certified.

Permits Periodic Payment of Future Damages

- ✔ Awards with future payments which exceed $200,000 shall be paid in periodic or installment payments.

Attacks Frivolous Lawsuits

- ✔ Empowers courts to sanction attorneys who file frivolous lawsuits, including paying defendant's reasonable expenses such as court filing fees and attorneys' fees.
- ✔ Requires plaintiff to certify that a properly qualified expert has preliminarily concluded that the case has merit.
- ✔ Requires early exchange of expert reports.

Allows Pre-treatment Agreements to Arbitrate

- ✔ Would put safeguards in place to assure that patients are not coerced to sign such agreements.
- ✔ Would give patients the opportunity to reconsider such agreements after receiving treatment.
- ✔ Requires that the Med CAT Fund be bound by such agreements.

Strengthens Definition of Statute of Limitations

- ✔ Medical negligence claims must be filed within two years of discovery or four years from the act which caused the injury, whichever is earlier.
- ✔ The four-year limit does not apply to injury caused by foreign objects left in the body.
- ✔ Cases involving minors under age eight must be filed within four years after the parent or guardian knew or should have known of the injury or within four years of the minor's eighth birthday, whichever is earlier.

Strengthens and Clarifies Informed Consent

- ✔ Clarifies causation standard.
- ✔ Limits informed consent to major invasive procedures.
- ✔ Informed consent is unnecessary if the patient knows the risks or has requested that the risks not be told.
- ✔ A signed consent form creates the presumption that informed consent was given.

anywhere from 30 to 50 percent of the damage money paid to the plaintiff, so if the plaintiff is awarded $100,000, the lawyer gets an extra $30,000 to $50,000.

Nineteen states mandate that the judge offset from plaintiffs' damage awards the payments received from collateral sources. Another 11 states allow defendants to introduce evidence of collateral source payments and have the jury or judge decide how much to offset.

House Bill 2122 allows the collateral source evidence to be admitted at trial and for the judge or jury to deduct from the economic damages award the amount of money received by the plaintiff through insurance or group benefits. The collateral sources rule in House Bill 2122 does not apply to:

1) benefits that a claimant has received or may receive by an insurance policy or other benefits program for which the plaintiff paid;

2) life insurance, pension, or profit-sharing plans, or other deferred compensation plans; and/or

3) public benefits paid under a federal program which provides a right of reimbursement that supersedes state law.

Non-economic damages

Many physicians have asked why the Society has not lobbied for a law which would place a limit on non-economic damages—the monetary awards given to plaintiffs for what is commonly referred to as pain and suffering. These awards are separate from and do not include compensation for medical costs, rehabilitative costs, lost wages, other out-of-pocket expenses, or actual economic losses. The Pennsylvania Constitution provides in Article 3, Section 18:

...in no other cases shall the General Assembly limit the amount to be recovered for injuries resulting in death, or for injuries to persons or property, and in case of death from such injuries, the right of action shall survive, and the General Assembly shall prescribe for whose benefit such actions shall be prosecuted.

Placing a limit on non-economic damages will probably have to come from the federal government. U.S. House of Representatives Bill 2425, a Medicare cost-containment bill, offered a provision limiting non-economic damages to $250,000; however, that provision was recently struck from the bill.

What you can do

The time has come to start closing the lid on medical malpractice, and the Society needs your voice. Contact your state representative now, and ask him or her to support House Bill 2122. If you do not know who your representative is, contact the Society's Department of Legislative Affairs at (800) 228-7823 or (717) 558-7750. Let your representative know you are a physician, and urge his or her support of House Bill 2122.

For an update on the Society's tort reform activities, call (800) 566-TORT (8678). When you call, you will be given three options: 1) request fax on demand (see insert for options); 2) review a prerecorded message; or 3) speak to a staff person.

The contributing author, Catherine L. Schultz, is a paralegal in the Society's Office of General Counsel.

TALKING POINTS

CONVERSING, CORRESPONDING WITH YOUR LEGISLATORS

When writing to or speaking with members of the legislature concerning the issue of medical liability reform, specifically House Bill 2122, the following "talking points" may be helpful:

• The concern that should be given the *least* emphasis should be the escalating premiums. Unfortunately, right or wrong, it is difficult in a public forum to win economic arguments. Public perception is that physicians' incomes are enough to absorb the increased costs of liability coverage. Rather, explain that as a small businessperson, your ability to "pass on" increasing costs to your customers has become increasingly difficult.

An example: *When the cost of raw materials for the manufacturing of homes increase, the builders must raise the cost of the houses they build or risk going out of business. As a result of government mandates and insurance company fee restrictions, physicians cannot easily make such adjustments.* Be careful. Try not to personalize this argument.

• If applicable, try to explain your personal experience with the tort system. If you were named as a defendant in a medical malpractice suit that was eventually dropped or ruled to be frivolous, provide the legislator with some description of the "mental stress" that accompanies such a legal action. You may also want to mention to your insurance carrier the expense of defending yourself in frivolous cases and the cost of your time out of the office.

• Explain that injured patients most certainly deserve to be fairly compensated; however, the medical/ legal system should not be used by individuals trying to simply game the system. Further, according to the U.S. General Accounting Office, injured patients unfortunately receive only 43 cents for each dollar of an award. The remaining 57 cents is consumed by administrative expenses and attorneys' fees.

• If possible, provide your legislator with a better understanding of what it means to practice defensive medicine. That is, provide examples of tests and procedures that you regularly perform simply to "cover yourself" from a possible lawsuit.

• Clearly state that you would appreciate knowing whether or not you can count on a "YES" vote in support of legislation that would contain the provisions found in House Bill 2122. It is important that they commit one way or the other—YES or NO!

• Be sure to thank your representative for his or her time, and encourage him or her to call you if any questions arise. If your contact was by conversation, be sure to follow-up with a letter of appreciation, and *briefly* summarize the points you outlined in your meeting.

Finally, send a copy of this letter to your lobbyists at the Pennsylvania Medical Society so they can be aware of your contact. Mail to the Society at P.O. Box 8820, Harrisburg, PA 17105-8820; or fax to (717) 558-7841. You may also want to discuss the outcome of your meeting in your correspondence to the Society, including if your legislator committed to a YES or NO vote.

The contributing author, David J. Thompson, is the Society's associate director of legislative affairs.

Pass It On: Pennsylvania Physicians Must Speak Out Now on Tort Reform

Editor's note: On November 11, 1995, Delaware County Medical Society President C. Richard Schott, MD, gave the following speech to colleagues at a CAT Fund/Tort Reform conference at DCMS. It was so well received that Dr. Schott permitted copies to be handed out at the State Society's Tort Reform Summit in Harrisburg on December 12, and encouraged physicians to use it as a basis for their own speeches or other tort reform materials. We publish this condensed version for members' use to further tort reform efforts.

In September 1995, Pennsylvania Medical Society President John Hobart, MD, testified on Senate Bill 1122 to restructure the CAT Fund. The Society has been working closely with the CAT Fund's new administrator, John Reed, to help resolve some of the immediate problems. But unless the commonwealth takes major steps to pass meaningful medical malpractice tort reform, the problem will continue to become worse year by year.

Since most of the costs of health care are being paid for by employers and by the government, it is difficult to rally the general public to our cause. Solicitous advertisements by trial lawyers lure many to seek tort settlements for less-than-perfect outcomes. Juries are selected by removing anyone who might be in any way favorable toward the defense and choosing those who are sympathetic to an allegedly injured patient. Hyped by the plaintiff attorney, these juries dole out exorbitant awards the magnitudes of which they do not comprehend, with an attitude of "that's what doctors have insurance for!"

However, in a March 1995 survey, 71 percent of American adults favored limits on "pain and suffering" awards in medical malpractice cases. Seventy-six percent of Americans favored limits on the percentage that a trial lawyer can receive from any settlement or award for his client.

Remember, we are paying the bill! Doctors rightly should pay premiums to cover costs which are attributable to their actions, but if society wishes to reward the legal profession with outlandish contingency payments, and wants to provide windfalls to the next three generations of an injured party's family, then society should be responsible for those expenses. Physicians should not be required to pay for what was never our fault, or for what we have no control over!

It is time for employers and the government to recognize that exorbitant costs, including contingency payments to trial lawyers, are a major component of our health care budget. Also add a cost for physicians practicing "defensive medicine" to the tune of $12 billion annually. The General Accounting Office's data indicate that medical liability costs could be as much as $22 billion annually, excluding an additional $10 billion for health care product-related liability costs.

We are all appropriately disturbed, yes, enraged over the exponential rise in our malpractice costs. It is time for all of us—physicians, hospital boards, employers, our government officials, and the general public—to say with one voice, "That's enough!"

In recent contacts with our local legislators, I have come to realize that they, in general, view us pretty much as the general public does. For the most part, they respect their own personal physician as an intelligent, dedicated, hard-working, and caring friend; but some tend to view us collectively as a blundering, greedy, high-living lot, who are, in some cases, getting "what we deserve" because we have a "bunch of bad apples" that practice "bad medicine" and therefore "deserved to get sued."

At a Harrisburg press conference organized by the Pennsylvania Medical Society on October 26, Representative Scot Chadwick unveiled his tort reform bill, House Bill 2122. This bill would eliminate duplicate payments for the same injury, allow patients to arbitrate medical malpractice claims, clarify informed consent requirements, impose sanctions on attorneys who file frivolous lawsuits, require certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf to eliminate frivolous suits early in the process, require pre-trial preparations to be completed expeditiously and pre-trial conferences to be used to promote settlement. This bill is fully supported by the Pennsylvania Medical Society.

Robin Scheiner, MD, a dermatologist and president elect of the DCMS, presented her own personal malpractice experience. She saw and treated a patient for athletes' foot, and later was sued by the patient for "missing" an abdominal tumor. Following her presentation, the room was literally "buzzing" with physicians discussing their own personal stories of ridiculous litigation.

Your legislators need to know your own personal stories to help them comprehend how many health care dollars are wasted, not only by frivolous suits but also by exorbitant settlements, and indirectly through unnecessary studies done defensively to document that which is clinically obvious.

Fifty-three cents of every malpractice premium dollar we pay currently goes to administrative costs, including payments to both defense and plaintiff attorneys. Physicians pay the entire cost through their insurance premiums, totaling $10 billion per year, and we are no longer permitted to pass this along.

It is no surprise that doctors are being laid off, salaries are being cut, and pension plans and other employee benefits are being dropped for many health care workers in attempts by their employers to survive decreasing reimbursements and skyrocketing overhead. There is a limit to how much can be squeezed out safely, without doing permanent harm to our patients and to our health care system. I feel that our patients are unknowingly being shortchanged as this crisis widens.

What we as physicians can do to help remedy this is limited by our own need to see more patients just to meet increasing costs. We are a diverse group and are not noted for our political cohesiveness. Many of us are angry and depressed; we feel defeated even before we begin to

attempt to wield any political influence. We are especially disadvantaged given the preponderance of lawyers that are elected to high office.

We must remember, however, that it is physicians who treat patients. Insurance companies, employers, and politicians do not and cannot treat patients. As physicians, we have made extreme personal sacrifices getting our education and developing our practices. We are not accustomed to thinking that we should make additional investments of time and money to plead our cause on Capitol Hill. Many of us have no training or experience in the political process, and have not been previously involved in organized medicine. Others are willing to pay their dues, but with the passive philosophy, "I don't know what you're doing, but keep doing it."

Now we've all received a gigantic "wake up call" with the CAT Fund [emergency] surcharge. Our free-falling anger is evident. The government, lawyers, HMOs, organized medicine, and even patients are all potential targets of our anger. We need to deal with that anger and harness our newly aroused energies into a constructive strategy.

Whatever we choose to do, we must be careful not to impede the tort reform foundations that have been laid, not to destroy what favorable positions we now enjoy in the public image and in our relationships with state and federal representatives. Let me reassure you that your State Society has a skilled, dedicated staff, and they are there to help us. Our volunteer physician leaders give freely of their personal time and finances, often making great family sacrifices to try to "make a difference."

For years our leaders have been telling us of the importance of membership and involvement in organized medicine. It's now time for some of us to stop riding the backs of those who pay dues and become involved. Less than 50 percent of Pennsylvania physicians belong to our State Society. Only 20 percent of us support the political action committees of the state and national organizations. Less than 50 physicians in Pennsylvania are Keystone Club members, contributing $250 or more per year to PAMPAC.

Trial lawyers contributed $20 million to their political action arm between January 1989 and December 1994, with individual law firm contributions in excess of $500,000. How many of those dollars came from us? We clearly need more support and involvement by physicians to help accomplish our goals.

Tort reform is the Pennsylvania Medical Society's #1 priority item. House Bill 2122 addresses many of our needs. We have made significant forward strides, especially since the last gubernatorial election, in promoting our agenda, in large part due to enormous efforts of State Society leadership. But we need *all of you* to help at the grassroots level to advance the cause:

- We need *all of you* to take time to write to your legislators to educate them in the realities of our crisis. They need to know how angry you are at being forced to pay for a tort system over which we have no control. Tell them of your personal malpractice experiences, and how these have wasted your time and their health care dollars.
- We need *all of you* to be members of your State Society, county society, and the AMA.
- We need *all of you* to support our political action committee through regular contributions to PAMPAC.

Presently, no single issue is more important than our continued efforts to obtain meaningful tort reform. Regardless of how militant or pacifist your personal position, we can and must work as a united front!

I am asking you to save a date—January 23—to attend the Rally for Change. Help demonstrate our unity and commitment by "shutting down" the elective portion of our health care system on that date. Arrange appropriate coverage for emergency care, and tell your patients that you are involved in an issue that is of vital importance to the future of their care and health care costs. Then join us on the buses to Harrisburg. You can make a difference if you are willing to get involved.

STATE BOARD WARNS: DON'T REFUSE TO PAY CAT FUND

An Open Letter to the Physicians of Pennsylvania:

At its November 28, 1995, meeting, the State Board of Medicine received a briefing on CAT Fund difficulties, the dramatic "emergency" surcharge, and enforcement efforts underway. Because the board is mandated by law to take action against physicians who do not meet malpractice insurance requirements, it decided to write this letter to you.

The board is fully cognizant of the financial hardship imposed on physicians and hospitals in the commonwealth by the recent surcharge to the CAT Fund. It further acknowledges that changes in the entire way malpractice insurance is covered in this state demands to be reviewed. This, of course, includes tort reform as well as other potential insurance reform measures.

However, the board strongly recommends that the physicians of the commonwealth not demonstrate their displeasure with the current state of affairs by failing to pay the CAT Fund surcharge. Doctors who choose to do this will be putting themselves at personal financial risk for settlements beyond their regular malpractice coverage. More importantly, since they would be in violation of current commonwealth law, they would also be in danger of losing their medical licenses. This, of course, would be an additional burden on the citizens of Pennsylvania who will not be able to obtain appropriate medical care. The board is greatly concerned that physicians do not put themselves or their patients in jeopardy.

There are other methods and avenues open to all of us to effectuate change. While the board does not support any particular legislation, the tort reform measure currently before the general assembly is worthy of your review and potential individual and collective political support. You may also wish to contact your legislators in an effort to seek change in how malpractice insurance is funded and provided in Pennsylvania. These are legitimate, responsible, and legal avenues open to all of us. The State Board of Medicine strongly urges physicians to take these avenues rather than putting themselves in the position of having their Pennsylvania licenses to practice medicine suspended.

Charles J. Bannon, MD
Chairman, State Board of Medicine

Snakes, Staffs, and Symbols

Richard T. Bell, MD

Using subtle humor, one Society leader explains medicine's Greco-Roman mythological roots and the confusion they bring to '90s medicine.

Greco-Roman mythologies have wonderfully imaginative plots which are more complicated than soap operas. Their story lines can be more tawdry than tabloid reporting of movie stars. When we took the classical Hippocratic Oath, we swore by Apollo, Aesculapius, Hygeia, and Panacea. Most knew of Apollo only as a restaurant name. Since mythology confuses most mere mortals who cannot separate the Greek from the Roman deities, I will explain some of medicine's Greco-Roman references. Unless noted, deities will be Greek names with their Roman counterparts, when different, in parentheses.

Aesculapius (the Greek Asklepios) was the son of Apollo, the physician to the gods, and Coronis, a nymph in both the Greek and modern sense. Because Coronis was unfaithful to her immortal lover, Apollo had Artemis (Diana), goddess of the hunt, slay her with an arrow even though Coronis was in her third trimester of pregnancy. Fortuitously, Aesculapius was born before she died and was raised by a centaur who was a student of Apollo. Aesculapius learned medicine from his foster parent, but soon surpassed his expertise.

Sir Edward Poynter, an obscure nineteenth century English artist, depicted Aesculapius practicing medicine in a walled garden complete with fountains and doves. Today, this would have triggered an OSHA citation. His patients were four naked women in X-rated poses, clearly not politically correct composition. Aesculapius, risking a sexual harassment charge, was shown attending only the left ankle of one of these nude women. Luckily, there was no medical licensure board in this mythological scenerio to censure the individual who gave medicine its symbol.

Aesculapius was so effective that he raised a man from the dead. This angered Pluto, the god of the underworld, because the population of Hades was decreasing. Even worse, Zeus (Jupiter) was upset because a mortal exerted power over the dead. Therefore, Zeus zapped this superb physician with an Olympian thunderbolt. Think about that the next time you direct a successful CPR.

A cult of Aesculapius spread throughout Greece, where over 200 temples were established in his honor, staffed by physician-priests. Seeking cures, worshipers stayed overnight in these temples, which were the predecessors of hospitals and health care systems.

The Apollo medical dynasty continued with Aesculapius' two physician sons and his daughters, Hygeia, the goddess of health, and Panacea, who tended the sacred snakes of the temples. Even Hippocrates was said to be a descendant of Apollo.

Hippocrates is best known for his medical ethics oath, which has endured for over two millennia. It should be interpreted in the context of the contemporary age as an ideal for proper professional conduct. Hippocrates believed that the etiologies of all diseases were natural causes, rejecting the prevailing theory that illness was caused by the gods. This established natural causes as a diagnosis, which some obituary editors have anointed as the most common cause of death. It is an orphan diagnosis because there is no CPT code, support group, or national organization which solicits funds for research to find a cure.

A confusing Greek legacy to medicine which needs clarification is the caduceus of Hermes (Mercury) and the staff of Aesculapius. Hermes, the messenger of the gods was responsible for conducting souls to the underworld of Hades. Hermes, the god of commerce and rogues, was associated with astrology, alchemy, and magic. His only apparent association with medicine was that he was an occasional consort of Aesculapius' daughter, Hygeia. The caduceus, the magic wand Hermes carried, is a smooth, straight rod, knobbed at the top, entwined with two snakes facing each other, and embellished with two wings.

Dr. Bell, a pulmonary specialist from West Reading, is chair of the Society's Council on Health Policy and Advocacy.

Adoration of the serpent is common in ıany cultures, but is paradoxical since ıey are also feared and may represent vil. (Just ask Adam and Eve.) The snake epresents new life and regeneration beause it returns to life each spring as its old-blooded body is warmed. Symbolizıg curing illness by the shedding of its kin, snakes suggest rejuvenation and ıystical powers. These powers were inoked by the purveyors of non-traditional ıedicine with the marketing of snake oil.

According to legend, when Hermes hrew his staff between two fighting nakes, they peacefully coiled around it. 'hus, the caduceus became a symbol of eace and Hermes's authority. The anient Greeks used it as a symbol of nonombatants in war, much like a white flag r a red cross.

The staff of Aesculapius is a rough, notty staff with one snake coiled around t. The knots supposedly represent the knotty" problems in medicine, and the taff—symbolic of vegetation—represents he unchanging life of the earth. Some beieve that the staff was used as a cane or a rutch by Aesculapius as he made house alls. The snake represents the medical ymbolism or may have been in honor of he temple snakes, tended by Panacea, vhich controlled the rat population.

The cult of Aesculapius and the use of he symbolic staff diminished as Chrisianity gained followers. In 1856, the U.S. Army chose the caduceus for the uniforms of medical corps. The caduceus signified he non-combatant status of the medical personnel who gathered battlefield bodies of the dead and wounded. In 1912, the AMA adopted the caduceus as a trademark, cementing it with the public as representing medicine.

The World Medical Association adopted a vertical staff of Aesculapius as the international symbol for physicians in 1956, more accurately reflecting its Greco-Roman medical heritage. Subsequently, the AMA adopted a slightly tilted staff of Aesculapius.

Just when it appeared the staffs were sorted out, we are now confronted with the bastardization of the already confusing English language by political correctness and government jargon. Our former patients are now no longer called "consumers" but are "clients." Physicians are "providers" who are being assimilated into health systems which worry about market shares. Some are now wondering whether the caduceus, a symbol of commerce, is the more appropriate staff.

Although Greek mythology may be as distant to the general public as our arcane medical language, we should strongly embrace the staff of Aesculapius as the symbol of our traditional medical heritage.

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Taking Charge in a Changing World

Earl A. Schulte, MD, joined the PennMed Member Services Company (PMSCO) in November as chief operating officer. Here, he shares his thoughts on the Pennsylvania health care market and how PMSCO is making a difference for the physicians in the state.

Question: *What is your role at PMSCO?*

Dr. Schulte: In addition to the role of chief operating officer, I will be involved in a number of other services: 1) assisting physicians in establishing physician organizations (POs) in the western part of Pennsylvania; 2) supporting the development of the position of medical director for POs statewide, and the development of utilization management, quality protocols, and practice guidelines where needed; 3) assisting hospital-based and specialty groups of physicians in dealing with local and regional hospital and payer issues; 4) assisting physician groups with the development of payer and hospital strategies, and appropriate business relationships; and 5) assisting physicians and their staffs in practice management and practice acquisition problems that result from increasing managed health care penetration.

Earl A. Schulte, MD

Question: *You come from California. Having never lived in Pennsylvania, what strengths and weakness do you bring to your job at PMSCO?*

Dr. Schulte: I came from California, but I grew up and did my medical training in neighboring Ohio. Many of the managed care issues of California are not at all the same as in Pennsylvania. My personal goal is to assist the physicians of Pennsylvania in finding solutions to managed health care delivery issues—hopefully, solutions that place the physicians of Pennsylvania in a stronger business relationship with the payers and the hospitals. My one obvious weakness is that I am a physician advocate, and this is often not a positive in dealing with hospitals, integrated networks, and payers.

As I stated earlier, I want to be involved in effecting a reduction in the management of physicians by the "management" in managed health care. Physicians clearly need to develop appropriate business relationships with the payers and hospitals. By developing these appropriate POs and business partnerships, physicians can in effect encourage and influence competition among payers and reduce the possibility of Pennsylvania having a single, focused regional payer or a single statewide health plan.

Having worked in California, I am often perceived as bringing the California solution to Pennsylvania managed care problems. I can bring to the physicians in Pennsylvania my experience in dealing with enrollee, payer, and hospital contract and working relationships; however, Pennsylvania is entirely different in terms of payer competition. Pennsylvania has only 17 statewide HMOs, soon to be 18 with PPHP (Pennsylvania Physician Healthcare Plan, Inc.), while California has over 40 HMOs statewide with many under development. This difference in the competitive HMO environment results in physicians and hospitals having different business value to the payer. In a competitive environment, hospitals and physicians often recognize the need to treat each other as business partners, and many of the control issues become perceptual issues.

Question: *You're an MD. Does your position as COO of PMSCO require that degree? Is that an asset?*

Dr. Schulte: My position doesn't. However, I believe that my being an MD brings an influence, through our consultants and management, that only a physician background in managed care could bring. It would be difficult to tell a physician you

nderstand his/her problem and support at position without a medical degree.

I am reminded of an experience I had veral years ago, while working for an ingrated system in Southern California. I as in a management meeting, and the EO of the local hospital was discussing anaged care and related physician stratgy. I believed, based on a number of years experience, that this strategy would not ork. I expressed this to him, and his reonse has stuck with me to this day. He aid: "Dr. Schulte, you're a physician, and is is a business decision. We don't expect ou to understand our strategy." At that oint I went out and enrolled in an MBA rogram.

Over the years I have met many qualied physicians who understand business nd management issues. The response I uoted expresses how physicians are often erceived by the payer and hospital sysems. This experience has supported my elief that physicians need to unite and asume accountable roles in the developnent, management, and strategy of elivering health care.

uestion: *One of the goals of PMSCO is to elp physicians within a community form etworks and alliances. Once a network is rmed, doesn't that by definition exclude he remaining physicians in the communiy? What response should PMSCO take, if s net effect is creating two classes of physiians: "the haves" and the "the have nots." s there a healthy solution?*

Dr. Schulte: The dynamics described in our question are a perceptual problem. I m not aware of PMSCO supporting the levelopment of any exclusive POs. PMSCO to date has supported physicians niting and developing POs which are regional and/or centered around their acute are facility of choice. PMSCO clearly adises the PO to remain open to primary are physicians and permits the governance of each organization to develop a trategy as to long-term specialty needs.

Specialists are not excluded from the PO model. I don't know of any newly deveoped or developing PO that has an exclusionary policy to any physicians, unless t is based upon a credentialing issue. PMSCO supports physicians in uniting. A "have" and "have not" business environment would run counter to that philosophy. The problem may be more one of perception and not based upon any documented experience to date.

Question: *Some of PMSCO's work has been helping physicians develop the appropriate role with managed care companies, as those companies over-regulate and underpay physicians. Yet, more and more, younger physicians are working for HMOs and feel comfortable with managed care rules.*

Dr. Schulte: PMSCO's mission is to have physicians unite and then develop the appropriate business relationship with the HMO or payer. Unless physicians understand the elastic demand model* of managed care and the value in being able to manage capitated revenue, the problem may seem overwhelming, and an employed position may become an option. Employed positions work for some physicians; however, your ability to be an effective equity partner and influence decision making and strategy is sharply reduced as an employed physician.

One of my concerns in the area of physicians' employment by payers and integrated models is that the physician gradually becomes a task-oriented employee, and not valued as a professional and often not permitted key management roles. On the other side, there are significant roles for physicians in HMO management, such as being a medical director. However, those positions are limited.

Question: *What is the greatest fear physicians should have about the managed care market?*

Dr. Schulte: There is severe competition among payers across the country. The greatest concern that physicians should have is that by not supporting competition in their communities, this competition, along with the demand by the employers for low-cost health care, will result in a one-payer system, which will be by large regions such as counties or states. Physicians will lose significant influence under such a system.

Question: *What can you offer to ease other fears physicians may have?*

Dr. Schulte: In a health care market dominated by one or two payers, a physician →

"PMSCO's mission is to have physicians unite and then develop the appropriate business relationship with the HMO or payer."

—Earl A. Schulte, MD

** In brief, the elastic demand model is defined by the price of a product or service being fixed and the volume of service and/or product being the variable.*

> ***"The penetration of true managed care products in Pennsylvania is still too low, in my opinion, to influence dramatic shifts in physician resources."***
>
> *—Earl A. Schulte, MD*

perception is often subject to being influenced by rumor and suggestions of negative payer influence on the physician's practice. Or there is the suggestion that the payer may not continue to have a relationship with the physician's hospital of choice, unless there is some commitment to an agreement between the physician and hospital. Or even worse, the payer doesn't want to pay for physician services unless they are bundled under the control of the hospital in some global arrangement.

What were once possibly good options for physicians to consider are now obscured by the need to take action and protect one's ability to continue to have access to patients. These suggested scenarios and their negative outcomes are of little consequence to physicians if they understand the value of physician unity and commitment.

Many of the issues developing out of managed care payer and provider relationships require more than the individual physician response. These issues require solutions that in turn require physicians to consider options that are based upon their ability to collaborate, pool resources, and develop management tools and skills. They require a strategy which results in physicians being viewed as united, and accountable regional business organizations committed to quality and cost management in the delivery of health care.

Question: *Are hospital administrations our allies or our worst nightmare?*

Dr. Schulte: I would prefer not to view them as either. Based upon my earlier comments, I would rather we aggressively approach them as strategic business partners, and develop appropriate and supportive business relationships through appropriate business agreements.

Hospitals will continue to remain at the center of many community health care needs, but they will need to become accountable for cost management and hov they support the development of ancillar and alternative health care needs for thei communities. We need to influence a busi ness relationship which results in a bal ance of power and control among th providers of health care and the payers o Pennsylvania.

Question: *Where is the Pennsylvanic physician market headed? Is there a physi cian surplus? Which physicians are a greatest risk?*

Dr. Schulte: I haven't been in Pennsyl vania long enough to address the distribu tion of physicians by specialty. I do knov that in an increasing managed health car market, there is usually a reduction in spe cialty services. This is often accompanie by a redistribution of physician service and the retraining of physicians.

The penetration of true managed car products in Pennsylvania is still too low, ir my opinion, to influence dramatic shifts ir physician resources. I have seen an in creasing number of physician issues cen tered around hospital-based physician and specialty groups that have a signifi cant relationship and/or dependence o the hospital for their services. These physi cian groups are being asked to participat in integrated projects and models tha may result in their being disadvantaged b becoming salaried positions as the mode or project evolves. Many of these propose new relationships requiring physicia commitment, and often exclusivity, hav serious long-term control issues and con sequences for the physician.

Question: *Any final advice for physicians?*

Dr. Schulte: Physicians need now more than ever before, to come to term with the need to form more collaborativ and appropriate business relationships, t deal with the demands for more cost-ef fective health care. The recent changes i the regulatory environment allow physi cians to organize and demonstrate thei ability to manage risk. Physicians shoul quickly take advantage of this window o opportunity. An effective PO offers the ve hicle for physicians to be successful i managing capital revenue.

Pennsylvania physicians also have unique opportunity to support competitio and influence the development of manage care products in the commonwealth b participating in PPHP. There are never an guarantees in any business venture; how ever, this is a realistic opportunity fo physicians to come together in a not-for profit model that permits them to cope wit the very issues that now threaten them.

Benefits to Pennsylvania Physicians

Following is a summary of a few of the major benefits won by the Pennsylvania Medical Society during last year.

TORT REFORM

HOUSE BILL 2122—Society-sponsored legislation to reform Pennsylvania's tort laws was introduced in late 1995, poising the Society to take full advantage of this crucial legislative opportunity. A "Rally for Change" is planned by the Society in January to show the strong physician support for these efforts to Pennsylvania's lawmakers. CAT Fund reform is also a part of the Society's strategy, with Senate Bill 1122 introduced in 1995.

THIRD-PARTY REIMBURSEMENT

QMB COPAYMENTS—This lengthy, hard-fought court battle by the State Society won more than $35 million for Pennsylvania physicians as of December 1995. The Society challenged the Department of Public Welfare's incorrect interpretation of federal law, which intended for physicians to receive the payments they earned when they cared for their poor, elderly patients. Pennsylvania physicians now receive the copayments and deductibles they should have gotten all along through the Qualified Medicare Beneficiary program.

CLINICAL LABORATORY OVERPAYMENTS—The Society's and the AMA's reactions were swift and effective when Pennsylvania Blue Shield claimed physicians were "at fault" for an error made by the carrier. To Pennsylvania physicians, this victory was worth nearly $1.3 million, in addition to $3 million the Health Care Financing Administration had already agreed to forego.

REGULATORY REFORMS

WORKERS' COMPENSATION—For more than two years, the Society has worked diligently to address physician complaints concerning these 1993 regulations. The state's 1995 regulations were generally favorable to the provider community, primarily as a result of extensive dialogue between the Society, other healthcare givers, and the Department of Labor and Industry.

PAPERWORK HASSLES OVER DMERC—Credit goes to the Society for helping to eliminate several proposed paperwork requirements from the Medicare Durable Medical Equipment Regional Carrier (DMERC).

MANAGED CARE

PHYSICIAN INTEGRATION—The Society has quickly become a statewide leader in providing expert aid and consultation to physicians in the managed care marketplace. Through its subsidiary, PennMed Member Services Company (PMSCO), the Society offers a complete range of managed care and physician integration services. This growing company expects to provide an expanding range of services to physician groups, networks, and other entities during 1996.

MANAGED CARE SAFEGUARDS—Society representatives continue to lead statewide opposition to unfair managed care organization practices. The Society serves as patients' watchdog against unsafe practices, regulations, and laws through constant scrutiny of regulations and immediate testimony to lawmakers and regulators.

PROFESSIONALISM

RESTRUCTURING—A revised internal structure, new flexibility for subsidiaries, improved communications to members, and keen attention to physicians' changing needs in the health care marketplace have placed the State Society in the forefront of protecting Pennsylvania physicians' interests.

YPS TRUSTEE URGES CONTINUED AMA MEMBERSHIP

Robert M. McNamara, MD, the Society's young physician trustee, offers this commentary in response to the House of Delegates' October 1995 decision to eliminate the AMA membership requirement for State Society members.

The Young Physicians Section (YPS) was a leading proponent of the elimination of the AMA membership requirement. The YPS Governing Council and section members based our position on surveys indicating that young physicians were opposed to this requirement for financial and philosophical reasons.

Philosophical objections to AMA membership generally run along three lines:

1) "The AMA is only out to protect its pocketbook/wallet";

2) "I do not agree with AMA views"; or

3) "It is an old boys' network."

The YPS, as explained below, finds each of these to be difficult to validate and urges young physicians to continue their AMA memberships.

"Pocketbook" issues

Face it, as young physicians, we need someone to look out for us in this area. The AMA was instrumental in rolling back the Medicare fee disparity which paid physicians in their first five years of practice only a percentage of what was paid to their senior colleagues. The amount of money redirected to young physicians is substantial and would pay an individual's AMA dues many times over. These days, the corporate world is out to get physician fees, and we need all the help we can get.

"Different views"

The AMA clearly speaks on behalf of physicians and their patients. The Patient Protection Act is one clear example. Ask yourself: What other organization will have the power to fight against the abuses of managed care? Do you want to leave it to the legislators alone; or do you wish to support, with membership, the lobbying efforts of the AMA? Health care is changing daily on the national scene, and your specialty society is not equipped for battle on these fronts to the same degree as the AMA.

"Old boys' network"

It is undeniable that the AMA leadership reflects a different make-up than your medical school class. However, the "old boys" are smart enough to know that the views and support of young physicians are critical to the future of the AMA. As in Pennsylvania, the AMA has just added a young physicians' seat to the board of trustees. The "old boys" will listen; we just have to speak up.

Young physicians *must* seriously consider remaining members of the AMA. While the Pennsylvania Medical Society is waging a capable battle on our behalf at the state level, we must be cognizant of the value of the AMA on the national scene.

COUNTY NEWS

PHYSICIANS HONORED WITH ANNUAL AWARDS

The Philadelphia County Medical Society, at its annual awards dinner in November, honored **Harold J. Isard, MD,** with the county society's highest honor, the Strittmatter Award. Dr. Isard was recognized for his leadership abilities, his respected teachings, and his continued contributions to the healing art of medicine.

A native of Philadelphia, Dr. Isard received his bachelor's and medical degrees from Temple University. He trained at Mt. Sinai Hospital, Philadelphia, before being called to active duty in the U.S. Navy in 1940. He served the Navy for seven years before pursuing private practice in radiology.

In 1950, Dr. Isard was appointed chair of the Department of Radiology at Mt. Sinai Hospital, where he established an accredited radiology residency program.

When Mt. Sinai merged with two other area hospitals in 1964, Dr. Isard was named chair of the merged hospital's Department of Radiology, a position he maintained until his retirement in 1976.

Throughout his career, Dr. Isard was active in organized medicine, including the State Society, his county society, the Philadelphia Roentgen Ray Society (past president), and the College of Physicians of Philadelphia. He was also the first physician elected to the board of trustees of Albert Einstein Medical Center, where he continues to serve as a lifetime emeritus trustee. His research in thermography and mammography have earned him national and international respect in the subject of breast disease, and he has lectured worldwide.

Cristol Award

The Cristol Award for contributions to the county society's educational, scientific, and charitable goals was presented to **Lewis David Polk, MD.**

Also a native of Philadelphia, Dr. Polk trained at the University of Pennsylvania and Johns Hopkins University. After serving his internship and pediatric residency at Penn's hospital, he opened a pediatric practice in Philadelphia and, at the same time, joined the Maternal and Child Health staff of the Philadelphia Department of Public Health. After 30 years with the department, including nine as health commissioner and 12 as deputy health commissioner, he now directs the Bucks County Health Department.

Dr. Polk, active in the Philadelphia County Medical Society for more than 30 years through a number of public health initiatives, says, "While I have missed the one-on-one direct contact I had with my patients and their parents during the years I was in active pediatric practice, I can now say that the entire community—meaning first the population of Philadelphia, and now the population of Bucks County—is my patient."

Several other physicians and community members were also honored by the county society:

- **Joel L. Chinitz, MD, MPH,** a primary care adult medicine specialist at the Hunting Park Health Center and medical director of the new Physician Assistant Program of the Philadelphia College of Textiles and Science, received the C. Nelson Davis Award for excellence in research devoted to educating physicians about addictive disorders afflicting physicians.
- **S. Philip Bralow, MD,** clinical professor of medicine, University of Pennsylvania School of Medicine, received the Krasnoff Award for the Practitioner of the Year for dedication in the areas of patient care and community service.

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• **Dean H. Matsuura, MD,** a resident at Hahnemann University Medical College, received the Humaness in Medicine Award for Resident Physicians.

• **Gregory P. Brown, MD,** a resident pursuing forensic psychiatry in the Charles Steinberg Fellowship in Psychiatry and Law through the University of Rochester, New York, received the Appel Award for Resident Physicians for his paper on random, aggressive acts in the clinical setting.

• The **Philadelphia Senior Center,** an organization devoted to assisting older people to meet their basic needs and enhance their quality of life, received a Benjamin Rush Award for outstanding voluntary contributions to the health and welfare of the people of Philadelphia County.

• **Richard W. Ostrander,** executive director of the South Street Headhouse Square District, also received a Benjamin Rush Award for his "countless volunteer hours to enrich his community," including fundraising efforts for the Philadelphia Senior Center. Most recently, he helped the center exceed its Senior Initiative goal of $1.3 million.

• Thirty-five Philadelphia County physicians received Fifty-Year Awards for their dedication to organized medicine.

STATE UNIVERSITIES WIN THREE NATIONAL RESEARCH GRANTS

The Agency for Health Care Policy and Research (AHCPR) announced the award of 10 research grants—including three in Pennsylvania—to study changes that are now reshaping America's health care system as a result of complex market forces.

As physicians are well aware, delivery of health care services in the U.S. is now undergoing dramatic transformation. But there is limited information about the types of market structures and organizations that are emerging, and even less known about how these structures are influencing competition, quality, and price and distribution of services, according to AHCPR Administrator Clifton R. Gaus, ScD.

In Pennsylvania:

• The University of Pennsylvania, Philadelphia, received two grants—one totaling $139,000 to study the impact of HMOs on integrated networks and services, and a second totaling $185,000 to study efficiency in hospitals, e.g., Do HMOs and PPOs "buy right?"

• Carnegie Mellon University, Pittsburgh, received an $88,000 grant to study determinants of HMO efficiency from 1985 to 1994.

Other key research questions include: How has HMO market structure influenced formation of provider networks? What have been the effects on costs and premiums? How do rural providers perceive and respond to market changes? Do hospital mergers reduce costs? Are savings passed on to consumers as lower prices? Are savings retained by hospitals as higher profits?

"Answers to these and other research questions are needed as a basis for discussion by all →

NEW PRESIDENT APPOINTS COUNCILS, COMMISSIONS

State Society President Jonathan E. Rhoads Jr., MD, to date has appointed the following physicians as members and officers of the Society's councils and commissions for the 1995-96 term:

Council on Health Policy and Advocacy

Chair—Richard T. Bell, MD, *Berks*

Vice Chair—Jeffrey H. Chaby, DO, *Lancaster*

Lawrence L. Altaker, MD, *Dauphin*

James D. Balshi, MD, *Northampton*

Peter J. Casale, MD, *Monroe*

John J. Dennehy, MD, *Montour*

Richard M. Gash, MD, *Philadelphia*

Barbara M. Harley, MD, *Allegheny*

Donald E. Harrop, MD, *Chester*

Walter I. Hofman, MD, *Montgomery*

James J. Houser, MD, *Venango*

Lynn Michele Lucas-Fehm, MD, *Philadelphia*

Gordon S. Perlmutter, MD, *Berks*

Mark A. Piasio, MD, *Clearfield*

Jennifer E. Trottman, MD, *Montgomery*

Commission on Continuing Medical Education

Chair—Walter I. Hofman, MD, *Montgomery*

Vice Chair—John H. Esbenshade II, MD, *Lancaster*

Carl A. Frankel, MD, *Dauphin*

Thomas F. Freenock Jr., MD, *Delaware*

Brian W. Little, MD, *Lehigh*

Carmela F. deRivas, MD, *Montgomery*

Bradford K. Strock, MD, *Dauphin*

Michael J. Warhol, MD, *Philadelphia*

Commission on Health Care Cost and Quality Data

Chair—Donald E. Harrop, MD, *Chester*

Vice Chair—Carl A. Sirio, MD, *Allegheny*

George R. Green, MD, *Montgomery*

Ancil A. Jones, MD, *Delaware*

David J. Shulkin, MD, *Philadelphia*

Council on Membership and Services

Chair—Barbara E. Barnes, MD, *Allegheny*

Vice Chair—Arthur V. Stein, MD, *Lehigh*

Raphael J. Bonita, MD, *Luzerne*

Paul D. Burton, DO, *Indiana*

Charles Cutler, MD, *Montgomery*

Mark S. Friedlander, MD, *Delaware*

Eric J. Gertner, MD, *Philadelphia*

Mary J. Hudak, MD, *York*

Donald E. Martin, MD, *Lebanon*

Marlon T. Maus, MD, *Philadelphia*

James G. Pitcavage, MD, *Allegheny*

Patrick W. Sturm, MD, *Beaver*

Anne M. Woods, MD, *York*

Commission on International Medical Graduates

Chair—Mark S. Friedlander, MD, *Delaware*

Domingo T. Alvear, MD, *Dauphin*

Anthony C. Catalano, MD, *Northumberland*

Diego J. Gonzalez, MD, *York*

Commission on Women Physicians

Chair—Anne M. Woods, MD, *York*

Judith E. Black, MD, *Allegheny*

Christina T. DeAngelis, *Dauphin*

Lila S. Kroser, MD, *Philadelphia*

Mary F. Pascucci, DO, *Montour*

Mary A. Simmonds, MD, *Dauphin*

Gloria J. Watkins, MD, *Westmoreland*

GEISINGER CLINIC

1996 Continuing Education Programs

Advanced Cardiac Life Support Renewal Course
Wednesday
February 21, 1996
OR
Wednesday
May 15, 1996

21st Annual Concepts in Clinical Practice Course
Friday - Sunday
February 9-11, 1996
Danville Days Inn

14th Annual Winter CME Festival
Tuesday - Saturday
February 13-17, 1996
Park Ridge Convention Center, Valley Forge

Multidisciplinary Management of Head and Neck Cancer
Wednesday
February 28, 1996

Contemporary Issues in Internal Medicine
Wednesday
March 6, 1996

Advanced Cardiac Life Support Provider Course
Friday & Saturday
March 15 & 16, 1996

Pediatric Advanced Life Support Renewal Course
Friday
March 22,1996
OR
Friday
April 19, 1996

Advances in Dermatology
Wednesday
April 3, 1996

Update in Rheumatology
Wednesday
April 10, 1996

Pediatric Advanced Life Support Provider Course
Thursday & Friday
April 11 & 12, 1996
OR
May 2 & 3, 1996

Update in Infectious Diseases
Friday & Saturday
April 19 & 20, 1996
Penn State Scanticon

Family Practice Update '96
Wednesday
April 24, 1996
Danville Days Inn

10th Annual Sight Loss Support Group Meeting
Wednesday
May 1, 1996

Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, Geisinger designates these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, at 1-800-272-6692. There is a 24-hour answering service available. You may also write to her at 100 North Academy Avenue, Danville, PA 17822-1350.

participants in the health care system—in both the public and private sectors," Dr. Gaus concludes.

The studies are funded by AHCPR and sponsored by the Robert Wood Johnson Foundation.

FIRST PUBLIC HEALTH SCHOOL ESTABLISHED IN PHILADELPHIA

The Pennsylvania State Department of Education has chartered a new School of Public Health at Medical College of Pennsylvania and Hahnemann University. The school is the second of its kind chartered in Pennsylvania—and the first in Philadelphia.

The new school will build its educational and research programs on partnerships with communities and the organizations that serve them, according to William Welton, MHA, acting dean. Its master's of public health curriculum begins in August 1996, and in subsequent years, the university expects to offer joint programs for those pursuing MPH and medical degrees, or MPH and master's of science in nursing degrees. A doctor's of public health degree is also planned.

For more information or an application for the MCP/Hahnemann University School of Public Health, call: (215) 762-4110.

MEDICAL ASSISTANCE OFFERS PROVIDER TRAINING

Physicians are reminded that the Office of Medical Assistance (MA) Programs offers entry-level training on proper completion of the MA319 (Physician's Invoice or Medical Services/Supplies Invoice) or the HCFA-1500. The goal of the training is to provide new billing personnel with the skills and knowledge required to complete and submit accurate invoices for services rendered to eligible MA recipients.

Entry-level training sessions may be requested by newly enrolled physicians, physicians who have new billing personnel with limited or no MA billing experience, or physicians who are experiencing a high rejection rate on their MA claims. Training will be conducted in the provider's office or in small-group sessions.

To request a training session, call the MAMIS Provider Inquiry Unit at (800) 678-3337. Or write to:

EDS Training Unit
3rd Floor
275 Grandview Avenue
Camp Hill, PA 17011

NEWSMAKERS

James Pitcavage, MD, chairman, Pediatrics Department, Sewickley Valley Hospital, has been elected a trustee of the hospital's board.

Dr. Nash

David B. Nash, MD, director, Office of Health Policy and Clinical Outcomes, Thomas Jefferson University Hospital, Philadelphia, is the 1995 recipient of the Clifton J. Latiolais Honor Medal, the highest honor in managed health care, presented at the American Managed Care Pharmacy Association's annual meeting.

Suzanne K. Kelley, DO, a health care policy consultant for HealthAmerica of Central Pennsylvania, was appointed a trustee-at-large for the Pennsylvania Osteopathic Medical Association.

Michael J. Vergare, MD, was named chairman of psychiatry and associate vice president at Albert Einstein Healthcare Network, Philadelphia.

Gerald Kolski, MD, and **Rima Himelstein, MD,** have received a Community Access to Child Health planning grant presented by the American Academy of Pediatrics and funded by Wyeth-Ayerst Laboratories.

Sheila M. Katz, MD, pathologist, researcher, and former acting dean of Hahnemann University's School of Medicine, has been named senior associate dean of the new School of Public Health, Medical College of Pennsylvania and Hahnemann University, Philadelphia.

James V. Neel, MD, University of Michigan's Lee R. Dice Distinguished University Professor Emeritus of human genetics and professor emeritus of internal medicine, has received the Fox Chase Cancer Center's Seventh Annual Wick R. Williams Memorial Award.

William G. Baxt, MD, chairman, Department of Emergency Medicine, University of Pennsylvania Medical Center, Philadelphia, was elected to the Institute of Medicine of the National Academy of Sciences.

University of Pennsylvania Medical Center, Philadelphia, has appointed **Robert A. Eisenberg, MD,** professor and chief of rheumatology.

T. Michael White, MD, internal medicine specialist and director of the internal medicine residency, St. Francis Medical Center, Pittsburgh, was named Laureate of the Pennsylvania Chapter of the American College of Physicains.

Kathleen Nasci, MD, medical director, Section on Emergency Services, Pennsylvania Hospital, Philadelphia, has received the hospital's Eighth Annual Emil and Lynn Hubschman Award.

Wills Eye Hospital, Philadelphia, has appointed **Christopher J. Rapuano, MD,** associate surgeon of the cornea service.

Joseph S. Gonnella, MD, senior vice president of academic affairs, and dean of Jefferson Medical College, Philadelphia, was appointed chair of the Liaison Committee on Medical Education, sponsored jointly by the American Medical Association and the Association of American Medical Colleges.

Beatrice Mintz, MD, Elkins Park, has received a $225,000 grant from Johnson and Johnson's Focused Giving Program. The funds will be used to further Dr. Mintz's genetic research of malignant melanoma.

St. Christopher's Hospital for Children, Philadelphia, has appointed **Gary Magram, MD,** co-chief of the Section of Neurosurgery, Department of Surgery.

With disability insurance this affordable, can you afford to be without it?

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When you choose CBR, you'll be covered by a carrier rated "A" or better by A.M. Best Company. And, you will have the added advantage of being insured for your "own occupation".

You'll also enjoy the convenience of working with CBR, a company that has been serving the insurance needs of Pennsylvania professionals for over 65 years.

So why risk your income for another minute? For a quote on an affordable disability policy, call CBR today: 1-800-COLBURN.

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KEPRO ADOPTS TQM TO IMPROVE SERVICES

As I reported last month, the Keystone Peer Review Organization (KePRO) adopted the principles of total quality management (TQM) well over two years ago, and we are pleased with the progress we have made so far. Our organizational philosophy toward TQM starts with strong leadership from management which guides the focus of the program. It is achieved by teams from throughout the organization, that work on individual projects with the objective of improving the quality and productivity of the organization. The ultimate goal is to improve work processes and systems to meet and exceed the needs of both internal and external customers.

Traditional management systems centralize power and control at the top of the organization. TQM is quite different in that it empowers employees at all levels of the organization to be involved in the decision-making process, with the focus on customer satisfaction through continuous improvement in the quality of services provided.

KePRO teams are comprised of staff who may or may not have expertise in the particular area on which the team is to focus; however, this is beneficial because it brings a great deal of objectivity to the process. Although continuous quality improvement (CQI) is ongoing, in some cases teams may sunset as their particular charge has been met.

For example, when KePRO decided to install a voice mail system, a team was created to oversee the implementation of the system. The team assisted in the system design and also became the experts in using the system so they could then train the rest of the staff. While they continue to be the trainers, it is no longer necessary for them to continue to meet as a team.

On the other hand, our Safety Committee will not sunset because this process is viewed as one that is constantly needed for keeping both management and staff educated and up-to-date in ways to maintain a safe working environment.

TQM/CQI is an important ingredient in the Health Care Financing Administration's new direction for PROs, the Health Care Quality Improvement Program (HCQIP). The basis of HCQIP revolves around cooperative projects with providers. Unless the PRO is considered able to deliver a quality product, providers will not devote the time and effort required to participate. We must be able to demonstrate to providers that the data used in our projects are reliable, that the analysis was conducted accurately, and that our approach will reflect dependable methods for improving quality of care.

TQM/CQI cannot work without the support of all employees and the total commitment of top management. Based on our nearly three years' experience with the program, I think our successes thus far show that we have the necessary support and commitment to continue to live up to the following KePRO corporate mission statement, developed through the combined efforts of our board of directors, external customers, and staff:

KePRO is a diversified health care information company that emphasizes excellence in customer service. We are committed to continuous quality improvement in health care through the provision of innovative products and services.

The contributing author, KePRO President Donald E. Harrop, MD, offers KePRO news and views in this column each month.

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In an era of "not if, but when" a doctor will be accused of malpractice, your choice of professional liability coverage is extremely important. We know that *any* allegation can be devastating to both your professional reputation and your personal assets... making the company you choose critical to your future well-being. Many factors should be taken into account when making a decision.

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FEBRUARY 7, 1996 3:30-5:30 PM

Hypertension: Old and New Drugs for Whom and Why?

Moderator: J. David Ogilby, M.D.

MARCH 6, 1996 3:30-5:30 PM

Gender Differences in Heart Disease

Moderator: Mariell Jessup, M.D.

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OBITUARIES

Dr. Pressman

Robert S. Pressman, MD, *Philadelphia*, former chair of the Board of Trustees of the Pennsylvania Medical Society, died November 20, 1995, at the age of 84. He was a 1937 graduate of Temple University School of Medicine. Dr. Pressman was past president of the Pennsylvania Society of Internal Medicine, Philadelphia County Medical Society, Pfahler Foundation of the Philadelphia County Medical Society, and College of Physicians of Philadelphia. He received the Distinguished Internist of the Year Award in 1985—the highest award of the American Society of Internal Medicine—and was further recognized when the Pennsylvania Society of Internal Medicine subsequently named its highest award in his honor.•

William K. Flora Sr., MD, *Johnstown*
St. Louis University Health Sciences Center, Missouri, 1935; age 87, died October 29, 1995. Dr. Flora was an otolaryngologist.•

Paul T. Fukui, MD, *West Chester*
Temple University School of Medicine, 1957; age 65, died October 11, 1995. Dr. Fukui was a neurologist.•

Benjamin A. Gouley, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1922; age 97, died November 13, 1995. Dr. Gouley specialized in cardiovascular disease.•

Robert M. Grubbs, MD, *Pittsburgh*
University of Pittsburgh School of Medicine, 1942; age 79, died November 13, 1995. Dr. Grubbs was a general practitioner.•

Elmer L. Horst, MD, *Wyomissing*
Cornell University Medical College, 1937; age 82, died October 22, 1995. Dr. Horst specialized in psychiatry and neurology.•

James B. Johnston, MD, *Oil City*
University of British Columbia Faculty of Medicine, Canada, 1961; age 63, died October 11, 1995. Dr. Johnston was a psychiatrist.•

Have you made a resolution to update your will in 1996?

It's a startling fact that more than 50 percent of all Americans die without a written will prepared with the help of legal counsel.

That's a sad fact for surviving families.

If you have resolved to see an attorney to prepare or update your will in 1996, you'll want to read a booklet offered by The Educational and Scientific Trust.

It's entitled "37 Things People 'Know' about Wills that Aren't Really So."

It contains valuable advice for you and your family and also offers some tips on how to remember charitable organizations like the Trust in your estate plans.

Let us help you keep a resolution in 1996.

Please send me the booklet, "37 Things People 'Know' about Wills that Aren't Really So."

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Paul R. Leberman, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1931; age 91, died November 4, 1995. Dr. Leberman was a urologist.•

Thomas M. Logan, MD, *Douglassville*
Jefferson Medical College of Thomas Jefferson University, 1927; age 97, died November 11, 1995. Dr. Logan was a general practitioner.•

A. Herbert Marbach, MD, *Doylestown*
Temple University School of Medicine, 1933; age 85, died September 29, 1995. Dr. Marbach was a gynecologist.•

Fred G. Medinger, MD, *Bryn Mawr*
University of Pennsylvania School of Medicine, 1934; age 86, died November 13, 1995. Dr. Medinger was a general surgeon.•

John S. Monk, MD, *York*
Jefferson Medical College of Thomas Jefferson University, 1944; age 75. Dr. Monk was an obstetrician/gynecologist.•

Dennis R. Mychak, MD, *Mt. Carmel*
Loyola University Chicago Stritch School of Medicine, Illinois, 1969; age 51, died November 9, 1995. Dr. Mychak was a general practitioner.•

Gloria C. Onque, MD, *Pittsburgh*
Yale University School of Medicine, 1955; age 64, died October 16, 1995.•

Raymond J. Rickloff, MD, *Erie*
State University of New York at Buffalo School of Medicine and Biomedical Sciences, New York, 1928; age 90, died October 5, 1995. Dr. Rickloff was a dermatologist.•

Harvey B. Snyder, MD, *Lebanon*
University of Pennsylvania School of Medicine, 1944; age 75, died October 16, 1995. Dr. Snyder was an internist.•

Arthur W. Waddington, MD, *Narberth*
Hahnemann University School of Medicine, 1935; age 90, died October 20, 1995. Dr. Waddington was an obstetrician/gynecologist.•

Buford S. Washington, MD, *Philadelphia*
Howard University College of Medicine, District of Columbia, 1956; age 77, died October 21, 1995. Dr. Washington was an ophthalmologist.•

• Denotes membership in the Pennsylvania Medical Society at the time of death.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased.

Send your tax-deductible memorial gift to The Educational and Scientific Trust of the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

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Advertisers' Index

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Philadelphia G.I. Group **13**
Philadelphia Heart Institute **39**

Home Health Care

Medical Personnel Pool **42**

Hospital/Care Center

Lloyd Nolan Hospital **27**
University of Pennsylvania Health System **17**

Insurance

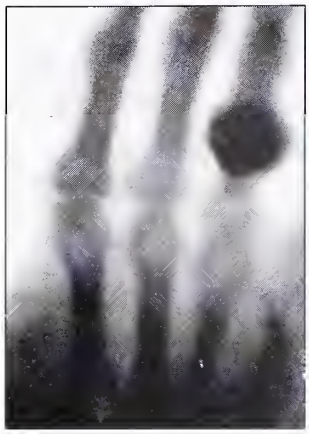
Colburn Bertholon Rowland **37**
Dodson Insurance Company **1**
Medical Inter-Insurance Exchange **Cover 2**
Medical Protective Company **38**
Pennsylvania Blue Shield **Cover 4**
Pennsylvania Medical Society Liability Insurance Company **3**
PIE Mutual Insurance Company **7**
Princeton Insurance Company **5**

Specialized Programs and Services

Bristol Myers Squibb **Insert**
Hahnemann University School of Public Health **33**
Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**
Pennsylvania Medical Society Educational and Scientific Trust **40**
Terresterial Capital Corporation **17**

A Hundred Years After the Ray

Joseph N. Aceto, MD



Hot off the wire! A medical breakthrough! No, not one of the sound bites presenting the TV news "breakthrough-du-jour." This was the real McCoy...printed 100 years ago!

For almost two decades, physicists had worked with the high-vacuum tubes that produced rays that caused the glass walls to heat and glow, and which, in 1892, had been demonstrated by Philipp Lenard to penetrate an ultra-thin metal window and cause crystals of potassium phosphate placed several centimeters beyond the window to fluoresce.[1] No one, however, had been able to actually measure them.

Wilhelm Conrad Roentgen, professor of physics at the University of Wurzburg, had earned a reputation for being able to measure and characterize physical phenomena in new ways. And on November 8, 1895, that was what he was trying to do with cathode rays.

Roentgen had painted a piece of cardboard with a potentially fluorescent compound and had placed it on a bench some yards away from his work area. To facilitate the visual detection of even the slightest light or color in the air outside of his tube and its source of electricity, his equipment had been painstakingly covered with black cardboard. The tube was activated to test the effectiveness of the covering. Satisfied, and to prepare for the next phase of the experiment, he was about to turn off the current, when, suddenly, he became aware of a faint glow originating from the painted cardboard on the bench several yards away, a reaction occurring at a far greater distance than ever reported before!

Some of his predecessors had seen changes on photographic film, but had attributed them to faulty emulsion or accidental fogging, and Lenard had not further pursued his own findings of 1892.[2,3] It was left to Roentgen to experience the magic moment of recognition.

In six weeks of intensive study, although he had not come to understand the mechanism of its production or how to measure it, Roentgen conclusively demonstrated that the ray contained a component of far greater energy than previously understood and that it was able to penetrate objects of various densities which were recorded o covered photographic film.

On December 28, 1895, Roentgen sub mitted a 10-page report of his findings t the Physical-Medical Society of the Unive sity of Wurzburg, which promptly pub lished it in its year-end review. It i probable that his findings would hav spread only slowly through the scientifi community had matters stopped there. H had, however, sent a reprint to his colleagu and old friend Franz Exner in Vienna, an with it he sent photographs of the mater als he had exposed to the ray, among ther the first radiograph of a human structure one that showed the bones and the weddin ring of his wife's hand (at left).

As fate would have it, another physicist Ernst Lecher, attending a gathering of col leagues in Exner's home, and particularl intrigued by the radiographs, borrowe them to show to his father, the editor o the *Vienna Presse*, who felt that this dis covery was too important to leave to th scientists alone. It became front-pag news on January 5, 1896. As soon as th Vienna correspondent of the *London Dai ly Chronicle* read it, he telegraphed it to hi newspaper, and within several days it wa cabled to America and to the world.[4]

On February 13, 1896, at Dartmouth Medical School, the first recorded clinica use of x-ray showed a Colles fracture of th wrist.[5] The speed with which the technol ogy traveled from the initial report to it clinical use was unprecedented and ha not been duplicated since.

Initially, the data was misunderstood Some newspaper accounts were lurid Among other attributes, it was touted as a device to assist in alchemy and to allo private detectives to see through walls.[6] T prevent the indecent act of seeing th naked bodies of the performers throug their costumes, a New Jersey legislator in troduced a bill to ban the use of x-ray i opera glasses![7]

Steadily, however, its true value was be ing established, and Roentgen's repor ushered in a new era for all of medicine with discoveries in basic sciences bein applied to medical use increasingly rapid ly. The advances in the hundred years tha followed would out-strip all of those in th prior millennia of human history.

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Earning CME Credit Online—page 20

Medicare's Revised Coding Combinations—page 24

More Answers to Your PO Questions—page 16

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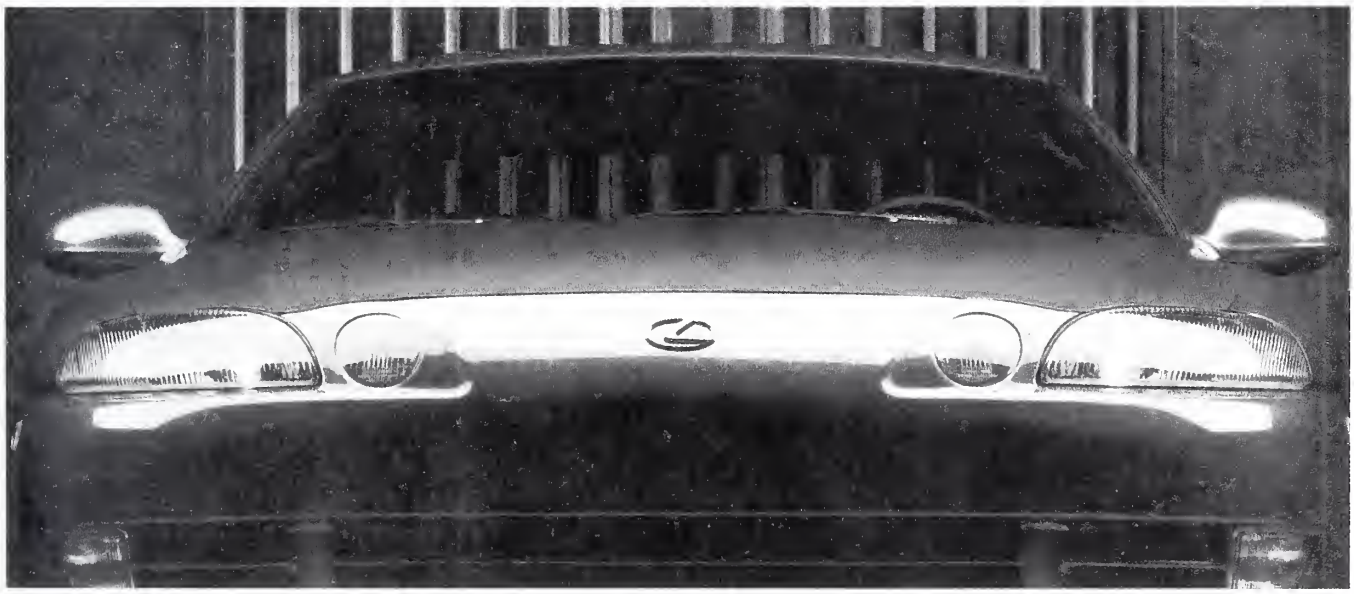

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CONTENTS

FEBRUARY 1996
VOLUME 99 • NUMBER 2

20 Earning CME Credit Online

Meet an imaginative pair of medical professionals who are pioneering an online seminar in which physicians earn continuing medical education credits.

Cover photo by Ron Chapple/FPG International Corp., New York

10 Taking a Look in the Mirror

Dr. McCormick

AMA Organized Medical Staff Section Chairman and Society Vice President Lee McCormick, MD, likened medicine to baseball in his speech to the AMA section in December. The full text of that speech is reprinted here.

16 More Answers to Your PO Questions

Are you still unsure what a physician organization is and how it can work for you? PennMed Member Services Organization CEO Mike Lance offers the answers.

PO

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Medigram

4 Late news at press time

Issues of Interest

10 **Opinion**—Taking a look in the mirror—*Lee H. McCormick, MD*
14 **Managed Care**—Integration insider
16 **Physician Integration**—More answers to your PO questions—*Michael P. Lance*
18 **Public Health**—Survey reveals awareness of AIDS/New state committee promoting organ donation/Health Department booklet targets young parents
20 **Computers and Medicine**—Earning CME credit online—*Fred D. Baldwin*
24 **Medical Economics**—Understanding Medicare's revised coding combinations/HCFA, Xact Medicare clarify payment policies
26 **Drug Education**—New CME monographs now available/Prescribing for minorities program in Western PA/Q&A: drug utilization/Medication update/Health secretary kicks off immunization drive for children
28 **Practice Management**—Keystone pushes its gastroenterologists into the pool—*The Health Care Group*
30 **Opinion**—Doctors overrun by the insurers—*Robert B. Sklaroff, MD*
32 **Peer Review**—KePRO aims at stroke prevention—*Donald E. Harrop, MD*

Opinion

6 **Editorial**—Watching the political games
8 **Letters to the Editor**—CAT Fund threatens hospitals' survival/A happy new year message to members
44 **Discharge Summary**—Tort reform: accomplishing that which can't be done—*Victor F. Greco, MD*

Departments

33 **Obituaries**
34 **Newsfronts**
36 **Newsmakers**
38 **New Members**
41 **Advertisers' Index**
42 **Classified Advertising**

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MEDIGRAM

TORT REFORM RALLY RESCHEDULED FOR MAY 7: The State Society has rescheduled its Tort Reform Now! rally for May 7, 1996. Flooding across Pennsylvania, a state of emergency in Harrisburg, and the postponement of the start of the 1996 legislative session led Society leaders to cancel the January 23 rally at the Capitol. Early May will be good timing to put pressure on the Senate, according to Society lobbyists. For details, see special insert, or call the Society's tort reform hotline at (800) 566-TORT. Featured next month: pre-rally interviews.

CINNCINATUS SOCIETY COURT LOSS UNDERMINES '87 VICTORY: The State Society successfully sued the CAT Fund in 1987 and established the principle that the CAT Fund surcharge amount is limited to the claims paid and expenses of the previous year plus $15 million. The Cinncinatus Society later sued on the same basis, claiming that the State Society was correct in 1987, but that the State Society somehow failed to challenge in subsequent years. The Commonwealth Court in a January opinion dismissed the Cinncinatus Society claim, and added that the surcharge amount was not so limited and the fund could establish reserves. That leaves the fund with almost unlimited discretion as to surcharge amount. The State Society is considering litigation and other alternatives to return the fund to the status quo.

In related news, discussions between the Society, the Hospital Association of Pennsylvania (HAP), the Ridge administration, and the Trial Bar continue on Senate Bill 1122, to modify operation of the CAT Fund. The Society and HAP want more provider direction over the fund, and the administration wants to protect the fund's autonomy. Efforts continue to find acceptable improvements in CAT Fund operations.

SOCIETY TESTIMONY CALLS FOR TORT REFORM: Immediate Past President John H. Hobart, MD, testified before the House Insurance Committee at a February 1 hearing on House Bill 2294, which proposes to eliminate the CAT Fund. Speaking on behalf of the State Society, Dr. Hobart urged support of comprehensive tort reform in place of the House bill: "We'd be prepared to consider eliminating the CAT Fund—but not when the cost to providers, and ultimately the system, is $2 billion. Even then you have not addressed the real problem...the cost of settlements and judgments, and other direct and indirect costs of the tort system...We need tort reform."

SENATE TESTIMONY ADDRESSES BROAD RANGE OF ISSUES: In other testimony on February 1, Society Vice President Lee H. McCormick, MD, spoke before Democratic members of the Senate on several health care issues on the Democratic agenda, including access to care, insurance reform, workers' compensation, clinical outcomes, physician autonomy, tort reform, and many issues related to managed care. Dr. McCormick also rebutted a Democratic State Committee campaign ad accusing doctors of "charging more than Medicare allows." The objectionable ad was pulled after the Society approached the committee's chair. Look for details in the March issue of PENNSYLVANIA MEDICINE.

SOCIETY CONTINUES MANAGED CARE PRIORITY: The Society's Managed Care Priority Work Group—established to address the ongoing priority to advocate for patient and physician rights in the managed care arena—met on January 31. The work group, made up of 11 physicians with extensive managed care expertise, is focusing on selective contracting, gag orders, risk sharing, antitrust, and the use of physician extenders.

LOBBYING PERCENTAGE SET AT 15 PERCENT FOR 1995: For federal income tax purposes, the actual non-deductible percentage of your 1995 Society dues is 15 percent. Because of changes in the tax law in recent years, membership associations are required to report the percentage of their overall efforts related to lobbying. Members of these organizations are required to take this percentage into account when identifying dues as tax deductions. Direct questions to (800) 228-7823, extension 1234. Note: The AMA reports that 33 percent of its dues is not deductible.

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Watching the Political Games

John W. Mills, MD
Medical Editor

The waning days of 1995 are upon us as I sit at my desk and contemplate the sad state of affairs in Washington, DC. Congress and the president are locked in a budget debate that has already wreaked havoc for many federal employees, has seriously dampened our holiday spirit, and now mocks the seasonal wishes for a "happy new year."

How silly we must look to the rest of the world! The United States of America—the world's richest and most powerful nation—enduring a partial government shut-down because our elected leaders are too self-interested to reach a workable compromise and get off square one. Some have likened it to amateur painters painting themselves into a corner with no way out. A favorite political cartoonist borrowed from the seasonal Jimmy Stewart movie, *It's A Wonderful Life,* by depicting the "angel" suggesting to President Clinton, Senator Dole, and Speaker Gingrich, all standing on the bridge, that they jump—for he has seen what havoc they will render. It's no wonder we Americans are scoffed at and laughed at; we can't even keep our own house in order.

Just stop to consider how your medical practice would fare if you ran it like our leaders in Washington run the nation's budget affairs. Shut down for a few weeks; meet sporadically with your managers, nurses, and other personnel; smile for news photographers; but do nothing to establish your budget or solve your differences—and meanwhile, ignore your patients' needs or suffering, except for platitudes about how sorry you are. Then blame your office staff for the whole mess. Would your patients have enough sympathy for you to "vote" you back into practice? I doubt it!

We average citizens know very little about the intricate procedural and parliamentary tricks our elected leaders use to play with serious legislation. They've conjured up these legal gimmicks to diffuse the issues, each party using them to their own benefit—to the detriment of us all. Combine this with the immaturity exhibited by the three main players, and thi budget impasse reminds me a great deal o three children attempting to play mar bles—when they can't agree on the rules they each gather up their marbles and g home. Two lawyers and a brilliant profes sor with little horse sense seem unable t lead—and to lead is the reason they wer elected in the first place!

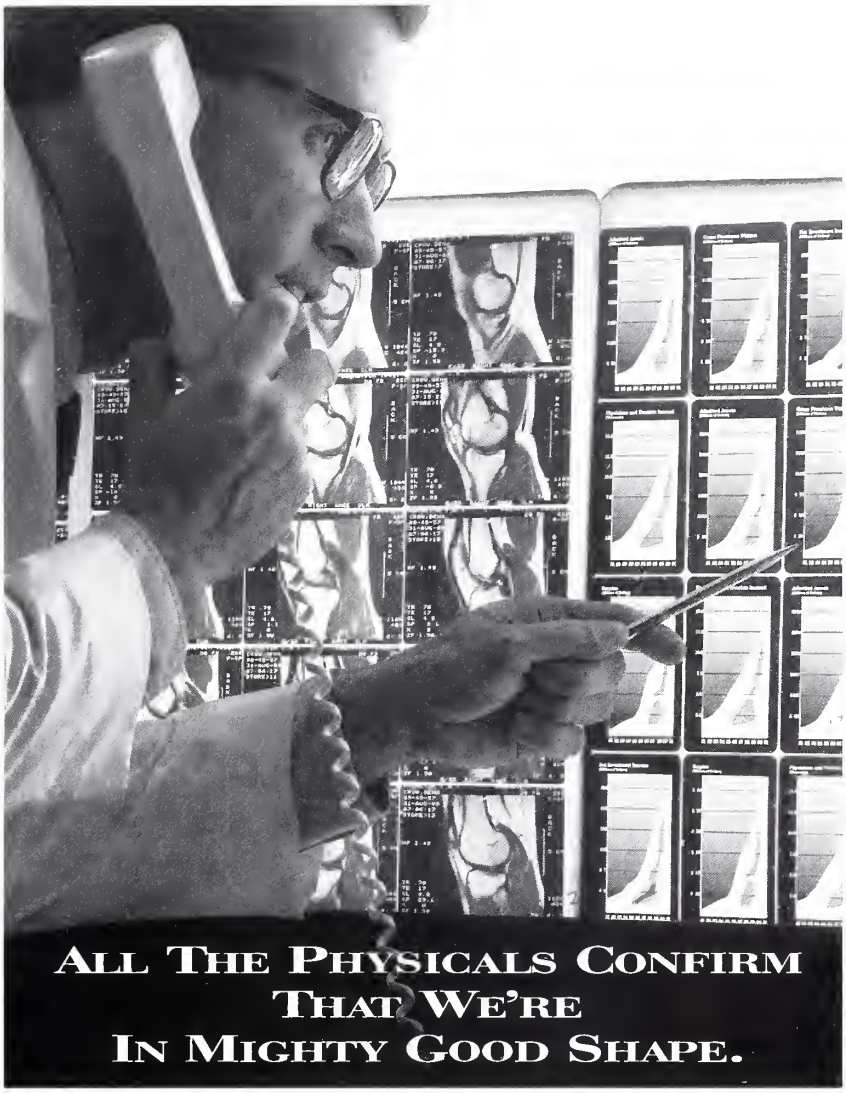
And the final irony is that all the rhetori is based only on estimates of federal in come and spending—so much quicksand

But, speaking of lawyers and quicksand we Pennsylvania physicians know the pit falls and twists and turns of the politica game only too well. The trial bar has con sistently, relentlessly, and successfull molded the legislative and judicial pro cesses in Pennsylvania to their own finan cial end, and have to date been able to kee tort reform from happening in this state.

We had a decent tort reform packag with Act 111, but it has gradually erode away through court decisions.* But now our legislature, long "controlled" by th trial bar, is finally beginning to realize th plight of Pennsylvania physicians. Ou hue and cry following the two recent CA Fund surcharges seems to have finall reached their ears—they are becomin aware of the need for TORT REFORM NOW!

As distasteful as the business in DC o Harrisburg may seem to us at times, w must continue to play the game. Wit House Bill 2122 in the House, we must no drop the ball. Our grassroots efforts mus be ongoing throughout the new year meetings with our local legislators mus continue at every opportunity. The tria bar managed to scuttle federal efforts fo national tort reform in the Senate. The will be just as active in Pennsylvania. We must keep the pressure on.

** Act 111 of 1975, which created the CAT Fund, contained tort reform provisions, including arbitration panels. The Pennsylvania Supreme Court found the arbitration panels unconstitutional since they unduly delayed access to a jury trial.*



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CAT FUND THREATENS HOSPITALS' SURVIVAL

Community hospitals are in trouble, and the public must be warned that with hospital closings many jobs are lost.

In many communities, the hospital is a major employer. These hospitals already are walking a fine financial line and are faced with ruinous malpractice insurance CAT Fund surcharges.

For one of the community hospitals, the recent 68 percent emergency surcharge amounted to $900,000 ($600,000 for hospital and $300,000 for the doctors under contract). In two months, that hospital is asked to pay the 164 percent 1996 surcharge. In all, the hospital will have to pay over $3 million in three months to an admittedly grossly mismanaged agency.

What looms ahead is hospital closings, loss of jobs, and diminished availability of health care for all Pennsylvanians. The CAT Fund's excess insurance function must be eliminated, as recommended by Alfred E. Hofflander, professor of finance and insurance, and Blaine F. Nye, PhD. The Hofflander and Nye report was issued a decade ago after having been commissioned jointly by the Pennsylvania Medical Society and the Pennsylvania Trial Lawyers Association in 1984.

The time has come to follow the advice of the experts and not that of the trial lawyers or the doctors with a vested interest. It is time that social responsibility becomes the prime motivator for legislators.

Louis A. Meier, MD
Norristown

Editor's note: See the Executive Report *insert, Legislative Update, for a summary of recent CAT Fund reform bills which the Society supports.*

A HAPPY NEW YEAR MESSAGE TO MEMBERS

Editor's note: Delaware County Medical Society (DCMS) Immediate Past President C. Richard Schott, MD, sent the following "New Year's" letter to DCMS members. Dr. Schott hoped to encourage membership participation in the State Society's Tort Reform Rally, as well as in organized medicine. Following is an excerpt from Dr. Schott's letter, submitted to this publication.

Dear Colleagues:

Happy new year to all of you.

A most sincere thanks to all who have been involved in making my year as president of DCMS an exciting and hopefully a productive year for our county medical society...

At the outset of my presidency, I committed myself to and challenged our board to earning the respect and commitment of our membership. By making this commitment I anticipated that other physicians would want to join the medical society. I feel that DCMS and the Pennsylvania Medical Society have earned that respect. With physicians now recognizing our value, they should be willing to respond to our membership drive, at least at a minimal level with membership in our county and state societies, and with contribution to our Political Action Committee, hopefully extending this to the Keystone Club membership level ($250) for this next year, as we take on the trial lawyers over tort reform.

None of us would think of going out to dinner with a colleague and not offering to pay our share of the bill. Every physician in Pennsylvania has benefited from our medical societies' efforts. It's now time for all physicians to recognize this and to pay their share. With this philosophy, and as my final action as president of the Delaware County Medical Society, I have directed Mr. McKeighan [DCMS Executive David McKeighan] to send a copy of this New Year's letter, along with membership application and dues statement, to every physician in Delaware County who has not yet responded with their dues payment. We are now "deunified" from the AMA, and for those who do not wish to participate with our national efforts, you can now join at the county and state level, although we certainly encourage all of our members to join the AMA as well.

Tort reform will be a long, hard effort, and we need our society to be "a big tent" representing a strong and unified effort of all physicians. At both the county and state levels, we need to work closely with all groups sharing our interest in tort reform, including the insurance and business communities. We must establish better relationships with our government officials, union leadership, and the public in general.

The threats to the practice of medicine as we know it have never been greater; however, with recognition of these threats has come a great opportunity for us to organize, with new-found energy and enthusiasm, and with unity of purpose. Utilizing these united resources through our State Society, all of the pieces should be in place to make some major meaningful advances for our profession, hopefully within the next year...

I encourage all of you to participate in our rally [for "Tort Reform Now!] in Harrisburg on January 23...We must make our patients, the public, the press, and our legislators aware of the seriousness of this crisis, and of our commitment to tort reform by supporting House Bill 2122.

Wishing you a very happy and prosperous new year,

C. Richard Schott, MD
DCMS Immediate Past President

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

Please mail letters to:

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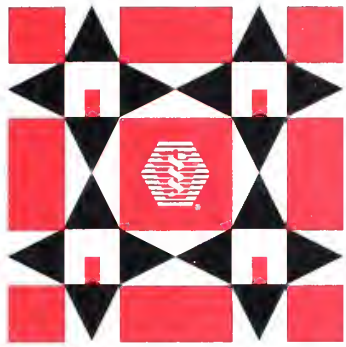
IN THE '90s

MEDICINE



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- **"Exercising Effective Leadership in a Managed Care Environment" – Kevin L. Freiberg, PhD**
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- **Have fun...** There's time Saturday afternoon to explore Lancaster–museums, shopping, restaurants, and Amish attractions. The newly renovated Holiday Inn Lancaster Host Hotel is a great family-oriented location with excellent accommodations, golf, tennis, and swimming.

Look for your registration form in this issue of Executive Report (center insert), and send or fax it back today!

For more information, call the State Society at (717) 558-7750 or (800) 228-7823.

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All faculty participating in continuing medical education programs sponsored by the Pennsylvania Medical Society are expected to disclose to their program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

Taking a Look in the Mirror

Lee H. McCormick, MD

Editor's note: This is the full text of Dr. McCormick's chairman's speech presented at the inaugural meeting of the AMA Organized Medical Staff Section, held in December in Washington, DC.

When I was a boy, I loved baseball. My friends and I (before we discovered girls) would spend our summer days playing or talking baseball. We could name the players on all of the major league teams, and they were heroes to us. When we went to a game, we could wait outside the park afterwards, and the players would sign autographs and even speak to us. They were not millionaires then, and they had to work at other jobs in the off season. My favorite player was Jim Russell of the Pittsburgh Pirates. He was actually a friend of my Dad, because they worked together in he steel mill during the winter.

Dr. McCormick

Now I have little interest in baseball, and it appears that I am not alone. The players went on strike in 1994, and last summer's attendance figures show that the fans are reluctant to return. Once considered heroes, the players are now considered greedy and arrogant.

But what does that have to do with medicine? Why should we be concerned with baseball's problems? Aren't you glad that medicine hasn't followed this same path—or has it??? I'm going to talk about some things that ought to change. And you might not like what you're going to hear.

Let's look at the reasons for baseball's decline in popularity. What did happen? One thing was both the owners and the players forgot who it was they exist to serve, namely the fans. The players became indifferent and arrogant, and som have even been quoted as saying that the don't need to be nice to fans. They n longer give autographs, they sell them, of ten grudgingly. But the most importan thing that happened was that the player became greedy. Even mediocre player can make a million dollars a year, and the now go from team to team, selling them selves to the highest bidder.

Has the same thing happened to medi cine? Have we forgotten whom we serve? Have we become greedy? If you check your local bookstore or read your newspaper you will find much written about a single theme: The public no longer trusts doctors A recent *New York Times* article about the Republican Medicare plan was headlined, "Plan Would Give Doctors New Ways to Make Money," and the tone of the article suggested that physicians could not be trusted to have that power.

Did we forget whom we serve? We serve our patients, of course, and we talk about "patient advocacy." Do we practice what we preach, or simply pay lip service? Do we really know—or care—what patients want and try to provide it? Well, we do know what they want.

Patients want us to be accessible. But we don't work evenings or weekends, when it is most convenient for working people. We think nothing of keeping patients waiting for us, but become angry if they are late for their appointments.

Patients want us to listen to them. In one study of patient-physician encounters, researchers found that an average of 18 seconds elapsed before the physician interrupted the patient's initial statement! At that time the physician directed the interview, and the patient had little future opportunity to say anything except "yes" or "no."

Dr. McCormick, a Pittsburgh physician specializing in the treatment of substance abuse, is chair of the AMA's Organized Medical Staff Section and vice president the Pennsylvania Medical Society.

Patients not only want us to listen to em, they want us to talk to them, to communicate. They want us to explain things. ut patients tell me over and over again at other physicians give them no explations and no opportunity to ask questons. They're too busy getting on to the ext patient, making the next "sale."

Greed, unfortunately, is not limited to aseball players. Jacobsen and Jacobsen, n their book *Doctors Are Gods*, devoted n entire chapter to "hypertrophy of the reed gland." Physician greed can take many forms, from refusal to provide pro ono services, to inappropriate self-referal, to providing *or* withholding service or profit, to creative billing practices, to utright fraud. There is no doubt in my nind that it is becoming more difficult to nd physicians who are willing to proide needed services for patients who are nable to pay anything, and fewer still who are willing to participate in low-paying programs such as Medicaid.

Congressman Pete Stark is an outspoen critic of physicians. His Stark I and Stark II legislation was intended to stop what he considered to be profit-motivated elf-referral. Although you may not like what he says or how he says it, he is not *all* wrong. Studies have indeed shown that diagnostic studies are ordered more frequently by physicians who own the necessary equipment than by those who refer to other facilities, and in many instances physician owners charge more for hose studies.

Many physicians are concerned about the growth of capitation as a payment mechanism, and the fear that physicians will withhold care for profit. I am sure that can and does happen. But I would submit to you that it is impossible to separate patient care decisions from financial incentives in *any* system. I believe that withholding care for profit is no more or no less reprehensible than providing unnecessary and potentially dangerous services for profit.

Physicians are quite adept at maximizing their reimbursement for the services they provide. In fact, books are published and seminars provided to assist in doing just that. We criticize patients for asking for unnecessary services simply because "insurance will pay for it," yet we think nothing of inflating our own fees for the very same reason. While I support appropriate and adequate payment for services provided, I believe that some creative coding practices and the unbundling of fees may border on fraud.

Although we know that there are some primary care physicians, especially in rural and inner-city areas, struggling to make a comfortable living, the number of physicians who are making seven-figure incomes continues to increase. I don't believe that million-dollar incomes are more appropriate for most physicians than they are for most baseball players. And I am greatly concerned that our American Medical Association, according to an article in the October 2, 1995 issue of *American Medical News*, is joining in a suit to protect the identities of 72 physicians in six states who earned more than a million dollars in 1992 from Medicare alone.

Another problem that Medicare has is a perceived lack of accountability. Baseball, interestingly, does not have that problem. Batting averages of baseball players are published in newspapers daily. But physicians are reluctant to expose themselves to public scrutiny and are equally reluctant to criticize their fellow physicians. Trial lawyers have long claimed that the malpractice problem would disappear if physicians policed themselves. While we recognize that as simply an attempt to justify their own greed, there is nevertheless some merit to that claim.

Harvard researchers, in a controversial report published in the *New England Journal of Medicine*, retrospectively reviewed the records of over 30,000 patients discharged in one year from 51 New York hospitals. Although their findings were misleading and widely misinterpreted, they did find evidence of medical negligence. Of interest, though, more than 98 percent of those injured by negligent medical care did not sue. That should not really be a surprise, though, because we all know that there is not always a correlation between negligent medical care and malpractice suits. But we all know that negligent medical care exists, and we know which physicians in our communities are guilty of poor care. But what do we do about it? We look the other way.

Though I have been critical of physicians, my purpose here is not "doctor bashing." My purpose is to encourage you to take a different look at yourselves. When you elected me your chair, I promised to challenge you to look at new ideas and relook at old ones. This is part of that challenge. I suggest that we heed the famous words of Robert Burns: "Oh would some power the giftie give us to see ourselves as others see us! It would from many a blunder free us, and foolish notion."

→

"I offer four questions for your consideration, [and] I challenge you to step back, attempt to see yourselves as others see you, and then answer them for yourself."

Further, I offer four questions for your consideration. I'm not asking for immediate answers, but I am asking for honest consideration, not simply a knee-jerk response. I challenge you to step back, attempt to see yourselves as others see you, and then answer them for yourself.

First: I believe that the vast majority of medical care provided in this country is high quality. I want you to ask yourselves: What can we do as a profession to protect the public from the small number of physicians who are simply not qualified to continue practicing as they are? How do we improve our ability to do honest peer review, without malice, and without jeopardizing the individual's due process rights? Do we need greater legal protections, and, if so, what should we be doing to obtain them?

Second: I believe that most physicians are honest and conscientious. Should we as a profession continue to shield the small number who are greedy? Is it proper for our American Medical Association to protect the names of physicians who earned a million dollars in one year from Medicare alone, recognizing that those earnings may have been quite appropriate? I would remind you that the earnings of corporate executives, usually much greater than the income of physicians, are often public knowledge and published regularly in newspapers and magazines. Does protecting that financial information for physicians suggest to the public that we do, in fact, have something to hide?

Third: I believe that most physicians are confident of their abilities and are willing to be accountable for their medical decisions. Should we continue to oppose public access to the National Practitioner Data Bank? Much of the information in the data bank is accessible to the public anyway, and the major information that is not otherwise accessible is malpractice claim data. We know that malpractice claims do not necessarily equate to poor quality. Could it be that our best argument for tort reform would be to open the data bank and say, "See for yourself, Mr. and Mrs. Public, the number of ridiculous suits that have been filed!"?

Fourth: I believe that our American Medical Association should stand firm for the highest ideals of the medical profession. Is it possible for one organization to both protect the interests of its members and uphold the highest standards of the profession? Are these actions mutually exclusive more often than we would like to believe? Is it time for our organization to choose one side or the other?

Think about the points that I have raised. And think about major league baseball and the problems they caused themselves when they ignored the fans and became greedy. Medicine is a fine profession, and most physicians are hard-working, honest, conscientious, and practice high-quality medicine. But we must not be afraid to look honestly at ourselves. Someone has said, "One of the weaknesses of our age is our apparent inability to distinguish our needs from our greeds."

Times have changed for baseball, and times have changed for medicine. Respect is no longer automatic in either profession. We must earn back our respect by once again showing that we do care about our patients. When I first entered practice many years ago, I was given this advice from an older physician: "Take care of your practice, and it will take care of you." It still works.

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9:00 - 10:30 **Inflammatory Bowel Disease—Moderator: A.J. DiMarino, M.D.**
Pouchitis—J. Deren
Extra Colonic Manifestations—D. Katzka
Newer Therapy—G. Lichtenstein
Surgical Options—J. Morris

10:30 - 10:45 **Coffee**

10:45 - 12:15 **Premalignant Disease of the G.I. Tract—Moderator: D. Castell, M.D.**
Surveillance of High-Risk Colon—J. Katz
Liver—S. Munoz
Esophagus & Stomach—W. Rubin
Molecular Biology of Colon Cancer—P. Traber

12:15 - 1:15 **Lunch**

1:15 - 2:45 **Liver Disease—Moderator: Martin Black, M.D.**
Drug-Induced Liver Disease—C. Brass
Transplantation—Indications and Update—M. Lucy
Quo Vadis—Hepatitis C—C. O'Brien
Hemochromotosis—P. Malet

2:45 - 3:00 **Coffee and Coke**

3:00 - 4:30 **G.I. Manisfestations of Systemic Conditions—Moderator: W. Battle M.D.**
Connective Tissue Disease—A. Alboronz
Pregnancy—H. Clearfield
Renal Disease—J. Hubsher
Diabetes—H. Parkman

Educational Objectives:
At the conclusion of this activity, the participants should be able to:

1. Identify and list new therapies for inflammatory bowel disease.
2. Recognize premalignant conditions and institute proper surveillance.
3. Describe the problem associated with the treatment of Hepatitis C.

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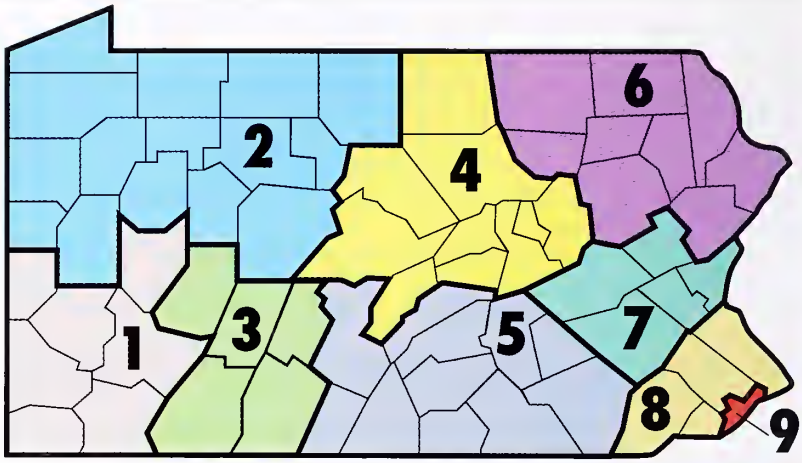

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

Aetna Health Plans, Hartford, Connecticut, and Coventry Corporation, Nashville, Tennessee, have agreed to an arrangement under which Coventry—the parent company of HealthAmerica—will acquire PARTNERS Health Plan of Pennsylvania, Inc., including Aetna's 81 percent ownership interest. The agreement is subject to certain closing conditions, including regulatory approval. PARTNERS is the holding company for Aetna Health Plans of Western Pennsylvania, Inc., which serves 16,400 HMO members in the Pittsburgh area.

After the acquisition of Aetna's shares is completed, Coventry will effect the buyout of the remaining 19 percent of PARTNERS' common stock, owned by a group of Pittsburgh-area physicians. *[Aetna press release; Pittsburgh Post-Gazette]*

Frick Hospital and Community Health Center has signed an affiliation agreement with the University of Pittsburgh Medical Center (UPMC). The 190-bed Westmoreland County hospital is the ninth hospital to affiliate with UPMC, which is working to build the Tri-State Health System. As with other Tri-State affiliations, Frick and UPMC will collaborate on several services, though they will remain separate entities, each retaining financial independence. *[Pittsburgh Business Times]*

Columbia/HCA Healthcare Corporation of Nashville has been in contact with at least one Pittsburgh hospital—Shadyside Hospital—seeking entry into the region and the state. Market speculation identified other hospitals that may have also talked to Columbia/HCA, but the institutions denied any contact. *[Pittsburgh Business Times]*

CareNet, a Pittsburgh-based pioneer in online patient placement services, is moving its service platform exclusively to the M.D.Net Healthcare Information Network, also based in Pittsburgh. The move will give CareNet exposure to thousands more physicians and hospitals in M.D.Net's Internet-based online market. *[M.D.Net press release]*

Capital Blue Cross—headquartered in Camp Hill and providing hospital coverage for about 1.5 million people in 21 counties—is forming its own HMO, Compass Health Care. Organizers say Compass would focus on risk-sharing relationships with doctors. The HMO hopes to begin soliciting business this year and to be operational in 1997, pending approvals by the state insurance and health departments. *[Patriot-News, Harrisburg; Central Penn Business Journal, Harrisburg]*

▶ The University of Pennsylvania Health System and the components of the Chestnut Hill Health System—including Chestnut Hill HealthCare, the physicians at Chestnut Hill Primary Care Collaborative, and the Hill Independent Practitioners Association—have signed an affiliation agreement "to develop a fully integrated community-based health care delivery system throughout Northwest Philadelphia and Eastern Montgomery County." *[Chestnut Hill HealthCare press release]*

▶ Graduate Health System, Philadelphia, has sold the G. H. Holding Corporation and most of its for-profit units for $94 million in cash and notes to California-based Health Systems International. The purchase includes Greater Atlantic Health Services, a 93,000-member HMO. Health Systems has also formed a company to manage six nonprofit Philadelphia-area hospitals and the Founders Health Care management company, all of which Graduate still owns. *[New York Times]*

▶ Mercy Health Plan, the region's largest Medicaid managed care company, is laying off 195 employees—about 26 percent of its total work force—in a cost-cutting move resulting from increased competition in its segment of the managed care industry. *[Philadelphia Business Journal]*

▶ Felicia T. Neczypor, founder of OakTree Health Plan of Pennsylvania, has left the Philadelphia-based HMO to devote more time to her family. OakTree, primarily a Medicaid HMO plan, was acquired by Oxford Health Plans of Norwalk, Connecticut, last year for $66 million. Michael Gaffney, previously the national managed care practice leader for a benefits consulting firm, was named to replace Neczypor as chief executive officer of the company, which will become known as Oxford Health Plans of Pennsylvania. *[Philadelphia Business Journal]*

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Managed care moves, state by state

▶ Alabama-based MedPartners/Mullikin agreed to buy California-based Pacific Physicians Services for about $332 million in stock, creating one of the largest physician-practice management companies in the U.S. The combined company would manage 1,210 physicians and have affiliations with 3,400 other doctors in 22 states. The acquisition is expected to close within the first quarter of 1996. *[Wall Street Journal]*

▶ Healthsouth, an Alabama corporation which provides surgical and rehabilitation services on an outpatient basis, has agreed to buy the Advantage Health Corporation of Massachusetts for stock worth about $325 million. At press time, stockholder votes of both companies were pending. *[New York Times]*

▶ FPA Medical Management, a multi-state health care management service organization based in San Francisco, signed an agreement to purchase three California IPAs, comprising approximately 450 primary care physicians and 2,000 specialists and ancillary providers. *[FPA Medical Management press release]*

▶ Sheridan Healthcare, Inc., a physician-practice management company in Hollywood, Florida, received a five-year contract valued at no less than $350 million to manage health care services for indigent residents of San Juan, Puerto Rico. *[New York Times]*

▶ Wellpoint Health Networks and Health Systems International are working to end their proposed $1.6 billion merger without a costly legal battle. Their deal unraveled in a fight over who would control the combined company. *[Wall Street Journal; New York Times]*

▶ FHP International Corporation has agreed to sell FHP Hospital, Fountain Valley, California, to Memorial Health Services for $87 million. Memorial Health Services of Long Beach is a nonprofit organization; FHP, also of Long Beach, is a health care services company. *[New York Times]*

▶ The cost of treating job injuries under CNA's workers' compensation insurance will decrease dramatically in New Jersey, according to QualCare Preferred Providers, which is aligning itself with CNA, FOCUS Healthcare Management, and Health Alliance Network. Member physicians and hospitals from FOCUS and QualCare will be preferred providers to an estimated 300,000 covered employees in the state. *[QualCare press release]*

▶ New England's Beth Israel HealthCare and Lahey Hitchcock Clinic formed a partnership to negotiate jointly for managed health care contracts. *[Wall Street Journal]*

▶ CIGNA HealthCare is leading the movement toward "sole sourcing" with its recent selection of SmithKline Beecham Clinical Laboratories as its sole provider of physician reference laboratory services for 3.6 million of its five million managed care enrollees. *[AM News]*†

▶ A group of 150 Indiana specialists has joined with The Associated Group to form SpecialMed, the largest multispecialty physician network in the state. The Associated Group will not purchase the practices, but will negotiate contracts on behalf of the network and provide administrative and marketing services. *[Indianapolis Star]*†

▶ Caremark International has entered an affiliation agreement with the 89-physician Glen Ellyn (IL) Clinic. Caremark will acquire most of the practice assets and manage the clinic's business operations. *[Competitive Healthcare Market Reporter]*†

▶ Baltimore's Mercy Medical Center and a 60-physician group practice have formed Maryland Personal Physicians, Inc. (MPPI), to serve 70,000 patients and centralize administration. Primary care will be provided at 24 sites in the Baltimore area; acute and specialty care decisions will be determined according to patient preference and ability to deliver high quality, cost-effective care. A majority of the physicians will be equity owners in MPPI, which plans to include other physician practices in an IPA product. *[MPPI press release]*†

▶ Twelve Boston-area hospitals have agreed to provide $5 million in capital and a $15 million revolving line of credit to a large physician-controlled network. Allied Community Health Systems will negotiate managed care contracts on behalf of the network and pass the capitation incentive down to local risk pools. Physicians will control 51 percent and hospitals 49 percent of the voting stock. *[Modern Healthcare]*†

▶ The St. Louis Health Care Network, a large St. Louis managed care organization, has launched a physician organization by merging 120 physicians. The PO will be governed by a 15-member board, including eight physicians. *[Modern Healthcare]*†

▶ On January 1, 1996, two New Jersey medical groups were scheduled to merge, creating the state's largest multispecialty group practice. The merger of Garden State Medical Group and Central New Jersey Medical Group will result in a 200-physician group that will provide services exclusively to HIP Health Plan of New Jersey. *[Modern Healthcare]*†

▶ Doctors Health System (DHS), one of Maryland's largest physician-owned and physician-directed networks, is teaming up with the not-for-profit Baltimore Health Systems (BHS) to contract with HMOs. DHS brings 200 primary care physicians and 350 specialists to the venture; BHS brings six full-service community health centers. *[BNA's Managed Care Reporter]*†

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† *Excerpted from AMA Market Trends*

HMO Enrollment Growth, 1994 to 1995

Pennsylvania continues to rank as the fifth fastest growing state in HMO enrollment, according to InterStudy information. The top five states compared below are ranked by combined pure and open-ended enrollment growth between January 1, 1994, and January 1, 1995.

Rank	State	Net Gain	Cumulative % of Total HMO Growth
1	California	867,739	15%
2	Texas	552,864	25%
3	New York	550,228	34%
4	Florida	457,525	42%
5	Pennsylvania	386,933	49%

More Answers to Your PO Questions

Michael P. Lance

"What POs Mean for Pennsylvania Physicians," published in the December 1995 issue of PENNSYLVANIA MEDICINE, *generated additional questions regarding the physician organizations (POs) that the PennMed Member Services Company (PMSCO) is working with throughout the state. These organizations are developed to help position physicians in a managed care environment.*

In this article, I have tried to continue addressing these questions regarding the POs. Please note, however, that these are general answers relative for most of the POs we are working with in the state. Because of the differences in the markets that these POs are in, there are variations to each of these answers for each PO.

Q: *What is the purpose of the physician organization, and what can it do for me?*
A: Most of the POs we are working with have several major purposes:

Contracting

Most of the POs represent a sizable panel of physicians and will be able to negotiate favorable contracts with managed care payers. Ultimately, these POs want to be in a position to share in the savings from utilization of resources. (That does *not* mean withholding care.) The most significant savings will come from controlling the utilization of hospital beds and services. Because physicians are directly responsible for these controls, they should share in the rewards. The POs will position themselves to negotiate risk-sharing arrangements that will provide them with an appropriate share of the premium dollar.

The POs will also focus in the future on preparing physicians to accept and manage the entire physician component of the premium dollar and to assist the hospitals in their efforts to accept and manage the hospital component.

Management services

Foremost among these services will be working with a local PO medical director to adopt protocols and procedures designed for appropriate management of medical resources. Another service will be the marketing of the PO's services to payers and employers. As the POs become more established, many other services may be offered to help members and their patients. The basic goal of a PO's management services will be to reduce the paperwork load on member physicians whenever possible.

Utilization review

To obtain contracts with health maintenance organizations (HMOs) and other payers, the POs will have to prove their quality and cost effectiveness. They will do this by establishing their own Utilization Review (UR) Committees that will review the utilization of services by all of the PO physicians, and by educating outliers on appropriate utilization of medical resources. It is important for the POs to do their own UR because physicians are their own best monitors. Maintaining control over your own cost and quality data provides you with substantial negotiating power.

Risk sharing

The POs are working to be able to pursue risk-contracting arrangements with payers. In fact, some of these organizations have already been successful in negotiating these arrangements. Under a risk-sharing arrangement, subscribers sign up with a primary care physician (PCP) within a PO's panel. The payer then pays the PO a per-member, per-month amount for each of the subscribers and for all professional services. The dollars flow through the PO, and the PO will then pay the selected PCPs a per-member, per-month amount. If the PCP refers the patient to a specialist, there will be incentives to refer to specialists who are PO shareholders, who will then also be paid through the PO. This methodology applies to all the PO-HMO negotiated contracts, which means that the PO shareholders will get paid the same through the PO whether they are seeing patients from HMO "A," "B," or "C." The physicians in the PO still maintain their private-pay and fee-for-service patients.

Mr. Lance is chief executive officer of the PennMed Member Services Company.

: *My practice is already extremely busy. Vhy would I want to be a shareholder in PO?*

: The population in your geographic rea may or may not be changing drastially. What is changing, however, is that atients are switching health coverage. s your patients begin to switch health overage, they will need to continue to ave access to you. The POs will be puruing contracting arrangements with ayers and may ultimately pursue conracts with local employers. As a PO seures these contracts, you will want to be art of the PO physician panel to be able o provide your patients access to you vhen they select these managed care roducts. Your contract with a PO will ot be exclusive; however, since you will ave ownership in the PO, it is hoped that ou will want it to succeed as long as it is erforming well for the physicians in our community. Your involvement in hese contracts will be encouraged as it vill contribute to the overall success of he organization.

In addition, most of the POs we are vorking with are multispecialty organizaions. This means that they will be able to mpact utilization at all levels and places f service. As a shareholder, you will be included in the distribution of surpluses that are generated from effective utilization management. Some of the greatest opportunities for impacting utilization are in the inpatient and outpatient hospital services and pharmacy. The PO will work hard to manage these services to generate the greatest savings.

The benefit of managing resources through a PO is that the shareholders will be rewarded for their effective management. Another important benefit is that the PO shareholders will determine the UR protocols which will allow you to have control over medical decision making.

Q: *Do all partners within a practice have to join the PO?*

A: To answer this question, you need to understand the concept of a "provider panel." The HMOs have a "closed panel" system whereby if the patient receives care from a non-panel provider, the services are not covered. The preferred provider organizations (PPOs) are an "open panel" system whereby a "preferred physician panel" is identified. However, the patient can receive care outside the panel, but incur additional out-of-pocket expenses for the care. The other key aspect of the definition of a "panel" is that the pharmacies may not accept a prescription from a "non-panel" provider for the patient's coverage. To summarize, HMO patients must receive care from "panel" providers to be eligible for coverage, and PPO patients receive optimal benefits when care is provided from the "preferred panel."

When the PO contracts with an HMO or PPO, the PO is defined as the "panel." To be a "panel" provider of the PO, you must be a shareholder and purchase stock which is redeemable and permits participation in the performance of the PO by means of bonus and dividend distributions.

A partner in a practice must be a shareholder of the PO and abide by all policies and procedures of the PO, including credentialing. Only those physicians who provide "on-call coverage" only, or providers ineligible to be shareholders or members of the PO, should be offered supplemental provider contracts whereby they will not be included in the provider directory as "panel providers" for the PO.

Michael Lance

"Some of the greatest opportunities for impacting utilization are in the inpatient and outpatient hospital services and pharmacy."

SURVEY REVEALS AWARENESS OF AIDS

In conjunction with Pennsylvania AIDS Awareness Day on December 1, 1995, the state Department of Health released results of a survey to determine the knowledge, attitudes, and behavior of Pennsylvanians concerning AIDS.

Survey results show that education levels play an important role in the respondents' overall knowledge of AIDS: Among respondents without a high school education, 38 percent were in the low-knowledge group (20 or fewer correct responses to the 33 questions) and only one percent in the high-knowledge group (31 or more correct answers). Among those with a four-year college degree, only six percent were in the low-knowledge group, while 27 percent were in the high-knowledge group.

The survey results also showed a considerable misunderstanding about how the AIDS virus is transmitted:

- 23 percent of respondents still believe infection is possible from a mosquito or other insect bite;
- 44 percent believe saliva exchange through kissing can cause infection with the AIDS virus;
- 19 percent believe infection can occur by being coughed on or sneezed on by an infected person;
- 12 percent believe infection can be spread through use of public toilets;
- 14 percent believe they can be infected by dining out where the cook has the AIDS virus; and
- 21 percent believe infection is possible by donating blood.

None of the above perceptions is true, said state Health Secretary Peter J. Jannetta, MD.

In a proclamation issued for AIDS Awareness Day, Governor Tom Ridge said 14,399 cases of AIDS have been confirmed among state residents from January 1, 1980, to September 30, 1995. Dr. Jannetta called on those involved in combating the epidemic to use the survey results to plan, implement, and evaluate HIV and AIDS education programs.

He also noted that the commonwealth—in partnership with several public and private organizations—is involved in extensive HIV/AIDS education and prevention activities, including media outreach campaigns; free, confidential testing and counseling services; extensive print materials tailored to various audiences and in various languages; and health education and risk-reduction programs.

The commonwealth's Department of Public Welfare is expanding its efforts as well. In December, the department announced it will begin covering the cost of 31 additional medicines for moderate-income people with HIV and AIDS.

The survey, completed for the Health Department by the Center for Survey Research at Penn State Harrisburg, involved telephone interviews with approximately 1,700 adult Pennsylvanians between October and December 1994.

The Pennsylvania Department of Health offers a toll-free AIDS Factline to answer questions concerning all aspects of HIV and AIDS. To reach the factline, call (800) 662-6080.

NEW STATE COMMITTEE PROMOTING ORGAN DONATION

Governor Tom Ridge has appointed a new state Organ Donor Advisory Committee to advise the Pennsylvania Department of Health in promoting organ donation throughout the state.

In addition to establishing the committee, Pennsylvania's Organ Donor Law (Act 102 of 1994):

- establishes an Organ Donor Awareness Trust Fund,
- provides that applicants for new and renewed drivers' licenses can designate if they wish to be organ donors or contribute to the fund,
- directs that state personal income tax forms include information about organ donation, and
- provides that hospitals must ask terminally ill patients or their families whether they will consent to being an organ donor.

Walter Pae, MD, Cumberland County, has been appointed to the committee, along with six organ recipients or family members of recipients and donors, and other health care professionals.

For additional information about the committee or the Organ Donor Awareness Trust Fund, or to contribute to the fund, write to the Department of Health at P.O. Box 90, Harrisburg, PA 17108-0090.

HEALTH DEPARTMENT BOOKLET TARGETS YOUNG PARENTS

The Philadelphia Department of Public Health, Office of Maternal and Child Health is offering a new publication for young parents. "Feeding Your Baby" is an easy-to-read, empowering nutrition booklet for everyone involved in taking care of babies.

While the technical content of the booklet is based on the American Academy of Pediatrics's Nutrition Recommendations, its format and messages are the combined ideas of 75 moms, dads, and grandmothers, and a variety of health care and social service workers. Through focus group discussions, the "consumers" determined the booklet's tone, priority topics, and characteristics.

The booklet can be used for any group but is particularly sensitive to cultural food habits and parenting practices of African-Americans.

The 22-page booklet is available free to agencies funded through the Philadelphia Department of Public Health, Office of Maternal and Child Health, and on a sliding price scale to other groups and agencies. Physicians may receive a complimentary copy and an order form detailing the booklet and other publications by calling the department at (215) 685-6825.

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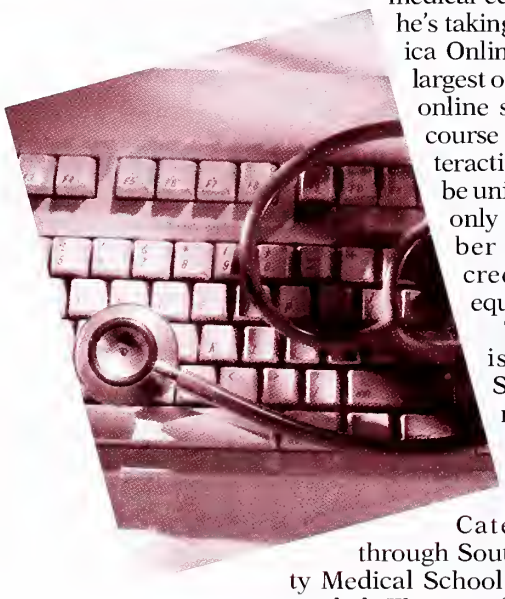
Earning CME Credit Online

Fred D. Baldwin

Online "chat" sessions aren't just for singles in cyberspace. An imaginative pair of medical professionals, who've never met each other in person, are pioneering an online seminar in which physicians earn Category I CME credits. It's perhaps the most innovative of several ways you can use a personal computer for continuing medical education.

"It's nice to be able to do this in your home environment and still be able to interact with other physicians around the country." says Jeff Henry, MD, of Marion, Kansas. "We can sit down and talk without having to get dressed up or paying a whole lot of money."

Dr. Henry is talking about a continuing medical education (CME) course he's taking online through America Online (AOL), currently the largest of the major commercial online service providers. This course is offered in a live, interactive format that seems to be unique so far, although it's only one of a growing number of ways to get CME credits using a modem-equipped computer.



The course in question is called the Medical Studies Seminar, normally available every Wednesday at 9:45 p.m. ET. Participants receive one hour of Category I CME credit through Southern Illinois University Medical School for every seminar attended. The cost for enrollment is $10. (That's not $10 per credit hour, but the total tuition cost for up to 30 hours of CME credit. Participation requires a subscription to AOL, whose base rate is $9.95 per month. In some rural areas, connections to AOL may also involve long-distance charges.)

The Medical Studies Seminar grew out of an online friendship between Dariush Saghafi, MD, a young physician currently in a neurology training program with a hospital affiliated with Case Western Reserve School of Medicine, Cleveland, and John Faulkner, a physician assistant in Rocky Mount, North Carolina. The two, who have never met face to face, discovered common interests while participating in a medical "chat" group on AOL about three years ago.

Online chat groups are roundtable discussions in which all participants are logged on simultaneously; in effect, it's a conference call during which individuals communicate by typed messages rather than by voice. This simultaneous interaction differentiates chat groups from exchanges of information in a bulletin-board mode, in which messages are posted for downloading whenever a reader logs on. Although interactive discussions require scheduling, they offer the advantages of spontaneity and immediate response to questions or comments.

Dr. Saghafi says that his and Faulkner's chat-mode participation in an AOL medical section led to a discovery of common interests and a desire to explore online education options. Among other things, both men were impressed by the quality of comments and suggestions made by participating physicians.

"The leading authority in some area would pop in and give us insight on some brand new stuff," Faulkner recalls. "We thought, this is such a benefit to all of us that there should be some way to get some educational credit. We investigated, and people said nobody was doing live interactive chats online when a guest speaker would present a case."

Dr. Saghafi remembered having seen a series of programs on Medical News Network called "Diagnostic Dilemmas," and he secured permission to adapt them for online presentation by visiting specialists. He then approached Southern Illinois University about supporting CME in an innovative way and received an "enthusiastic" response. The series opened for credit in 1995 and will continue throughout much of 1996. Participants seeking CME credit must register in advance with Southern

Mr. Baldwin, a regular contributor, is co-author of **Infomedicine, A Consumer's Guide to the Latest Medical Research,** *scheduled for publication this March by Little, Brown & Co. He lives in Carlisle.*

linois University, but anyone can "lurk." ("Lurking" means ·ading public comments during a chat session without ac- vely participating. It's not a pejorative term among online 'icionados.)

All presentations follow a grand rounds format. "You sit ı front of your computer," Faulkner explains. "You con- ect to America Online. You are asked to sign in. When sked if you want credit, you just say 'hello' or 'for credit.' hat way we know who's there at the beginning. We intro- uce the speaker, who presents a case. For example, 'A 40- ear-old white female who comes to the office complaining f shortness of breath...,' followed by a detailed introduc- on to her case."

From time to time, the presenters ask a multiple-choice uestion. Everyone taking the course for credit must trans- nit an answer to the session moderator.

"It doesn't matter whether they get it right or not," 'aulkner says. "If they answer, we know they're still there. ıOL has something called 'instant messages.' That means, f I want to say something to someone and don't want ev- ryone to see, I can send it directly to him. We have every- ›ody send an 'instant message' to me, and that way we :now who's still there and who's fallen asleep at the key- ›oard. We have a little question-and-answer session at the ·nd."

So far, seminars have proceeded without glitches. The ›nly serious technological limitation is the impracticality of ıccompanying presentations with graphics—based on ;lides, CAT scans, and x-rays—that show patients' physical :onditions. Digital reproduction of graphics involves enor- nous quantities of data, whose real-time transmission and lownloading by participating physicians who use modems ›perating at varying speeds would take too much time dur- ng lectures. Dr. Saghafi notes that he and Faulkner are working on this problem.

In the short run, seminar participants may be asked to log on early to download a few key images before the grand rounds begin. In the long run, fully illustrated lectures will become practical as more transmission bandwidth be- comes common.

Typically, between 15 and 20 physicians participate for credit each week. Only active participation earns CME credit, but anyone can download seminar transcripts from the service's library.

Could success spoil the Medical Studies Seminar? What would happen, for example, if a thousand physicians want- ed to participate?

"America Online has a way of dealing with that," Faulkn- er says. "They put people in 'rows,' and you can only com- municate with people in your row. You could have 5000 people if you wanted to. They [AOL] have had the president and famous rock and roll stars, so they've coped with a lot of people before."

Dr. Saghafi and Faulkner also sponsor a kind of medical trivia quiz game online (with a mix of easy and difficult questions) at 10 p.m. ET Sundays. Participants must an- swer within 10 seconds, and the evening's winners get free hours of connect time on AOL.

Faulkner notes that the level of sophistication among participants is high. Because AOL (like its major competi- tors, CompuServe and Prodigy) has a national membership numbering in the millions, its potential pool of expertise is →

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If you have questions,
or need further information, kindly contact:

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comparable to that within a major metropolitan area—indeed, within one whose population has an above-average level of education.

He adds that a *JAMA* Journal Club is in the works for early in 1996, for which the American Medical Association has agreed to grant Category I CME credit to active participants. The expected time commitment is 90 minutes per month for six months. Physicians who do not wish CME credit may also participate.

Although the Medical Studies Seminar appears to be the on-ly interactive CME course offered online so far, medical education sites are beginning to multiply on the World Wide Web. Medically oriented "Web pages," often containing striking graphics, are spreading too fast for anyone to count accurately. Since Web pages are searchable online through several different approaches, the best way to locate options is to log on and poke around.

"Medically oriented 'Web pages,' often containing striking graphics, are spreading too fast for anyone to count accurately."

For example, consider the "Interactive Patient," a step-by-step problem session offered online by Marshall University School of Medicine, Huntington, West Virginia. The patient's painful symptoms and test results lead to choices among 28 possible diagnoses and 21 possible treatments. Physicians with an Internet connection and a Web browser can examine the Interactive Patient at *http://musom.marshall.edu*. Registration for a $15 fee and a correct diagnosis earns 1 hour of Category I CME credit.

"This is a cost-effective way of doing things," Dr. Saghafi comments. "From the point of view of the institution that wants to offer CME credit, you cut your overhead in terms of meeting rooms, dinners, or whatever."

Dr. Saghafi contends that online sessions in the interactive format he and Faulkner are pioneering are "a little more intimate" than "going to a large symposium where you generally don't know many of the people." He acknowledges that "intimate" is not a word most physicians associate with computers. He also suggests that online chat sessions soon change technophobic stereotypes.

"It doesn't take very long to get used to it," he says. "You get almost a feel as if you were in a live session with everyone physically there. The screen names begin to develop their own personalities. The interaction and dynamics are as if there were about 10 people in the room with you. For example, I've never met John Faulkner at all, and I've never even seen a picture of him. But I can certainly sketch you his personality."

Dr. Henry agrees. Marion, where he practices, is a small town with a population of only about 2,500 and with a 20-bed hospital. "It's just nice," he says, "not have to make a special trip and still be able to interact with the other physicians around the county. It's almost a group therapy type of situation, too. Everybody has the same kind of problems. We can sit down and talk without having to get dressed up or paying a whole lot of money. One person chimed in at one point about how much they enjoyed sitting at home listening to Mozart and drinking sparkling water, or something like that, while participating in a CME course."

For further information about CME online, contact Dr. Saghafi at *DrD@aol.com* or Faulkner at *faulkner@aol.com*.

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The State Society wishes to thank all the physicians, friends, family, and associates who offered to participate in the rally for tort reform which has now been postponed. We look forward to your continued support and dedication.

Your commitment will help improve the health care of Pennsylvanians.

In this issue...

HB 2122 Legislative Sponsors—1, 2

Leadership Conference Registration Forms—3-6

Medicare updates—3

Legislative Update—8

FLOOD DISASTER POSTPONES RALLY; BUT TORT REFORM CAMPAIGN GOES ON

Despite blizzards, ice, wind, and rain inflicted upon Pennsylvanians during the "winter of '96," Pennsylvania physicians were firm in their intent to march on Harrisburg on January 23 to support tort reform. Then came the flood. Harrisburg suffered disastrous damages—and legislative session was cancelled. The rally is postponed, but nothing can stop our grassroots campaign!

The stage was set: on Tuesday, January 23, legislators and the public were to see an impressive show of physician solidarity and commitment as Pennsylvania physicians of all specialties and political persuasions united under one cause—tort reform.

Buses and trains from all corners of the state were reserved, hotel sites and the rally parade route readied. The city had dug out from the "blizzard of '96," and rally organizers breathed a sigh of relief that weather forecasts were favorable for the 23rd. Then, Friday evening, the frozen Susquehanna and its many tributaries began to buckle and crack. By Sunday, the city was overwhelmed with river ice and flood waters, closing main highways, causing evacuation of thousands of residents, crippling water service and other facilities, and closing the state legislature and virtually all other state government business in the devastated city.

For rally coordinators at the State Society, there was no other decision but to cancel the event. According to Society Executive Vice President Roger Mecum, every attempt will be made to reschedule the rally, with information forthcoming as soon as arrangements can be re-established.

"Our concerns about the medical liability system are not lessened, but will wait for a public airing on another day," Mecum told local media. "Today our thoughts are with the many Pennsylvanians who are struggling with the aftermath of this problem." For the latest information on rally rescheduling, or more information on tort reform, call the Society's tort reform hotline: 800-566-TORT

THE GRASSROOTS AGENDA: KEEP THE PRESSURE ON YOUR LEGISLATORS

Your help is needed even more urgently in the weeks to come, as the legislative process goes forth and opponents to tort reform gather their lobbying strengths.

"Keep the heat on the legislature!" State Society President Jonathan E. Rhoads Jr., MD, told Society members in January. "Urge the House to report HB 2122 out of committee. As it progresses, we are counting on you to support the Society's position on amendments that may arise, and to help move the issue through the Senate. Ultimately, we will call upon you to let your legislator know how important it is to have final passage of meaningful tort reform legislation. We cannot stop now if we want to make tort reform happen, if we want to enact a change!"

Write or call your legislator to urge support of HB 2122. The list of sponsors is included on page 2 of this issue. For more information on HB 2122, background on tort reform, and tips on talking to your legislators, call the Society's Tort Reform hotline at 800-566-Tort, or ask to speak to the Division of Legislative Affairs.

New Publication Examines HMOS

A new State Society publication entitled, "A Closer Look at HMOs" is now available free to members. It contains a compilation of general program and financial data regarding Pennsylvania's licensed HMOs.

A number of charts and graphs are included which look at expenditure ratios for medical care, profit, and administrative costs for each HMO. It also contains a detailed "profile" of general information regarding each HMO, including geographic coverage, hospitals contracted with, plan contacts, and enrollment statistics.

To order this new resource, call the Department of Physician Services at 800-228-7823, ext. 1486.

Updated Managed Care Resource Kit Available

The Managed Care Resource Kit, which is free to State Society members, contains: concise summaries of important managed care issues written specifically for Pennsylvania physicians, a bibliography of articles related to managed care, reprinted articles, a managed care contract checklist, and other selected resources.

Order a kit by calling the Department of Physician Services at 800-228-7823, ext. 1486.

IMPORTANT CHECK: ARE YOUR LOCAL REPRESENTATIVES CO-SPONSORS TO HOUSE BILL 2122?

Listed below are legislators who had signed-on as co-sponsors of House Bill 2122, Medical Liability Reform as of January 26, 1996. If your representatives are not listed, it is even more vital that you contact them to urge support. If your representatives are listed, you may want to thank them appropriately.

Prime Sponsor: Representative J. Scot Chadwick (R-Bradford)

Cosponsors:

Tony DeLuca *(D-Allegheny)*
Elaine Farmer *(R-Allegheny)*
Fred Trello *(D-Allegheny)*
Nick Colafella *(D-Beaver)*
Dennis Leh *(R-Berks)*
Sheila Miller *(R-Berks)*
Paul Semmel *(R-Berks)*
Larry Sather *(R-Blair/Huntingdon)*
Jerry Stern *(R-Blair)*
Rick Geist *(R-Blair)*
Paul Clymer *(R-Bucks)*
Tom Corrigan *(D-Bucks)*
Joseph Conti *(R-Bucks)*
Tom Druce *(R-Bucks)*
David Steil *(R-Bucks)*
Matt Wright *(R-Bucks)*
Keith McCall *(D-Carbon)*
Robert Flick *(R-Chester)*
Art Hershey *(R-Chester)*
Elinor Taylor *(R-Chester)*
Teresa Brown *(R-Crawford)*
Al Masland *(R-Cumberland)*
Jerry Nailor *(R-Cumberland)*
Ron Marsico *(R-Dauphin)*
Frank Tulli *(R-Dauphin)*
Jim Merry *(R-Erie)*
Jeffrey Coy *(D-Franklin)*
Pat Fleagle *(R-Franklin)*
Samuel Smith *(R-Jefferson)*
Daniel Clark *(R-Juniata)*
John Barley *(R-Lancaster)*
Jere Strittmatter *(R-Lancaster)*
Katie True *(R-Lancaster)*
Edward Krebs *(R-Lebanon)*
Donald Snyder *(R-Lehigh)*
Stanley Jarolin *(D-Luzerne)*
Thomas Dempsey *(R-Lycoming)*
Howard Fargo *(R-Mercer)*
David King *(R-Mercer)*
Ken Jadlowiec *(R-McKean)*
Joseph Battisto *(D-Monroe)*
Roy Cornell *(R-Montgomery)*
Joseph Gladeck *(R-Montgomery)*
Robert Godshall *(R-Montgomery)*
Allan Egolf *(R-Perry)*
Marie Lederer *(D-Philadelphia)*
Robert Allen *(R-Schuylkill)*
Sandra Major *(R-Susquehanna)*
Russ Fairchild *(R-Union)*
Leo Trich *(D-Washington)*
Jerry Birmelin *(R-Wayne/Pike)*
Jess Stairs *(R-Westmoreland)*
Stanley Saylor *(R-York)*
Michael Waugh *(R-York)*

TORT REFORM FACTS AND FIGURES

- A mere 43 cents of every dollar received from medical litigation (totaling billions annually) reaches injured patients as compensation, according to estimates of the RAND Institute. The rest is spent on attorneys' fees for both sides, litigation expenses, and insurance administration costs, with personal injury lawyers collecting huge contingency fees for their work on liability lawsuits.
- Almost half of all medical liability insurers' defense costs are spent on cases that ultimately are closed without any compensation paid to the claimant. Nearly 60 percent of all claims against physicians are dismissed without verdict, settlement, or payment to the plaintiffs, according to the U.S. General Accounting Office. Physicians, however, shell out thousands of dollars in legal fees to fight these groundless, frivolous suits. More efficient mechanisms for early identification of non-meritorious claims would reduce excessive litigation costs.
- Only six out of 100 patients who experience adverse outcomes as a result of negligent care receive compensation.
- It takes on average more than six years to resolve a medical liability claim from the time it is filed. Cases involving brain-damaged infants now take seven or more years to resolve.
- The cost of defensive medicine was estimated in 1994 to be $12.7 billion nationally.
- To cover the cost of malpractice insurance, approximately $300 to $500 must be added to every bill for delivering a baby.
- The National Association of Community Health Centers estimates that at least a half-million additional patients could be served if money spent by community health centers on liability insurance was used for direct patient care.

1996
LEADERSHIP
CONFERENCE
APRIL 19-21, 1996

HOLIDAY INN
LANCASTER
HOST HOTEL

In response to the inescapable changes taking place in today's medical market, physicians are increasingly exploring alliances with other physicians, health care purchasers, third party payers, and their patients. Even physicians' immediate families are being affected.

Change is often frightening, but it also represents opportunity. Physicians must seize today's opportunities to reshape medicine's future. The Pennsylvania Medical Society's 1996 Leadership Conference provides the tools to help you turn the changes in medicine into golden opportunities.

Expert speakers with answers to your questions...

Mr. Snyder

"The Inevitable Forces Altering Our Health Care System"

David Pearce Snyder, Life Styles Editor
The Futurist *magazine*

The future of all U.S. industries will be substantially shaped by new social, economic, and technologic realities. Mr. Synder will discuss six inevitable forces of change that will powerfully alter our health care system.

Dr. Freiberg

"Exercising Effective Leadership in a Managed Care Environment"

Kevin Freiberg, PhD
President, San Diego Consulting Group, Inc.

Dr. Freiberg's leadership principles have fostered organizational change in some of America's most progressive companies. He will examine the qualities of extraordinary leaders and how physicians can apply these qualities to affect change in the managed care environment.

Dr. Benjamin

"Reinventing Medicine: The Young Physician's Perspective"

Regina M. Benjamin, MD, MBA
Young Physician Section Trustee
American Medical Association

Medical practice is no longer business as usual. An array of forces—new delivery systems, an increasingly litigious society, constantly evolving technologies—has dramatically changed the practice of medicine. Learn the role young physicians will play in leading medicine into the 21st century.

Hands on workshops help you manage everyday problems effectively...

"Hands On Computers: Windows '95"

Edward H. Dench, Jr., MD
State Society 6th District Trustee

Dr. Dench will guide you in the use of the doorway to most of today's PCs and their business applications. Participants will have an opportunity to purchase laboratory computers.

"Strategies for Boosting Dollars Spent on Patient Care"

What happens to the premiums collected by managed care organizations? Find out how premiums are distributed and the rationale behind it. Also learn about negotiating leverage, hospital relationships, and risk sharing.

"The Ethics of Managed Care"

Peter A. Ubel, MD, Assistant Professor of Medicine
University of Pennsylvania Center for Bioethics

Do you doubt the "rightness" of some managed care practices? Dr. Ubel will examine some of the ethical dilemmas physicians face because of managed care dictums and offer a practical framework for making decisions.

"Principles of Effective Public Speaking"

Amy Dugan, Director of Media Relations
Pennsylvania Medical Society

An experienced instructor in public speaking and media relations, Ms. Dugan will show you how to influence, motivate, and inform when speaking in public. Learn the tools of the trade for effectively getting your message across.

"You Just Don't Understand Me!"

Nancy Dering Stark, President
Dering Consulting Group

When it's time for serious talk, men and women often speak different languages. Ms. Stark explores the communications styles of each gender and offers advice on how to communicate more effectively with the "opposite" sex.

"Coping With the Stress of a Medical Career"

Timothy Brigham, PhD, Assistant Dean
Graduate and Continuing Medical Education
Jefferson Medical College of Thomas Jefferson University

Can you say no? Are your expectations realistic? Explore how "life management" skills can help you manage stress and achieve personal and professional satisfaction.

"Discussion on How to Manage Managed Care"

James Regan, MD, moderator, State Society Interspecialty Section Trustee; Earl Schulte, MD, COO, PennMed Member Services Company; Thomas Brandecker, MD, Groups Without Walls, Allentown; Gary Brown, MD, President, Pennsylvania Physician Healthcare Plan; William Mahood, MD, Abington Memorial Hospital; and Robert Pyatt, MD, Cumberland Valley Health Network, Chambersburg

Managed care has revolutionized America's health care system. This interactive session will focus on tactics required to effectively work with managed care, and strategies needed to successfully compete.

But the 1996 Leadership Conference is *NOT* all business...It's A Family Affair!

This conference was specifically designed to be a family affair. Enjoy our new weekend schedule with family activities—a country barbecue Friday night, children's events, plus time for you and your family to enjoy the Lancaster area.

April is a great time to be in the White Rose city. Lancaster offers a wealth of museums, shopping outlets, and attractions that spotlight the culture and contributions of the Amish.

The newly renovated Holiday Inn Lancaster Host Hotel is a great family-oriented location with excellent accommodations, dining, golf, tennis, and swimming. See the registration form on the next page for more details.

Few conferences offer so much more...for so little!

- ✘ **CME at a modest cost...only $75.** Other continuing medical education (CME) conferences which offer 8.5 hours of Category 1 credit cost three to five times more. Budgets are tight so we know you'll appreciate the low registration fee.
- ✘ **Networking opportunities.** Meet new colleagues and visit old friends. Share experiences over breakfasts and lunches. Learn about the latest medical products and services.
- ✘ **Learn about physician organizations (POs).** The Organized Medical Staff Section (OMSS) has scheduled two special sessions to explore the many issues involved with establishing POs. On Thursday evening, April 18, the Section will offer a "first of its kind" statewide PO networking session. On April 19, the OMSS will offer a one-hour educational program which delves into the relationship between the medical staff and a PO.
- ✘ **PaMPAC reception and dinner.** U.S. Senator Rick Santorum has been invited to be the keynote speaker at this gala affair. Join us as we combine politics and fun.

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Pennsylvania Medical Society designates this continuing medical education activity for 8.5 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

All faculty participating in continuing medical education programs sponsored by the Pennsylvania Medical Society are expected to disclose to their program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

REGISTRATION FORM

PENNSYLVANIA MEDICAL SOCIETY

1996 Leadership Conference

Holiday Inn Lancaster Host Hotel

Friday, Saturday, and Sunday April 19-21

To register for the Conference, please complete **BOTH** sides of this form and mail it, along with your check, to: **PENNSYLVANIA MEDICAL SOCIETY, DEPARTMENT OF MEETING SERVICES, P.O. BOX 8820, HARRISBURG, PA 17105-8820.** Please make your check payable to the Pennsylvania Medical Society. Credit card payment only: Fax to (717) 558-7840. **Deadline for hotel reservations at the Holiday Inn Lancaster Host Hotel is March 22, 1996.**

1 Personal Information

Please print your name as you wish it to appear on your badge.

Dr. ❑ Mr. ❑ Mrs. ❑ _____ Last _____ First _____ MI

MD ❑ DO ❑ PhD ❑ Other ❑ Title _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____ (area code) Fax ( ) _____ (area code)

E-mail address _____

Representing: ❑ County _____ ❑ Hospital _____

❑ Specialty _____ ❑ Other _____

Please indicate the number of Leadership Conferences you have attended: ❑ First ❑ 2-5 ❑ 6-10 ❑ More than 10

2 Spouse/Guest/Family Information

Mr. ❑ Mrs. ❑ _____ Last _____ First _____ MI # of children ___ ages ___

3 Registration

The registration fee includes all meals for you and your family at the Conference **EXCEPT** the Friday night Country Barbeque. Order meal tickets on other side.

❑ Member **$75** ❑ Resident **$35** ❑ Non Member **$90** (Applicable to first year membership dues) ❑ Medical Student **NO FEE**

4 Saturday Workshops

Please indicate which workshops you would like to attend. **Please note: Choose the "Hands On Computer" workshop for three hours or three other workshops.**

- ❑ Exercising Effective Leadership in a Managed Care Environment
- ❑ Gender Communications: "You Just Don't Understand Me"
- ❑ Coping With the Stresses of a Medical Career
- ❑ Strategies for Boosting Dollars Spent on Patient Care
- ❑ Principles of Effective Public Speaking
- ❑ The Ethics of Managed Care
- ❑ Hands-on Computers: Windows '95 **(Please note: This workshop carries a $35 lab fee.)** *Participants will have an opportunity to purchase laboratory computers.*

LIST FEES

$ _____

$ _____

$ _____

TOTAL #1

Please continue on other side.

5 Food, Beverage and Special Events

Please indicate which events you and your family plan to attend.

LIST FEES

Friday, April 19

Noon Box lunch with the Exhibitors

❑ Please provide a box lunch for me.

❑ Provide _____ additional tickets for spouse/guest.

6:30 p.m. Country Barbeque and Entertainment (Line Dancing and Clown for Children)

❑ Please provide _____ tickets at a cost of **$35** each. $_____

❑ Provide additional tickets for:

_____ children (age 17 and under) **NO FEE**

Saturday, April 20

7:30 a.m. Continental Breakfast with the Exhibitors

❑ Please provide a breakfast for me.

❑ Provide _____ additional tickets for spouse/guest.

Noon Box Lunch with the Exhibitors

❑ Please provide a box lunch for me.

❑ Provide _____ additional tickets for spouse/guest.

1:30 p.m. Golf Tournament

❑ Please provide _____ tickets at a cost of **$50** each. $_____

7:00 p.m. Reception and PAMPAC Dinner

❑ Please reserve a ticket for me for the reception and PAMPAC Dinner.

❑ Provide _____ additional tickets for spouse/guest.

Sunday, April 21

8:00 a.m. Sunday Breakfast

❑ Please provide a breakfast for me.

❑ Provide _____ additional tickets for spouse/guest.

TOTAL #2 $_____

6 Accommodations

A block of sleeping rooms at the Holiday Inn Lancaster Host Hotel has been reserved at the special rate of **$95** per night for single occupancy or double occupancy. Children 17 and under are free in parent's room. Please call the hotel directly at 1-800-233-0121 to reserve a room. Mention that you are with the Pennsylvania Medical Society Leadership Conference. **Deadline for reservations at this special rate is Friday, March 22.**

7 Payment Method

❑ Check enclosed made payable to: Pennsylvania Medical Society

❑ Visa ❑ MasterCard

_____

Card Number Expiration Date

_____

Cardholder's Name (as it appears on credit card)

_____

Cardholder's Signature

TOTAL FEES

TOTAL #1 $_____

TOTAL #2 $_____

TOTAL ENCLOSED $_____

8 For the Family

Please indicate below which activities you and your family would like to participate in.

Family Activities (Saturday):

❑ Amish Farmlands Tour

❑ Strasburg Rail Tour

❑ Golf/Tennis/Swimming

Children Activities:

❑ Friday Computer Workshop for Kids **(NO FEE)** # of children _____ ages _____

❑ Saturday Morning Kidz Kamp

❑ Saturday Kids' Night Out—Dinner and Entertainment

❑ Sunday Mini-Olympics for Children

❑ Please send me information on child care.

❑ Please check here if you have a physical limitation that requires special services. (Attach a written description of your needs.)

XACT MEDICARE SERVICES ANNOUNCES NEW PROJECT

Xact Medicare Services has announced a project to prepare physicians for the upcoming Incomplete Claim Rejection (ICR) Program, scheduled to take effect on April 1, 1996.

The Health Care Financing Administration (HCFA) has directed that all Medicare carriers begin rejecting assigned claims received on or after April 1, 1996, as "unprocessable" when required information is incomplete or invalid. No date has been established for rejecting non-assigned claims that contain incomplete or invalid information.

When a claim is rejected under ICR, it must be corrected and resubmitted through the normal claim filing process. Appeals made either through the written or telephone process will not be permitted.

Xact has identified a number of "rejection" situations that will begin on April 1, 1996. These situations have been compared with six months of claims history data of those physicians' Xact services. If any physician had more than 25 claims denied during this six-month period, he or she will receive an educational letter from Xact that pertains to his or her individual billing problem. Also, physicians who had more than 500 claim denials during this period will receive a personal contact from their Xact representative.

Some of the more frequent rejection situations include:

✔ invalid or incorrect UPIN number,

✔ invalid or incomplete rendering or ordering physician number,

✔ missing or incorrect place-of-service,

✔ incomplete or invalid diagnosis (truncated diagnosis codes will no longer be accepted),

✔ missing or incorrect supplier's name, address, and carrier assigned provider number for purchased diagnostic tests, and

✔ missing name of reference laboratory.

Direct questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750, or Xact Medicare Services at (717) 763-5700.

ADVICE ON HANDLING MEDICARE COVERAGE CHANGES

At the request of the State Society, Xact Medicare Services provided the following information regarding jurisdiction over the processing and payment of bills for beneficiaries who change from Medicare Fee-for-Service to a Medicare Risk HMO (and vice versa) during a hospital stay:

✗ **Part A**—If a patient has Fee-for-Service Medicare at the beginning of the hospital stay, and his or her effective date of eligibility in a Medicare Risk HMO occurs during the stay, Fee-for-Service Medicare Part A is responsible for the provision of inpatient hospital services under Part A up to and including the discharge day. The HMO must assume responsibility for payment or provision of inpatient hospital services under Part A on the day after the day of discharge from the inpatient stay.

If a patient has Medicare Risk HMO at the beginning of the hospital stay, and his or her effective date of eligibility in Fee-for-Service Medicare occurs during the stay, the Medicare Risk HMO is responsible for inpatient hospital services under Part A up to and including the discharge day.

✗ **Part B**—If a patient has Fee-for-Service Medicare at the beginning of the hospital stay, and his or her effective date of eligibility in a Medicare Risk HMO occurs during the hospital stay, the Medicare HMO will assume responsibility for the Part B services on the effective date of enrollment.

If a patient has Medicare Risk HMO at the beginning of the hospital stay, and his or her effective date of eligibility in Fee-for-Service Medicare occurs during the stay, Fee-for-Service Medicare will assume responsibility for Part B services on the effective date of enrollment.

Direct questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750, or Xact Medicare Services at (717) 763-5700.

AMA Resolution Deadline

The Resolution Committee of the Pennsylvania Delegation to the AMA has set March 29, 1996 as the deadline for receiving resolutions to be considered for submission to the AMA House of Delegates at the June 1996 Annual Meeting of the AMA House. Resolutions received after this date will be considered for the December 1996 Interim Meeting.

Send resolutions to Arnold Cushner, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820, or fax to (717) 558-7840.

PPHP Stock Still Available

Shares of stock in the Pennsylvania Physician Healthcare Plan, Inc. (PPHP), Pennsylvania's first and only physician-led managed care organization, are still available for a limited time to Pennsylvania physicians. For more information about investing in PPHP, please call (800) 556-8390.

EXECUTIVE REPORT is published monthly by the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820. Phone 717-558-7750 or (800) 228-7823.

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President

John W. Lowrence, MD
Chairman of the Board

Roger F. Mecum
Executive Vice President

Elaine S. Herrmonn
Editorial

Stacy J. Bolden
Production

The state General Assembly was to reconvene January 29, 1996 for the remainder of the 1995-96 session. The Society has reviewed all 4,000 bills introduced to date, and found more than 215 which relate directly to health care and the practice of medicine. Legislative activity on some of the most pertinent bills includes:

Medical Liability/Tort Reform/CAT Fund Legislation

House Bill 2122—Comprehensive Medical Liability Reform
The State Society will be working hard throughout 1996 to ensure passage of this keystone to tort reform, introduced by J. Scot Chadwick (R-Bradford). At press time, 57 sponsors from both sides of the aisle were listed.

House Bill 2210—CAT Fund Payments
Approved by the House Insurance Committee, HB 2210 would permit those covered under Act 111 to make installment CAT Fund payments in 1996. The Society supports the bill. Sponsored by Rep. William Adolph (R-Delaware), the bill was tabled in the House, and a vote is expected by the full House next month.

House Bill 2294—CAT Fund Privatization
Rep. Nicholas Micozzie (R-Delaware) introduced legislation shifting CAT Fund coverage under Act 111 to the private sector over a period of five years. Three public hearings are scheduled on the bill. The Society opposes this measure and advocates comprehensive CAT Fund and tort reform.

Senate Bill 1122—CAT Fund Reforms
The Society supports this legislation aimed at reforming the Medical Liability CAT Fund by shifting powers to the basic carrier, by using prevailing primary rates as the basis for surcharge calculations, and by foreclosing the need for future "emergency" surcharges by the fund. Senator Ed Holl (R-Montgomery) is prime sponsor. The Senate Banking and Insurance Committee has inserted amendments. It has now been re-referred back to committee for study.

Other Legislation

House Bill 1468— Medical Savings Accounts
The House passed the Medical Savings Accounts bill by a vote of 197-0. It was introduced by Representative Nicholas Micozzie (R-Delaware), the House Insurance Committee chairman, and is supported by the Society.

Peer Review Revisions
During consideration of a bill seeking to include veterinarians in the Peer Review Protection Act, the Hospital Association of Pennsylvania sought an amendment to broadly protect hospitals from legal action relating to credentialing brought by physicians. The Society successfully stopped the amendment before it was brought to a vote. The Senate then passed the veterinarians' bill 48-0.

House Bill 1415—Emergency Services "Prudent Layperson" Definition
The Pennsylvania Chapter of the Academy of Emergency Physicians secured approval by the House Insurance Committee for this bill setting the Prudent Layperson standard to determine the necessity, and subsequent payment, of emergency room services. The Society contacted committee members and supported passage of the bill, which was strongly opposed by insurance interests, as it came up for vote in the House.

House Avoids Vote on Rural "Any Willing Provider" Legislation
Representative David King (R-Mercer), in trying to amend House Bill 828, cleared a constitutional challenge on an amendment imposing safeguards and a credentialing process on managed care companies operating in rural counties. Although the bill was ultimately defeated, the Society continues to work with Rep. King to amend other legislation.

Seminar Helps Physicians "Get Started"

The seminar "Getting Started in Medical Practice" will help residents in their final year, physicians in fellowships, and young physicians make the right choices as they launch their careers.

It will be presented March 5 in Pittsburgh and March 6 in Philadelphia, and also be offered October 22-24, 1996, in Pittsburgh, Harrisburg, and Philadelphia.

Resident registration fees are $155 for members and $215 for nonmembers. Practicing physician registration fees are $195 for members and $275 for nonmembers.

To register or for more information about any of these seminars, call Linda Boyer at (800) 228-7823, ext. 1488.

CME Meeting: Urological Association of Pennsylvania

Date:
July 12-14, 1996

Location:
Penn State
Scanticon Conference Center
State College, PA.

Contact:
Linda Hare
Meeting Manager,
800-228-7823 (in PA);
(717) 558-7750 or
Fax (717) 558-7841.

Fax-Back Order Form

Now is the Time To Order More!

Pennsylvania Medical Society
1995-1996 Membership Directory

u received one copy of the State Society's 1995-96 Membership Directory as part of your membership benefits.

- Now that the year is in full swing, could your office staff use more copies?
- Do you or your staff often search for physician's names, addresses, phone numbers, fax numbers, and specialities?
- Do you or your colleagues often need quick access to the names of county medical society or specialty society officers and leaders?

Cost of Directories (Includes 6% sales tax)	Cost of Directories If Tax Exempt, Enter Your Non Profit Number _____
)ne–$53	One–$50
'wo–$106	Two–$100
'hree–$135.15 (Includes 15% discount)	Three–$127.50 (Includes 15% discount)
'our–$180.20 (Includes 15% discount)	Four–$170 (Includes 15% discount)
'ive–$225.25 (Includes 15% discount)	Five–$212.50 (Includes 15% discount)
;ix–$254.40 (Includes 20% discount)	Six–$240 (Includes 20% discount)

(Shipping and handling included. NOTE: Directories mailed by UPS, therefore, cannot be shipped to P.O. Box numbers.)

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Please send _____ copy(ies) of the 1995-1996 Pennsylvania Medical Society Membership Directory.

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'elephone ( ) _____ Fax ( ) _____

Make check payable to the Pennsylvania Medical Society in the amount of $ _____.

Credit Card Information

Please Check: ◯ Visa ◯ MasterCard

Card Number _____ Expiration Date _____

Name on Card _____

Cardholder Signature _____

Fax your order to:
(717) 558-7840

or

mail order to:
Pennsylvania Medicine
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

Prepayment required.

Please allow three weeks for delivery.

Understanding Medicare's Revised Coding Combinations

The Health Care Financing Administration (HCFA) in August 1994 awarded a contract to AdminaStar Federal to define correct coding practices that would form the basis of national policy using the CPT-4 procedure coding system. In December 1994, a draft policy containing 94,000 code combinations was distributed for comment to physician specialty societies through the American Medical Association and to other national specialty societies that represent physicians and non-physicians who may be impacted by this policy. The draft was also shared with the Medicare Carrier Medical Directors. The opportunity to comment on the draft policy ended on March 13, 1995. Three-thousand comments were received regarding 6,711 code combinations.

After review by AdminaStar, the policy was revised by removing 5,711 code combinations. The remaining revised 1,000 code combinations were resubmitted to HCFA in May 1995. These revisions continue to be evaluated by various groups with an expected completion date of June 1996.

The remaining 87,000 correct coding combinations were installed in Medicare Part B carrier systems to be implemented January 1, 1996. These correct coding combinations are edits that will cause claims to reject. They will replace all existing national and local "rebundling edits." At this point the correct coding combination includes only those CPT-4 procedure codes that were valid through December 31, 1994. It does not include those codes that have been added, revised, or deleted after 1994. Additional instructions will be given on how these codes will be handled at a later date.

Policy summary

Effective with Medicare claims submitted for dates of service on or after January 1, 1996, the 80,000-plus correct coding combination edits will be in place. There will be no grace period for education before denials or downcoding occurs. Two main types of code combinations will be implemented:

1) comprehensive and component code combinations; and

2) mutually exclusive coding combinations which represent services and/or procedures that would not or could not be performed at the same time based on the CPT description or standard medical practice.

> ***"There will be no grace period for education before denials or downcoding occurs."***

Following is a summary of the correct coding policy. For a complete description, refer to Revision 13, dated November 1995, of XACT Medicare's Part B Reference Manual.

CPT Procedure Code Definition: The CPT procedure code definition, or descriptor, is based upon the procedure being consistent with current medical practice. To submit a CPT code to Medicare, the provider must have performed all of the services included in the code descriptor. Otherwise, the provider must submit a less comprehensive code. Providers must not submit codes describing components of a comprehensive code in addition to the comprehensive code.

Components are services necessary to accomplish the more comprehensive procedure/service. In rare instances where the national Medicare policy differs from instructive language in the CPT descriptor, providers should follow the national Medicare policy.

Mutually Exclusive Code Pairs: These codes represent services or procedures that, based on either the CPT definition or standard medical practice, would not or could not reasonably be performed at the same session by the same provider on the same patient. Codes representing these services or procedures cannot be submitted together.

Separate Procedures: Although certain CPT codes are identified as "separate procedures," HCFA has determined that these codes may be occasionally provided as part of a more comprehensive procedure, and at those times, these codes with a designation of "separate procedure" should be submitted with their related and more comprehensive codes.

Standards of Medical Practice: Medicare considers all of the services necessary to accomplish a given procedure to be included in the description of that procedure as defined by CPT. Ancillary services necessary to accomplish the procedure are considered included, although independent CPT codes may exist for these ancillary services. Medicare considers billing for these independent CPT codes as unbundling, which is prohibited.

Sequential Procedures: There are several different instances addressed regarding sequential procedures:

- For those patient encounters where the provider finds it necessary to attempt several procedures in direct succession to accomplish the same end, submit only the procedure that is successfully accomplished. This policy generally applies to limited procedures that are unsuccessful, mandating a more comprehensive procedure.
- Procedures performed at the same session that are diagnostic in nature and establish the decision to perform the more comprehensive service may be separately submitted.

Other policies would include ıstances where CPT descriptors ould designate a "sex," where the escriptor may designate "with or ithout services," or where several rocedures of increasing complexity ere performed. Also, billing nesthesia services performed during ıe medical or surgical procedure and ıe billing for laboratory panels are npacted by this initiative.

lational modifier GB

ı new national modifier "GB" has een developed and can be used *ffective with claims received on or fter January 1, 1996*. Use this nodifier in those instances where it is ıecessary to indicate that a procedure ır service was distinct or separate rom other services performed on the ame day and should not be ebundled. Its use will prevent erroneous denials of claims under the ollowing scenarios: a different ession or patient encounter, different procedure or surgery, different ınatomical sites, and separate lesion or separate injury (or area of injury in extensive injuries).

Note: The GB modifier applies to comprehensive and component code combinations and to mutually exclusive code combinations. Further, the medical record must reflect that the modifier is being used appropriately to describe separate services.

Organized medicine activities/education

The Pennsylvania Medical Society, the AMA, more than 50 national medical specialty societies, and more than half of the Medicare Carrier Advisory Committee co-chairs have protested implementation of this initiative to HCFA. These groups are concerned about the technical process that was used to develop this series of edits, the lack of an opportunity for public comment, and the compressed time frame for implementation without any provider education. A six-month grace period has been requested.

The State Society offered, as part of its Medicare Physician Payment Update Seminars earlier this month, information on the correct coding edits. A representative from XACT Medicare participated at the seminars.

Medicare carriers have been instructed by HCFA not to publish the entire correct coding policy. If you would like a copy of the 2,200-page, two-volume policy manual, contact the National Technical Information Service in the federal Department of Commerce. The price for a paper copy (order number PB96-957699LMJ) is $189, and a diskette (order number PB96-500111LMJ) is available for $90. To order either, call (703) 487-4650. Updates to the base paper manual (order number PB96-957600LMJ) are also available.

HCFA has agreed to expeditiously fix or remove those code edits identified to them as conflicting. The administration promises a decision within two weeks of their receipt by AdminaStar. HCFA has requested that specialty societies or individuals who have questions regarding particular edits be as specific as possible when querying AdminaStar. Forward such concerns to: The Correct Coding Initiative, AdminaStar Federal, P.O. Box 50469, Indianapolis, IN 48250-0469; fax (317) 841-4691. A phone number has not been provided.

Direct further questions regarding the correct coding initiative to the State Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

The contributing author, Dennis L. Olmstead, is the Society's group director of medical economics.

HCFA, XACT MEDICARE CLARIFY PAYMENT POLICIES

The Health Care Financing Administration (HCFA) has clarified its Medicare policy regarding the payment of diagnostic x-rays when either ordered by or referred by a chiropractor.

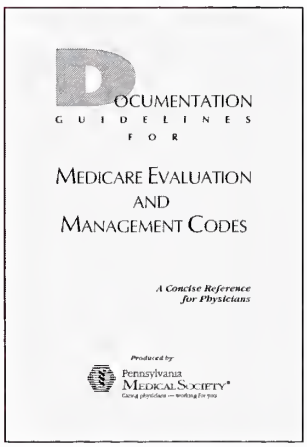
Existing Medicare policy is to deny as not covered any diagnostic x-rays or other diagnostic or therapeutic services ordered by chiropractors. Although the existing policy prohibits payment for the test if ordered by a chiropractor, if the test was ordered by a physician, but referred to the physician by the chiropractor, Medicare will pay for the x-ray. Item 17 of the HCFA 1500 claim form should reflect who ordered the x-ray (the physician), rather than who referred the x-ray (chiropractor).

The distinction between the referring and ordering physician is as follows:

Referring Physician:
A physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program.

Ordering Physician:
A physician who orders non-physician services for the patient such as diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, or durable medical equipment.

New from the Pennsylvania Medical Society



The Pennsylvania Medical Society has published a new 24-page booklet to help physicians, hospitals, and medical personnel learn the new CPT evaluation and management coding documentation guidelines. Included are general principles of documentation, categories of codes, definitions, reference tables, and tips.

Physician members of the Society may request one free copy of "Documentation Guidelines for Medicare Evaluation and Management Codes" by calling:

(800) 228-7823 or (717) 558-7750, extension 1486

Additional copies are available to members for $3 each.

The price for nonmembers and non-physicians is $5 per booklet.

NEW CME MONOGRAPHS NOW AVAILABLE

As part of its continuing effort to provide physicians with easily accessed, pharmacotherapeutic information, the Center for Professional Drug Education and Information has added six new CME monographs to its growing list of products. They cover these topics:

- Rational Therapy: Acid Peptic Disease
- Rational Therapy: Asthma
- Rational Therapy: Headache
- Rational Therapy: Otitis Media
- Rational Therapy: Pneumonia
- Rational Therapy: Sinusitis

These monographs provide two hours of CME credit* in Category 1 of the Physicians Recognition Award of the American Medical Association for each course reviewed. A total of 12 CME credits may be easily obtained from the Center and reviewed at a time convenient to you.

To request these and other materials, available at no charge, call the Center at (800) 228-7823. If you are calling after 5:00 p.m., you may leave a voice mail message on extension 1232, or fax your request to the Center at (717) 558-7848. Please be sure to include your name, specialty, address, phone number, and items desired.

** These credits are made available through the Center by the University of Massachusetts Medical School, which is accredited by the Accreditation Council for Continuing Medical Education (ACCME).*

PRESCRIBING FOR MINORITIES PROGRAM IN WESTERN PA

On March 6, 1996, Western Pennsylvania physicians will have the opportunity to hear the latest in pharmacotherapeutic information on prescribing for minority patients at the Westin William Penn, Pittsburgh. The program is available at no cost and includes the following topics:

- ethnic and racial differences in response to certain pharmaceuticals,
- appropriate prescribing for black and Hispanic patients, and
- strategies for meeting the non-compliance challenge: handling financial barriers and patient empowerment.

Response to this program in both Harrisburg and Philadelphia was excellent. To register, call the Center at (800) 228-7823.

"Better prescribing through education."
Professional DRUG EDUCATION & INFORMATION
Pennsylvania Medical Society

Q&A: DRUG EDUCATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPH, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What are the risks involved with polypharmacy (polymedicine) in the geriatric population?

A: According to the most recent GAO (General Accounting Office of the Department of Health and Human Services) report, inappropriate use of prescription drugs is a particularly acute problem for the elderly.[1] The geriatric population uses more prescription drugs than any other age group, predisposing them to an increased possibility of adverse drug reactions. The inappropriate usage of medications can take many forms:

1) drug-age contraindication,
2) drug-allergy contraindication,
3) drug-disease contraindication,
4) incorrect drug dosage,
5) incorrect duration of drug therapy, or
6) less effective drug therapy.

In some cases, a safer and effective alternative drug may exist. By increasing awareness of proper geriatric dosing for appropriate medications, these adverse effects can be limited.

Geriatrics are in the high-risk group for development of drug-drug interactions. Many elderly patients are on chronic, routine medications due to multiple disease states. Interactions can exist between drugs for several disease states or the same one. Common therapeutic classes to monitor for these interactions include: cardiovascular, gastrointestinal, anticonvulsant, antimicrobial, and analgesic medications.[2]

One example of a possible drug-drug interaction is that calcium channel blocking agents may increase digoxin levels, causing an additive negative chronotropic effect, or when given with beta-blockers may have a synergistic or additive antihypertensive effect.

On a different level, calcium channel blockers could interact with H_2-antagonists, causing an increase in the concentration of calcium channel blockers. The elderly's physiological changes contribute to their lack of ability to eliminate drugs from their systems because of decreased liver and renal function. They are also more sensitive to drugs and their effects.

The GAO report also cites 20 medications which are deemed inappropriate for use in the elderly. Some are long-acting agents (i.e., diazepam, chlordiazepoxide, flurazepam, chlorpropramide) in which shorter-acting agents (i.e., lorazepam, oxazepam, glipizide, tolazamide) may be a better choice. There are several other examples cited that may be helpful to one's practice.

To prevent adverse drug reactions, an increased awareness of geriatric clinical pharmacology for the physician and pharmacist would be helpful. Drug utilization review, improved patient counseling, and improved coordination of patient care are also key elements in this endeavor.

For a copy of the GAO report or any of the following references, please call the Center at (800) 228-7823.

References

1. U.S. Government Department of Health, Education, and Human Services. *GAO Report on Prescription Drugs and the Elderly.* July 24, 1995.
2. Patel KB, Kelpser ME, et al. *Drug Interactions in the Elderly: The*

Role of Polypharmacy. P&T 1994; April Supplement.

Additional sources

Colley CA, Lucas LM. Polypharmacy: the cure becomes the disease. *J Gen Int Med* 8:278-283, 1993.

Paradis J. Drugs considered inappropriate for the elderly. Pennsylvania Medical Society *Counter Details* Newsletter, Vol. 1, No. 2.

MEDICATION UPDATE

New indications

Biaxin® *(clarithromycin)*—Has been approved for the prevention of disseminated *Mycobacterium avium* complex in advanced HIV.

Cytovene® *(ganciclovir)*—Indicated as a preventative treatment for CMV retinitis in immunocompromised patients.

Roferon-A® *(interferon alfa-2a)*—Approved for use in chronic phase Philadelphia chromosome positive chronic myelogenous leukemia (CML) patients who are minimally pretreated.

Sporanox® *(itraconazole)*—Approved for the treatment of fungal nail disease due to *Tinea unguium* of the toenail.

New drugs

Androderm® *(testosterone)*—Transdermal system now available for men suffering from hypogonadism.

Coreg® *(carvediol)*—A multi-action cardiovascular agent with beta-blocking and vasodilating properties approved for the treatment of hypertension.

MORE DRUG-RELATED NEWS

HEALTH SECRETARY KICKS OFF IMMUNIZATION DRIVE

State Health Secretary Peter J. Jannetta in January launched Tot Trax, a special maternity services program aimed at increasing infant and toddler immunization rates.

Using trained community volunteers, hospitals, and local health department immunization staff, Tot Trax has the goal of teaching new parents the importance of immunizing their babies on time, every time, until the basic series of shots is complete by age two.

Dr. Jannetta said that over 50,000 infants and toddlers in Pennsylvania do not have the immunizations they need to protect them from disease. "We estimate that only 77 percent of our two-year-olds are completely immunized," he said. "We must do better, and we believe Tot Trax is the answer."

The program begins with an immunization educational visit to the new parents prior to discharge from the hospital. Information is provided on the shots infants will need during their first years of life. Parents are given a Tot Trax keepsake calendar and refrigerator magnet to help remember important "firsts" in the baby's life and to remind them of the immunization schedule.

To reinforce the message, a volunteer makes follow-up phone calls at three, five, and seven months. After seven months, follow-up is transferred to the state or county municipal health department immunization staff. Additional volunteers make reminder calls at 12, 16, and 19 months.

The program is being pilot-tested at two Western Pennsylvania hospitals, with plans to expand it statewide by late summer.

The Facts: Prevalence of Prescribing Errors

"Over 9,000 medication errors were voluntarily reported by 25 hospitals of the Premier Health Alliance, a cooperative of 280 hospitals and health systems. Of these, 42 percent were made by caregivers in prescribing drugs."

—*Medical Software Reviews*

Your Comments Are Welcome

The Society's Center for Professional Drug Education and Information welcomes your questions and comments about issues relating to prescribing, drug interactions, or specific pharmaceuticals. Use this form to fax your questions and/or comments.

QUESTIONS/COMMENTS

_____

_____

_____

_____

_____

_____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Fax to Barbara Layne at (717) 558-7848.
Or mail to the Center at P.O. Box 8820, Harrisburg, PA 17105-8820

Keystone Pushes Its Gastroenterologists into the Pool

The Health Care Group®

Keystone Health Plan, the HMO of Independence Blue Cross and Pennsylvania Blue Shield, has expanded its version of "The Philadelphia Experiment" from cardiology to gastroenterology.

Simply, Keystone has established a capitation pool for specialists. Monthly, participating groups will split a pool of funds and provide a global package of services—in this case, GI services.

Managed care plans across the country are no doubt following this development closely. Specialists of all types—not only in the greater Philadelphia area, but also across the state—are well advised to do the same. The entire point of the exercise for Keystone is to further control costs.

It was predictable that a managed care plan would eventually develop a program of this type, and it was predictable that cardiologists would be one of the first target groups and gastroenterologists the second. These are areas in which a typical HMO's expenses are high, and potential for savings are great.

Medical dominoes

The next group of specialists to be offered a pool arrangement may be orthopedists. If so, payments probably will be weighted based on the particular musculoskeletal area or system in which the orthopedist subspecializes, for example $X for a knee replacement package, $Y for a hip package, $Z for spinal surgery, and so on.

Ophthalmic, ob/gyn, neurology, urology, and possibly ENT practices also are probably high on the pool list, either because of the high potential for savings or for the ease with which an HMO can fit the offered services into a pool program.

Concept and issues

Naturally, for any group considering diving into this pool, there are issues to consider:

1) Is the capitation rate—expected to be about 70 cents per member per month, based on industry standards—correct? Obviously, this is a question any group considering participation should ask itself, based on internal cost analysis. Keystone will be closely monitoring the cap rate for months, to make any adjustments needed to induce enough GI groups to participate or to scrap the network. The latter is highly unlikely, as Keystone's cardiology network was successful enough for the plan to expand the idea from the heart to the GI tract.

2) Keystone is offering a flat payment for global non-surgical coverage. An interested group that lacks the hardware to perform the necessary diagnostic tests, such as sigmoidoscopy, must either pass the deal or subcontract for these services. If the latter, your primary hospital may give you a good rate, but shop around—primarily within your network of colleagues—for the best deal. Keystone obviously benefits from this aspect of the network because it needs only monitor the performance of participating groups, rather than get involved directly in the process.

3) Only groups are invited to join. Keystone is unlikely to accept contracting "partnerships" of solo practices that were formed so two or three solo GI specialists can participate. Existing groups are better able to bear risk and also to provide expanded services, which makes the idea easier to sell to payers.

Incentive to merge

Chances are excellent that Keystone will alter its group-size requirement with time, opting to favor ever-larger practices. The first increase will be to a minimum of three to four physicians, then perhaps eight or 10, and so on.

The practical implication is clear: This is just one more inducement for solo and small-group practitioners to join or form larger group practices. Of course, from the very outset, managed care has motivated physicians to merge, expand, or affiliate their practices to take advantage of contracting opportunities.

The pool

Keystone has established a pool of funds for global, primarily non-surgical GI services (but including some invasive procedures such as biopsies) and funds it with $1 per member per month, based on its enrollment figures for the coverage area, which, in essence, is the metropolitan Philadelphia area. It divides the pool among participating GI physician groups based on the number of episodes each covers. An episode is defined as all the non-surgical services the enrolled member needs for a period of 90 days, starting with initial presentation.

Consider this simple hypothetical exercise: The enrolled population is 140,000. The pool contains $100,000 for the month. If 285 enrollees have episodes this month, each participating group receives $350 per episode.

If, in this hypothetical example, your group handles 100 episodes, it receives $35,000. On simple cases, you make money. Profit is eaten up by complex cases. The net effect should be the same as fee for service. Keystone will case mix adjust for practices which get more than their share of complex cases.

What to do

Obviously, it behooves any GI group interested in joining this program to obtain all the enrollee demographics and utilization information possible, and weigh possible gains against possible losses before signing a contract. Simply, you must manage your managed care contracting risk as wisely as possible. You also may wish to consider your motives and the

onsequences of your actions relative to your GI colleagues.

Also pay close attention to feedback from your referring primary care physicians; keeping them happy will insure your patient flow and may well influence your case mix in terms of easy or difficult cases. Pay attention to primary care practice patient demographics in terms of average age and degree of alcohol abuse.

Of course, if a primary care or multispecialty group suggests merger to you, seriously consider the offer. Know how many primary care physicians are necessary to support one GI specialist, especially if you are going to be accepting patients only from within the group.

If you are a physician in a specialty other than cardiology or gastroenterology, take a lesson. The Keystone deal is actually fairer than many others. The plan will be adjusting for case mix and will share hospital savings. Such arrangements align HMO and physician incentives. Whatever your view about managed care, you will have to work with it, and the Keystone model seems a reasonable starting point.

The contributing author, Patrick M. Bernet, MBA, MS, is a consultant with The Health Care Group® and Health Care Law Associates, PC, based in Plymouth Meeting.

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··· READERS' FAX-BACK SURVEY ···

Interact with your State Society
Fax your opinions to: (717) 558-7840
Members only please.

Q: How has capitation changed your medical practice?

_____

_____

_____

_____

_____

_____

This survey is part of your State Society's efforts to constantly evaluate the content of its publications, communications, and resource materials. We thank you for your comments.

Q: What practice management issues are you most interested in learning more about? (Please number your top five choices)

- ☐ Investments
- ☐ Finances
- ☐ Formation of physician networks
- ☐ Office procedures
- ☐ Computerization
- ☐ Personnel policies
- ☐ Referral regulations
- ☐ OSHA regulations
- ☐ Americans with Disabilities Act
- ☐ Other government regulations (Specific comments:_____)
- ☐ Risk management
- ☐ Promoting your practice
- ☐ Advice on HMO contracts
- ☐ Medicare/Medicaid coding, procedures
- ☐ Communicating with patients
- ☐ Planning for your retirement
- ☐ Getting started in practice
- ☐ Other _____

NAME (OPTIONAL)_____

City_____ Specialty:_____

Phone Number _____ Fax Number _____

Doctors Overrun by the Insurers

Robert B. Sklaroff, MD

Reprinted with permission from the Philadelphia Inquirer, *November 13, 1995, Commentary page.*

One afternoon last month, I was called by two entrepreneurs. One was a doctor representing a publicly traded chain of cancer centers. He wanted to buy out "only" 25 percent of my practice, but he would do my billing and make key business-management decisions.

Another was someone who requested, merely, that I answer a two-minute telephone survey: In return, he would give me a summary of what everyone else told him. I said I'm a middle-aged cancer specialist working primarily in Northeast Philadelphia. He then blatantly popped the question: Would I like to retire? It was a disguised come-on to detect if I wanted to sell my practice.

While I resisted, doctors are actually selling and becoming employees of large medical corporations seeking to develop integrated medical-delivery networks.

The age of corporate medicine has arrived, and it threatens the traditional patient-physician relationship. The new medical capitalists—insurers, medical centers, and even other physicians—want to control patient referrals for drugs, equipment, and hospitalization.

Only a few years ago, physicians were accused of performing too many tests. Now "cost effectiveness" is all the rage, but at what price? Is managed care the best answer?

In health maintenance organizations operated by insurance companies, "gatekeeper" physicians are pressured not to run tests, advised to limit consultations, constrained to certain radiology units, steered to admit patients to particular hospitals under the care of designated physicians, and, all the while, told to suppress awareness of medicine's exploding complexity.

But herding patients to the lowest bidder doesn't assure competent care.

When a few corporations can carve up a city and its environs, as former Governor Robert P. Casey proposed in the Medicaid program, HealthChoices, or when a single company dominates a rural region, the price and quality of care recede into irrelevancy. Access to care becomes moot. Insurers rule.

For example, patients may be compelled to go to the same hospital for both heart surgery and cancer chemotherapy, even if they would prefer to go to a different hospital to receive one or the other specialized treatment. Thus, patients can become locked into a single conglomerate's set of providers; no insurer should be permitted to monopolize any group of patients.

Blue Cross of Western Pennsylvania, to cite one case, provides year-end bonuses to physicians who admit their patients to six selected hospitals.

Patients, often weakened by illness, have traditionally used doctors they know personally to guide them through a medical system that often seems impersonal and to act as their advocate. But now, increasingly, they are confronted with an anonymous voice at the end of a 1-800 telephone call. No wonder patients feel manipulated and lost in a bureaucratic maze.

Patients who want to choose their doctor shouldn't have to ask permission—or to pay a penalty—if they see someone who places their interests ahead of the insurer's rules, both medical and fiscal.

It's vital that our care-delivery system stay focused upon individuals, remaining flexible enough to allow customers to be "disloyal" to particular provider groups. That's why consumers must retain the latitude to choose personal physicians. This is particularly vital in undeserved regions (both rural and urban) and in fields of shrinking supply of particular specialties.

Insurers shouldn't be your doctor's taskmaster. The insurer (the primary risk-taker) and the physician (the primary care provider) must operate at arm's length, separated by a contract. Patients wouldn't be forced to "take the bad with the good" if they could select among many insurers and doctors.

Federal "safe-harbor" regulations bar physicians from both owning and referring patients to such entities as magnetic resonance imaging (MRI) scanners. But there's no operational difference between this self-referral and that ordered by a physician to a laboratory when both are owned by a single company, as is now the case with HMOs.

All self-dealing should be prohibited.

Insurers must not be allowed to own doctors' practices.

Time is short. Once Medicare and Medicaid are controlled solely by the insurer—and once a physician can no longer serve as a confidant—the patient's power to demand quality care will have been sold off too, forever. ⬡

Dr. Sklaroff, an oncologist, is president of the John F. Kennedy Memorial Hospital medical staff, Philadelphia.

For your patients with no patience

Tablets and Oral Suspension

CEFZIL®

(C E F P R O Z I L)

Fights Infections* Fast!

*Mild to moderate pediatric respiratory tract infections.

Please see brief summary of Prescribing Information on the following page.

Tablets and Oral Suspension

CEFZIL®

CEFPROZIL

Fights Infections Fast!

- Oral suspension has great-tasting, bubblegum flavor
- Well tolerated in pediatric patients[1]
- Broad-spectrum *in vitro** activity for greater therapeutic assurance
- BID dosing schedule

*Although a useful guide, *in vitro* activity does not necessarily correlate with clinical response.

Reference: 1. Wilber RB, Doyle CA, Durham SJ, et al. Safety profile of cefprozil. *Clin Infect Dis.* 1992;14(suppl 2):264-271.

BRIEF SUMMARY
The following is a brief summary. Please consult complete Prescribing Information.

INDICATIONS AND USAGE
CEFZIL® (cefprozil) is indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of the designated microorganisms in the conditions listed below:

UPPER RESPIRATORY TRACT
Pharyngitis/Tonsillitis caused by *Streptococcus pyogenes*.
NOTE: The usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever, is penicillin given by the intramuscular route. Cefprozil is generally effective in the eradication of *Streptococcus pyogenes* from the nasopharynx; however, substantial data establishing the efficacy of cefprozil in the subsequent prevention of rheumatic fever are not available at present.
Otitis Media caused by *Streptococcus pneumoniae, Haemophilus influenzae*, and *Moraxella (Branhamella) catarrhalis*. (See CLINICAL STUDIES section.)
NOTE: In the treatment of otitis media due to beta-lactamase producing organisms, cefprozil had bacteriologic eradication rates somewhat lower than those observed with a product containing a specific beta-lactamase inhibitor. In considering the use of cefprozil, lower overall eradication rates should be balanced against the susceptibility patterns of the common microbes in a given geographic area and the increased potential for toxicity with products containing beta-lactamase inhibitors.

LOWER RESPIRATORY TRACT
Secondary Bacterial Infection of Acute Bronchitis and Acute Bacterial Exacerbation of Chronic Bronchitis caused by *Streptococcus pneumoniae, Haemophilus influenzae* (beta-lactamase positive and negative strains), and *Moraxella (Branhamella) catarrhalis*.

SKIN AND SKIN STRUCTURE
Uncomplicated Skin and Skin-Structure Infections caused by *Staphylococcus aureus* (including penicillinase-producing strains) and *Streptococcus pyogenes*. Abscesses usually require surgical drainage.
Culture and susceptibility testing should be performed when appropriate to determine susceptibility of the causative organism to cefprozil.

CONTRAINDICATIONS
CEFZIL is contraindicated in patients with known allergy to the cephalosporin class of antibiotics.

WARNINGS
BEFORE THERAPY WITH CEFZIL IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEFZIL, CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. IF THIS PRODUCT IS TO BE GIVEN TO PENICILLIN-SENSITIVE PATIENTS, CAUTION SHOULD BE EXERCISED BECAUSE CROSS-SENSITIVITY AMONG BETA-LACTAM ANTIBIOTICS HAS BEEN CLEARLY DOCUMENTED AND MAY OCCUR IN UP TO 10% OF PATIENTS WITH A HISTORY OF PENICILLIN ALLERGY. IF AN ALLERGIC REACTION TO CEFZIL OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE TREATMENT WITH EPINEPHRINE AND OTHER EMERGENCY MEASURES, INCLUDING OXYGEN, INTRAVENOUS FLUIDS, INTRAVENOUS ANTIHISTAMINES, CORTICOSTEROIDS, PRESSOR AMINES, AND AIRWAY MANAGEMENT, AS CLINICALLY INDICATED.
Pseudomembranous colitis has been reported with nearly all antibacterial agents, and may range from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.
Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis."
After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug effective against *Clostridium difficile*.

PRECAUTIONS
General
Evaluation of renal status before and during therapy is recommended, especially in seriously ill patients. In patients with known or suspected renal impairment (see DOSAGE AND ADMINISTRATION), careful clinical observation and appropriate laboratory studies should be done prior to and during therapy. The total daily dose of CEFZIL® (cefprozil) should be reduced in these patients because high and/or prolonged plasma antibiotic concentrations can occur in such individuals from usual doses. Cephalosporins, including CEFZIL, should be given with caution to patients receiving concurrent treatment with potent diuretics since these agents are suspected of adversely affecting renal function.
Prolonged use of CEFZIL may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.
Cefprozil should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
Positive direct Coombs' tests have been reported during treatment with cephalosporin antibiotics.

Information for Patients
Phenylketonurics: CEFZIL for oral suspension contains phenylalanine 28 mg per 5 mL (1 teaspoonful) constituted suspension for both the 125 mg/5 mL and 250 mg/5 mL dosage forms.

Drug Interactions
Nephrotoxicity has been reported following concomitant administration of aminoglycoside antibiotics and cephalosporin antibiotics. Concomitant administration of probenecid doubled the AUC for cefprozil.

Drug/Laboratory Test Interactions
Cephalosporin antibiotics may produce a false-positive reaction for glucose in the urine with copper reduction tests (Benedict's or Fehling's solution or with Clinitest®[1] tablets), but not with enzyme-based tests for glycosuria (e.g., Tes-Tape®[2]). A false-negative reaction may occur in the ferricyanide test for blood glucose. The presence of cefprozil in the blood does not interfere with the assay of plasma or urine creatinine by the alkaline picrate method.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
No mutagenic potential of cefprozil was found in appropriate prokaryotic or eukaryotic cells *in vitro* or *in vivo*. No *in vivo* long-term studies have been performed to evaluate carcinogenic potential.
Reproductive studies revealed no impairment of fertility in animals.

Pregnancy: Teratogenic Effects. Pregnancy Category B
Reproduction studies have been performed in mice, rats, and rabbits at doses 14, 7, and 0.7 times the maximum daily human dose (1000 mg) based upon mg/m^2, and have revealed no evidence of harm to the fetus due to cefprozil. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery
Cefprozil has not been studied for use during labor and delivery. Treatment should only be given if clearly needed.

Nursing Mothers
It is not known whether cefprozil is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when CEFZIL is administered to a nursing mother.

Pediatric Use
Safety and effectiveness in pediatric patients below the age of 6 months have not been established. However, accumulation of other cephalosporin antibiotics in newborn infants (resulting from prolonged drug half-life in this age group) has been reported.

Geriatric Use
Healthy geriatric volunteers (≥ 65 years old) who received a single 1 g dose of cefprozil had 35%-60% higher AUC and 40% lower renal clearance values when compared to healthy adult volunteers 20-40 years of age. In clinical studies, when geriatric patients received the usual recommended adult doses, clinical efficacy and safety were acceptable and comparable to results in non-geriatric adult patients.

ADVERSE REACTIONS
The adverse reactions to cefprozil are similar to those observed with other orally administered cephalosporins. Cefprozil was usually well tolerated in controlled clinical trials. Approximately 2% of patients discontinued cefprozil therapy due to adverse events.
The most common adverse effects observed in patients treated with cefprozil are:
Gastrointestinal — Diarrhea (2.9%), nausea (3.5%), vomiting (1%), and abdominal pain (1%).
Hepatobiliary — Elevations of AST (SGOT) (2%), ALT (SGPT) (2%), alkaline phosphatase (0.2%), and bilirubin values (< 0.1%). As with some penicillins and some other cephalosporin antibiotics, cholestatic jaundice has been reported rarely.
Hypersensitivity — Rash (0.9%), urticaria (0.1%). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy.
CNS — Dizziness (1%). Hyperactivity, headache, nervousness, insomnia, confusion, and somnolence have been reported rarely (< 1%). All were reversible.
Hematopoietic — Decreased leukocyte count (0.2%), eosinophilia (2.3%).
Renal — Elevated BUN (0.1%), serum creatinine (0.1%).
Other — Diaper rash and superinfection (1.5%), genital pruritus and vaginitis (1.6%).
The following adverse events, regardless of established causal relationship to CEFZIL, have been rarely reported during post-marketing surveillance: anaphylaxis, colitis (including pseudomembranous colitis), erythema multiforme, fever, serum-sickness like reactions, Stevens-Johnson Syndrome and thrombocytopenia.

Cephalosporin-class paragraph
In addition to the adverse reactions listed above which have been observed in patients treated with cefprozil, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibiotics:
Aplastic anemia, hemolytic anemia, hemorrhage, renal dysfunction, toxic epidermal necrolysis, toxic nephropathy, prolonged prothrombin time, positive Coombs' test, elevated LDH, pancytopenia, neutropenia, agranulocytosis.
Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment, when the dosage was not reduced. (See DOSAGE AND ADMINISTRATION and OVERDOSAGE.) If seizures associated with drug therapy occur, the drug should be discontinued. Anticonvulsant therapy can be given if clinically indicated.

OVERDOSAGE
Cefprozil is eliminated primarily by the kidneys. In case of severe overdosage, especially in patients with compromised renal function, hemodialysis will aid in the removal of cefprozil from the body.

CLINICAL STUDIES
Study One:
In a controlled clinical study of **acute otitis media** performed in the United States where significant rates of beta-lactamase producing organisms were found, cefprozil was compared to an oral antimicrobial agent that contained a specific beta-lactamase inhibitor. In this study, using very strict evaluability criteria and microbiologic and clinical response criteria at the 10-16 days post-therapy follow-up, the following presumptive bacterial eradication/clinical cure outcomes (*i.e.*, clinical success) and safety results were obtained:

U.S. Acute Otitis Media Study
Cefprozil vs. beta-lactamase inhibitor-containing control drug

Efficacy: Pathogen	% of Cases with Pathogen	Outcome
	(n = 155)	
S. pneumoniae	48.4%	cefprozil success rate 5% better than control
H. influenzae	35.5%	cefprozil success rate 17% less than control
M. catarrhalis	13.5%	cefprozil success rate 12% less than control
S. pyogenes	2.6%	cefprozil equivalent to control
Overall	100.0%	cefprozil success rate 5% less than control

Safety:
The incidence of adverse events, primarily diarrhea and rash,* were clinically and statistically significantly higher in the control arm versus the cefprozil arm.

Age Group	Cefprozil	Control
6 months – 2 years	21%	41%
3 – 12 years	10%	19%

* The majority of these involved the diaper area in young children.

Study Two:
In a controlled clinical study of **acute otitis media** performed in Europe, cefprozil was compared to an oral antimicrobial agent that contained a specific beta-lactamase inhibitor. As expected in a European population, this study had a lower incidence of beta-lactamase-producing organisms than usually seen in U.S. trials. In this study, using very strict evaluability criteria and microbiologic and clinical response criteria at the 10-16 days post-therapy follow-up, the following presumptive bacterial eradication/clinical cure outcomes (i.e., clinical success) were obtained:

European Acute Otitis Media Study
Cefprozil vs. beta-lactamase inhibitor-containing control drug

Efficacy: Pathogen	% of Cases with Pathogen	Outcome
	(n = 47)	
S. pneumoniae	51.0%	cefprozil equivalent to control
H. influenzae	29.8%	cefprozil equivalent to control
M. catarrhalis	6.4%	cefprozil equivalent to control
S. pyogenes	12.8%	cefprozil equivalent to control
Overall	100.0%	cefprozil equivalent to control

Safety:
The incidence of adverse events in the cefprozil arm was comparable to the incidence of adverse events in the control arm (agent that contained a specific beta-lactamase inhibitor).

REFERENCES
1. Clinitest® is a registered trademark of Miles Laboratories, Inc.
2. Tes-Tape® is a registered trademark of Eli Lilly and Company.

Revised June 1995
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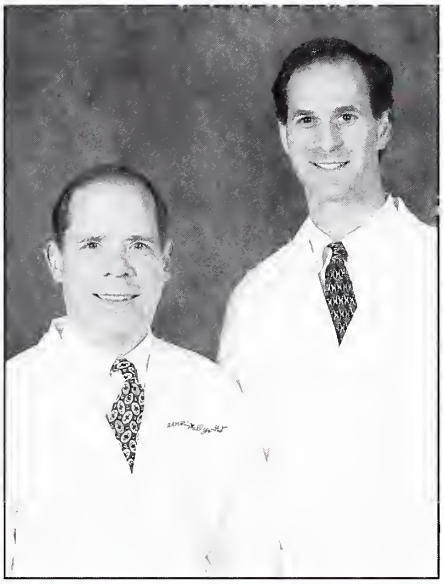

St. Christopher's Hospital for Children and Medical College of Pennsylvania and Hahnemann University School of Medicine are pleased to announce the appointment of two pediatric gastroenterologists: **Kevin J. Kelly, MD**, and **Jeffrey Rosensweig, MD** (pictured left to right). Dr. Kelly joins us from the Johns Hopkins University School of Medicine as the director of the Division of Gastroenterology and Nutrition of the Department of Pediatrics at Medical College of Pennsylvania and Hahnemann University School of Medicine.
Dr. Kelly has clinical research interests in gut immunology, gastrointestinal manifestations of food allergy and gastroesophageal reflux. Dr. Rosensweig, who completed a fellowship in pediatric gastroenterology and nutrition at the Johns Hopkins Hospital, has special interests in feeding and swallowing disorders, food allergies, inflammatory bowel disease and cystic fibrosis.

For appointments with Dr. Kelly or Dr. Rosensweig
at St. Christopher's Hospital for Children, call

(215) 427-6778

For more information about the Division of Pediatric
Gastroenterology and Nutrition or other programs at
St. Christopher's Hospital for Children, call

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(1-800-776-4325)

KePRO Aims at Stroke Prevention

Donald E. Harrop, MD

One of the things I find so interesting about the new PRO direction, the Health Care Quality Improvement Program (HCQIP), is that one successful project can often open the door to another project.

For example, a few months ago, the Keystone Peer Review Organization (KePRO) completed a cooperative project which was a study of the use of warfarin for atrial fibrillation patients. We found that there was a great disparity among hospitals in the percentage of eligible patients who received anticoagulation therapy. The Arkansas PRO had done a similar study and found that only 50 percent of eligible patients received this therapy.

The study was discussed in a subsequent meeting with DuPont Pharma, and DuPont offered assistance in doing a stroke prevention project. The Health Care Financing Administration (HCFA) also became interested and granted PROs permission to conduct such projects since DuPont Pharma was the only drug company with such an anticoagulant product.

KePRO then hosted a meeting, held in mid-December and attended by a wide variety of health care personnel, including representatives of the American Heart Association, the Pennsylvania Department of Aging, and the Pennsylvania Nurses Association. Everyone present seemed to have a very positive attitude about the prospects of Pennsylvania conducting the first statewide stroke-prevention project.

The project will be two-pronged. It will be aimed at increasing physician awareness and use of warfarin for patients with atrial fibrillation, and will be followed by a campaign to screen for stroke risk, make at-risk patients and their families aware of warfarin use and its benefits, and encourage them to discuss the findings with thei physicians.

Although everyone at the meetin agreed that most physicians keep up t date with publications such as the *Ne England Journal of Medicine,* a number c theories were proposed as to why physi cians do not always prescribe warfarin fo eligible atrial fibrillation patients. Some fel that there may be fear of drug/drug inte actions when a patient is taking multipl prescriptions. Another theory was tha when atrial fibrillation is the last on a list c multiple problems, it is given a low-priori ty diagnosis. Other theories included th "hassle factor" (the need for follow-up an patient education), patient preference and physician belief an fear in the potential fo doing harm.

> ***"...there was a great disparity among hospitals in the percentage of eligible patients who received anticoagulation therapy."***

Providing further edu cation on the use of wa farin to the physicia community was also dis cussed at length. Sub committees were forme to look into satellite con ferencing, video cas settes, audio conference educational literatur and other possible meth ods.

Continuing medica education credits wil also be available as an in centive for physicians t participate in this cam paign. Physician educa tion programs, target to occur during early 1996, will be adve tised in the near future. KePRO and th Stroke Prevention Task Force will prepar the strategy for public screening during th month of May, which is Stroke Preventio Month.

When the HCQIP was first announce by HCFA, I was quite sure it would be successful program for improving som aspects of the quality of medical care. Th further we go with HCQIP and see the la itude HCFA has allowed with some coop erative projects, the more I am amazed a its potential in a wide range of areas.

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.

OBITUARIES

:. Thomas Balsbaugh, MD, *Harrisburg*
efferson Medical College of Thomas efferson University, 1967; age 54, died Iovember 1995. Dr. Balsbaugh was a adiologist.•

Betty Karron, MD, *Allentown*
Iew York Medical College, 1954; age 65, ied November 22, 1995. Dr. Karron pecialized in child psychiatry.•

Ronald E. Cohn, MD, *Churchville*
efferson Medical College of Thomas efferson University, 1959; age 62, died December 4, 1995. Dr. Cohn was an nternist.•

Meyer Naide, MD, *Philadelphia*
Jniversity of Pennsylvania School of Medicine, 1932; age 88, died December 2, 1995. Dr. Naide specialized in cardiovascular diseases.•

Walter S. Nettrour, MD, *Allison Park*
Jniversity of Pittsburgh School of Medicine, 1991; age 30, died November 7, 1995. Dr. Nettrour was an orthopedic surgeon.•

Vassar Y. Moss, MD, *Wilkinsburg*
Jniversity of Pittsburgh School of Medicine, 1941; age 77, died December 13, 1995. Dr. Moss was an obstetrician/gynecologist.•

Max Rossman, MD, *Clearwater, FL*
Hahnemann University School of Medicine, 1927; age 92, died October 25, 1995. Dr. Rossman specialized in child psychiatry.•

Leonard M. Tanner, MD, *Lebanon*
Jefferson Medical College of Thomas Jefferson University, 1949; age 70, died December 5, 1995. Dr. Tanner was a pathologist.•

Ray F. Beers, MD, *Rockford, IL*
Jefferson Medical College of Thomas Jefferson University, 1949; age 72, died November 2, 1995. Dr. Beers was an internist and allergist.

Joseph Calder Sr., DO, *Newtown Square*
Philadelphia College of Osteopathic Medicine, 1942; age 86, died November 17, 1995. Dr. Calder specialized in family medicine.

Richard M. Cribbs, MD, *Ligonier*
University of Juarey, Mexico, 1978; age 63, died October 2, 1995. Dr. Cribbs was an internist.

Theodore F. Hawkins, MD, *Philadelphia*
Meharry Medical College School of Medicine, Tennessee; age 87, died October 12, 1995. Dr. Hawkins was an obstetrician/gynecologist.

John C. Henthorne, MD, *Bridgeport, WV*
University of Pittsburgh School of Medicine, 1931; age 87, died November 17, 1995. Dr. Henthorne was a pathologist.

Elizabeth C. Hoover, MD, *Mt. Lebanon*
University of Pittsburgh School of Medicine, 1933; age 85, died November 24, 1995. Dr. Hoover was an obstetrician/gynecologist.

N. Michael Kudelko, MD, *Carson City, NV*
Temple University School of Medicine, 1952; age 75, died November 21, 1995. Dr. Kudelko was an allergist.

Nicholas Y. Lim, MD, *Lansdale*
Far Eastern University, Philippines, 1959; age 61, died October 18, 1995. Dr. Lim was an endocrinologist.

Lawrence E. Melter, MD, *Philadelphia*
University of Louisville School of Medicine, Kentucky, 1953; age 73, died November 3, 1995. Dr. Melter was a cardiologist.

Forrest Moyer, MD, *New Tripoli*
Temple University School of Medicine, 1940; age 79, died December 2, 1995. Dr. Moyer was a pediatrician.

Charles R. Nader, MD, *New Kensington*
Saint Louis University Health Sciences Center, Missouri, 1931; age 89, died October 16, 1995. Dr. Nader was a general practitioner.

John W. Pratt, MD, *Ocala, FL*
Hahnemann University School of Medicine, 1937; age 83, died October 10, 1995. Dr. Pratt was a general surgeon.

J. Ross Schmidt, MD, *Atlantis, FL*
Temple University School of Medicine; age 83, died November 15, 1995. Dr. Schmidt was a pathologist.

Joseph A. Smith, MD, *Plymouth Meeting*
Jefferson Medical College of Thomas Jefferson University, 1936; age 86, died October 17, 1995. Dr. Smith was an internist.

Anna J. So, MD, *Lima*
Imperial Women's Medical College of Tokyo, Japan; age 90, died October 5, 1995. Dr. So was an obstetrician/gynecologist.

Warren W. Williams, DO, *Philipsburg*
Philadelphia College of Osteopathic Medicine, 1947; age 85, died October 15, 1995. Dr. Williams was a general practitioner.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased.

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Mark your calendar for

THE FOURTH ANNUAL ONCOLOGY SEMINAR: ADVANCES IN CURRENT THERAPY

Thursday, March 21, 1996
Shadyside Hospital, Pittsburgh, PA

Dennis J. Meisner, M.D.
Course Director

PRESENTERS AND TOPICS INCLUDE:

- Jospeh Sporano, M.D., Albert Einstein Cancer Center
  Role of Epstein-Barr Virus and Herpes Simplex Virus in HIV Related Lymphomas
- Zora Kramer Brown, Cancer Awareness Program Services
  Women's & Minorities' Issues in Clinical Cancer Trials
- Mary Schwarz McCabe, R.N., B.S., National Cancer Institute
  Cancer Clinical Trials in the Era of Managed Care
- Anthony Zietman, M.D., Harvard Medical School
  Radiation Therapy in Prostate Cancer Treatment
- Eric A. Klein, M.D., Cleveland Clinic Foundation
  Surgical Management of Prostate Cancer
- Barbara Weber, M.D., University of Pennsylvania Medical Center
  Breast Cancer Genetics
- Dennis Slamon, M.D., Ph.D., University of California at Los Angeles
  Clinical Update on HER-2 Oncogene and Breast Cancer

Shadyside Hospital is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

An application has been submitted to the Oncology Nursing Society for contact hours of continuing education for R.N.s attending the Shadyside Hospital Fourth Annual Oncology Seminar: Advances in Current Therapy. The Oncology Nursing Society is accredited as an approver of continuing education by the American Nurses Credentialing Center's Commission on Accreditation

Shadyside Hospital designates this continuing medical educaiton activity for 6.5 credit hours in Category I of the Physician's Recognition Award of the American Medical Association.

For registration information, please contact the Department of Continuing Medical Education at (412) 623-2715, or Fax 623-3010.

COUNTY NEWS

DR. HARRIS INSTALLED AS NEW ACMS PRESIDENT

Richard N. Harris, MD, Squirrel Hill, last month succeeded Nancy Nieland-Fisher, MD, as president of the Allegheny County Medical Society (ACMS).

As the county's 131st president, Dr. Harris says his focus will be two-fold:

1) to develop programs to help physicians evaluate and understand the local managed care and indemnity environment, and

2) to develop dialogues with health care providers and the business community to ensure continued patient choice and quality care.

A native of Ohio, Dr. Harris completed his undergraduate work at Washington and Jefferson College in Washington, Pennsylvania. He received his medical degree from the University of Pittsburgh School of Medicine, and continued his training as an intern and resident at the hospitals of the University of Pittsburgh Medical Center.

Now a board-certified internist, he practices internal medicine and geriatrics, and serves on the medical staffs of the University of Pittsburgh Medical Center, St. Francis Medical Center, and Shadyside Hospital.

Dr. Harris, who joined ACMS in 1976, was elected to the county's board of directors in 1991. He continues to chair a number of county activities, including ACMS's Delegation to the Pennsylvania Medical Society. He will serve a one-year term as county president.

SPECIALTY SOCIETY NEWS

SHOULDER IS FOCUS OF SPRING MEETING

The Pennsylvania Orthopaedic Society will focus on the shoulder at its 1996 Spring Scientific Meeting, to be held April 17-20, 1996, at Turnberry Isle Resort and Club, Aventura, Florida.

Session topics scheduled are: Fractures of the Proximal Humerus, Glenohumeral Arthritis and Frozen Shoulder, Instability, and Rotator Cuff Problems. Confirmed speakers include:

- David W. Altchek, MD, of the Hospital for Special Surgery, New York, New York;
- Evan Flatow, MD, of the New York Orthopedic Hospital, New York, New York;
- Richard Hawkins, MD, of the University of Colorado, Vail, Colorado;
- Robin R. Richards, MD, of St. Michael's Hospital, Toronto, Ontario, Canada; and
- Charles Rockwood Jr., MD, of the University of Texas, San Antonio, Texas.

The meeting offers 10.5 CME Category 1 credit hours. For registration information, call (800) 228-7823 or (717) 558-7750, extension 1482.

REVIEW COURSE OFFERED ON MEDICAL GENETICS

The 1996 Review Course in Medical Genetics and Genetic Counseling, cosponsored by the University of Pittsburgh and the National Society of Genetic Counselors (NSGC), will be held May 3-5, 1996, in Pittsburgh.

The course features lectures, pretests, test review, problem workshops, and a large syllabus, with faculty from the University of Pittsburgh, as well as other nationally prominent medical geneticists and genetic counselors.

For further information, contact NSGC at (610) 872-7608 or via e-mail at *beansgc@aol.com*, or the University of Pittsburgh's Department of Human Genetics at (412) 624-9951 or via e-mail at *BGETTIG@helix.hgen.pitt.edu*.

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NEWSMAKERS

Charles J. Bannon, MD, chairman of surgery, Mercy Hospital, Scranton, and president, Eastern Pennsylvania Chapter of the American College of Surgeons, was elected chairman of the Pennsylvania Board of Medicine. Dr. Bannon replaces Victor F. Greco, MD, whose term expired in July 1995.

Dr. Murcek

Martin A. Murcek, MD, past president of the Pennsylvania Medical Society, was appointed to the board of the Society's Educational and Scientific Trust. Dr. Murcek replaces David W. Clare, MD, Allegheny County, who retired from the Trust board after seven years of service.

Geisinger Medical Center, Danville, has named **Chris W. Fellin, MD,** director, Department of General Internal Medicine.

George H. Gleeson, MD, medical director of ambulatory services, St. Francis Medical Center, Pittsburgh, was elected president, Western Pennsylvania/West Virginia Geriatric Society.

Dr. Dreifus

Leonard Dreifus, MD, professor of medicine, Medical College of Pennsylvania and Hahnemann University, and director of the Heart Station, Hahnemann University Hospital, Philadelphia, has received the 1995 Distinguished Achievement Award in Medicine at the Likoff Cardiovascular Institute of Hahnemann's "Spotlight on the Stars."

Penn State's Milton S. Hershey Medical Center, Hershey, has appointed **Bruce H. Hamory, MD,** executive director of University Hospitals and chief operating officer of the medical center. Also, **Thomas J. Rohner Jr., MD,** professor of surgery and chief of urology, was appointed associate dean for clinical affairs.

Kenneth Casey, MD, was appointed assistant professor of neurosurgery, Medical College of Pennsylvania and Hahnemann University, Philadelphia.

Ronald B. Herberman, MD, director, University of Pittsburgh Cancer Institute, received the Vectors/Pittsburgh award for man of the year in science and medicine. Vectors/Pittsburgh is a volunteer organization of approximately 150 young professionals representing all aspects of Pittsburgh.

Barry J. Goldstein, MD, associate professor of medicine and pharmacology, Thomas Jefferson University, Philadelphia, will serve a four-year term as a member of the Metabolism Study Section, Division of Research Grants, United States Public Health Service.

Dr. Maus

Marlon Maus, MD, assistant surgeon, Wills Eye Hospital Oculoplastic Service, Philadelphia, was elected a fellow of the American College of Surgeons.

Shelden Wical, second-year student, Lake Erie College of Osteopathic Medicine, has recieved the 1995 Student DO of the Year Award.

Pennsylvania Hospital, Philadelphia, has named **Anne E. de Papp, MD,** chief of the Section on Endocrinology.

Medical College of Pennsylvania and Hahnemann University, Philadelphia, has appointed **Gilbert Lafontant, MD,** chief of the Section of Physiatry.

Chestnut Hill HealthCare, Philadelphia, has appointed **Mary Rodgers McGinley, MD,** chief of internal medicine.

Reasons You Shouldn't Miss...

IN THE '90s MEDICINE A FAMILY AFFAIR

The 1996 Pennsylvania Medical Society Leadership Conference

April 19-21

1. **Modest cost...only $75.** Other three-day conferences cost three to five times more.

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Alumni Hall, 2nd Floor, New College Building, Hahnemann University, 15th & Vine Streets (15th Street Entrance), Philadelphia

For more information, contact the Office of Continuing Education at 215-762-8263.

FEBRUARY 1996

February 7th
Salt Retention and Diuretic Resistance in Congestive Heart Failure
Wadi Suki, M.D.
Professor of Medicine and Molecular Physiology and Biophysics
Baylor College of Medicine
Chief, Renal Section, Methodist Hospital
Houston, TX

February 14th
Aspirin and Warfarin Therapy
Alexander Graham Turpie, M.D.
Professor of Medicine
McMaster University, Hamilton General Hospital
Hamilton, Ontario, Canada

Abnormalities of Thrombosis in Cardiovascular Disease
Barry S. Coller, M.D.
Murray M. Rosenberg Professor of Medicine
Mount Sinai School of Medicine
Chair, Department of Medicine
Mount Sinai Hospital
New York, NY

February 21st
Advances in Magnetic Resonance Imaging for the Internist
Robert MacMillan, M.D.
Professor of Medicine
Associate Professor of Radiology
Medical College of Pennsylvania and Hahnemann University
Director, Cardiac MRI
Division of Cardiovascular Diseases
Hahnemann University Hospital

Paula Touliopoulos, M.D.
Assistant Professor of Radiology
Medical College of Pennsylvania and Hahnemann University
Department of Radiology
Hahnemann University Hospital

February 28th
Pathogenesis and Treatment of Reflux Esophagitis
Roy C. Orlando, M.D.
Professor of Medicine and Physiology
Tulane University School of Medicine
Chief, Section of Gastroenterology and Hepatology
Tulane University Medical Center
New Orleans, LA

MARCH 1996

March 6th
Clinical Pathologic Conference
Dina Capalongo, D.O.
Michael Downing, M.D.
Lawrence McDermott, M.D.
Lisa Scheib, M.D.
Chief Residents, Hahnemann University Hospital

March 13th
New Concepts in Pulmonary Medicine: Sleep Apnea, Respiratory Failure
Barry Fuchs, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania and Hahnemann University
Division of Pulmonary and Critical Care Medicine
Hahnemann University Hospital

Joanne Getsy, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania and Hahnemann University
Director, Sleep Lab
Division of Pulmonary and Critical Care Medicine
Medical College of Pennsylvania Hospital

Edward S. Schulman, M.D.
Professor of Medicine,
Medical College of Pennsylvania and Hahnemann University
Chief, Division of Pulmonary and Critical Care Medicine,
Hahnemann University Hospital

March 20th
Cutaneous Signs of Systemic Disease
Melda Isaac, M.D.
Assistant Professor of Dermatology
Medical College of Pennsylvania and Hahnemann University

March 27th
Medical Education and Medical Practice—What's Next: A View from Washington and the AMA
Richard F. Corlin, M.D.
Speaker of the House of Delegates
American Medical Association
Assistant Clinical Professor of Medicine
UCLA School of Medicine
Los Angeles, CA

APRIL 1996

April 3rd
The Calcium Antagonist Controversy
Franz Messerli, M.D.
Clinical Professor of Medicine
Tulane University School of Medicine
Director, Hypertension Laboratory
Ochsner Clinic
New Orleans, LA

Racial Differences in the Treatment of Hypertension
Barry J. Materson, M.D.
Professor of Medicine
University of Miami School of Medicine
Miami, FL

April 10th
The Thrombosis Prone Patient: Abnormalities of Protein C and Factor V
Joan C. Hoak, M.D.
Former Director, Division of Blood Diseases and Resources National Heart, Lung, and Blood Institute (NHLBI)
Clinical Professor of Medicine
Uniformed Services University of the Health Sciences
Consultant to Walter Reed Army Hospital
Bethesda, MD

April 17th
Treatment of HIV and Related Opportunistic Infections
Martin S. Hirsch, M.D.
Professor of Medicine
Harvard Medical School
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Boston, MA

April 24th
Abnormalities of Growth Hormone
Lawrence Frohman, M.D.
Professor and Head
Department of Medicine
University of Illinois at Chicago
School of Medicine
Chicago, IL

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

FEBRUARY 14, 1996
Abnormalities of Thrombosis
Course Director:
Marc Cohen, M.D.
Lecturers:
Alexander Graham Turpie, M.D.,
Barry S. Coller, M.D.

MARCH 1996
NO MEETING

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Hypertension: Understanding the Controversies in the Treatment of Hypertension
France Messerli, M.D.
Barry J. Materson, M.D.

APRIL 17, 1996
Treatment of HIV and Related Opportunistic Infections
Martin S. Hirsch, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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Hospital/Care Center

Saint Christopher's Hospital **31**
University of Pennsylvania Health System **35**

Insurance

Medical Inter-Insurance Exchange **Cover 2**
Medical Protective Company **34**
Pennsylvania Blue Shield **Cover 4**
Pennsylvania Medical Society Liability Insurance Company **3**
PIE Mutual Insurance Company **7**
Princeton Insurance Company **5**

Specialized Programs & Services

Bristol Myers Squibb **Insert**
Capital Region Health Network **41**
Hahnemann University School of Public Health **43**
Klym, Olszewski & Nedlik **41**
New Jersey Boat Show **19**
Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**
Sheraton University **12**
Terresterial Capital Corporation **21**

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Professor and Chief of Cardiothoracic Surgery

Tort Reform: Accomplishing That Which Can't Be Done

Victor F. Greco, MD

Editor's note: Dr. Greco delivered the following remarks at the December 12 "summit" of specialty and county society leaders held by the State Society to initiate coordination of its "Rally for Change."

I've been asked to sum up what happened today. Without being presumptuous, when I first came into this room there was a certain air of pessimism; an air of, "Boy, have we got a job ahead of us." I believe that we're going to leave here today optimistic, because this is a group of individuals who got together and saw we had a job to do, problems to solve—and we solved them.

First, we need to understand a few things. One is that politics is the art of accomplishing that which can't be done.

We must work within the climate as we find it; you make incremental steps to get to where you want to go.

Secondly, I've always maintained that physicians are the smartest, most compassionate, most industrious, and the most caring people in the world. That's why we're in medicine. And once we put our minds together about doing something, we can do it.

Our fault has been that the politicians and lawyers have taken our strengths and used them against us.

Doctors by and large are very independent. But one thing came across today—unity. They never expect us to be united. And this is one time when we must unite; we cannot approach it any other way. We must put away our differences, real c imagined, and we must work as one tean We must work as one team not only so fa as physicians are concerned, but work to gether with the hospitals, with other asso ciations, our Alliance, and all other group we can bring in to work with us.

We can do this as physicians.

The other way the politicians and atto neys have used our strengths against us by knowing that we are consummate pro fessionals. We constantly work on the pro fessional high ground. We don't want t get down into the ditches, take our glove off, and fight politically, because we wer taught that this is not the way to do it.

Times have changed. We must ge down, and meet them on their turf, and tr umph.

We can do it; we can bring our strength back together again. Those things tha made us a successful profession are th things that will make us leaders and mak this a successful project. It won't com easy—nothing does.

You must use your God-given talent contact your colleagues, contact your leg islators; get cards, letters out to them; mo bilize your forces.

If we don't have that unanimity, if w don't have that "fire in our gut" that this one of the most im portant problems w have in the practice c medicine, then w have lost the battle.

And the young grad uates coming out c medical school wi end up driving cab in New York City c Philadelphia or Pitt burgh or some othe city, and not have place to practice.

We have somethin to pass on to the young er generation. It star now with liability to reform.

Dr. Greco, a Luzerne County thoracic surgeon, is president elect of the Pennsylvania Medical Society.

"We have something to pass on to the younger generation. It starts now with liability tort reform."

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VOLUME 99 • NUMBER 3
MARCH 1996

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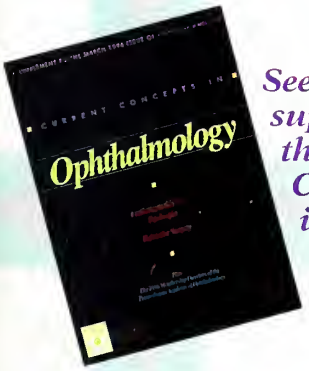
1996 Leadership Conference

Registration Forms—center insert; Details—page 34



See the special supplement to this issue: Current Concepts in Ophthalmology

Also in this issue:

Rallying for Tort Reform!—page 18
May 7 is Rescheduled Rally Date!

Computerized Medical Records—How Safe? —page 22

WE JUST GOT A NEW LETTER OF RECOMMENDATION FROM A.M. BEST.

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CONTENTS

MARCH 1996
VOLUME 99 • NUMBER 3

18 What Your Colleagues Are Saying (or Why We Need Tort Reform Now!)

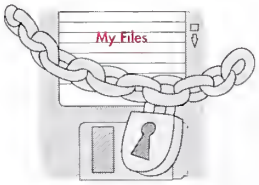
Your colleagues statewide are talking...about frivolous lawsuits, the need for tort reform, recent CAT Fund surcharges, and the Society's May 7 "Rally for Change."

Join their crusade.

Related commentary:

12 *Kill the CAT Fund? Elimination of Fund Would Be Costly to Providers*

22 Computerized Records Security: Problems of Policy, Not Technology



As computer-based medical records systems become more common, both physicians and their patients worry about unauthorized access. Experts offer solace and advice about this growing technology.

34 Leadership Conference Offers New Time, Format

For the first time, the Society's annual Leadership Conference will be held over the weekend, with time built into the program for family activities. For details, see pages 33, 34, and the *Executive Report* insert.

IN THE '90s MEDICINE A FAMILY AFFAIR
1996 Leadership Conference

Medigram

4 Late news at press time

Issues of Interest

10 Managed Care—To sign or not to sign: evaluating networks from Timbuktu—*Sharon R. Orlowski*
12 Government—Kill the CAT Fund? Elimination of fund would be costly to providers
16 Managed Care—Integration insider
18 Tort Reform Now!—What your colleagues are saying (or why we need tort reform now!)—*Maria T. Montesano*
22 Computers and Medicine—Computerized records security: problems of policy, not technology—*Fred D. Baldwin, PhD*
24 Public Health Education—Whither the roles of rifater and rifamate?—*John H. McConville, MD*
26 Membership-Driven Process—Accomplishment, not just activity—*Charles Cutler, MD*
28 Medical Economics—Blue Shield implements new coding structure for manipulation therapy/Requirements expanded for treating onychomycosis/Proprietary billing method will soon be outdated
30 Peer Review—Contract renewed under Fifth PRO Scope of Work—*Donald E. Harrop, MD*
32 Drug Education—Q&A: drug utilization/Medication update/New vaccine cleared for U.S. marketing

Opinion

6 Editorial—We've a short year ahead—*John W. Mills, MD*
8 President's Page—Riding the managed care wave—*Jonathan E. Rhoads Jr., MD*
9 Letters to the Editor—Osteopaths support tort reform now!/Quality alert form is useful tool
44 Discharge Summary—Medical savings accounts: physicians are key—*George Ross Fisher III, MD*

Departments

34 Newsfronts—Leadership Conference offers new time, format
40 Newsmakers
41 Advertisers' Index
42 Classified Advertising

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"OK, Tom was right.

After forming our group two years ago, we really shopped around for medical liability coverage. Not all of us were in favor of the policy from the discount carrier. Especially Tom. He felt the risks of our profession were already high enough, and we couldn't trust just anyone to protect our practice and our reputation. But Liz and I wanted to lower monthly expenses. We honestly thought we'd get the same peer review on claims that PMSLIC offers its policyholders.

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HAVE YOU RESERVED YOUR SPOT AT THE SOCIETY'S

TORT REFORM RALLY?

May 7, 1996 • Capitol, Harrisburg

See special insert for details,
or call (800) 566-TORT for more information.

PUBLIC HEARING ON TORT REFORM SCHEDULED ON MARCH 14: Thanks to the combined grassroots and professional lobbying efforts of the State Society and other physician groups, the medical liability/tort reform issue is now being given more serious consideration by the members of the state House of Representatives. Proof is the public hearing scheduled by the House Judiciary Committee regarding House Bill 2122, introduced by Representative J. Scot Chadwick (R-Bradford). The hearing on March 14 has also raised awareness of the issue in the Senate. At press time, the Society was preparing testimony for the hearing; several House members have also volunteered to testify on our behalf.

PHYSICIAN GROUPS COMMENT ON HEALTHCHOICES PROGRAM: At the request of the state Department of Public Welfare (DPW), the Society on February 22 hosted an open meeting of physician representatives to discuss DPW's draft proposal for the expansion of the HealthChoices program, a Medicaid managed care initiative in Southeastern Pennsylvania. At the meeting, DPW Secretary Feather Houstoun presented the proposal to representatives of the State Society, affected county medical societies, and specialties. The secretary outlined recent changes, accepted physician comments, and answered questions. Public comment continues through the middle of this month.

PPHP CLOSES STOCK OFFERING, PREPARES FOR OPERATION: The stock offering made by the Pennsylvania Physician Healthcare Plan, Inc. (PPHP) officially closed on March 1, 1996. PPHP raised over $21 million through investment by more than 3,900 physicians across the commonwealth. The company is aggressively moving forward with business planning and licensure activities to begin building Pennsylvania's first statewide, physician-owned and physician-controlled managed care organization. "Physicians have placed their trust and belief in us," says PPHP Chairman and President Gary C. Brown, MD. "Now we are preparing to prove what PPHP can accomplish in the marketplace." For more information, call PPHP at (800) 671-7747.

HEALTH DEPARTMENT PROPOSES LOCAL RESTRUCTURING: The state Department of Health has submitted a proposal to Governor Tom Ridge to consolidate the activities of 60 local health offices into six regional offices and privatize the immunization, treatment, and screening services currently provided in the local offices. The department also proposes to privatize the 15 percent of laboratory services performed in state-run facilities. The Society's Council on Health Policy and Advocacy, which reviewed the proposal at its February meeting, expressed serious concerns about the proposal. At press time, Society leaders were preparing to meet with Health Department officials to discuss these concerns.

SECRETARY OF HEALTH CALLS FOR CONTINUED FLOOD ASSISTANCE: In one of his final efforts as state Secretary of Health, Peter J. Jannetta, MD, in February called on all state physicians requesting continued assistance for victims of January's blizzard and flooding. "In a time when so many have lost so much, I am appreciative that many physicians around the state have been especially sensitive to the emotional and financial problems of patients who have been affected by the recent disaster," Dr. Jannetta said. "We hope you will...continue to take that extra moment to be overly sensitive to the needs and concerns of your patients."

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We've a Short Year Ahead

John W. Mills, MD
Medical Editor

In January, the *Patriot-News* in Harrisburg said it like it was: "Flooding Scrubs Physician Rally." Roger Mecum, our executive vice president, made it clear in the same article that "our concerns about the medical liability system are not lessened" by the natural disaster, but our thoughts and prayers were with the victims who faced loss and cleanup.

By the time this editorial is in print, our rally—**rescheduled for May 7**—will again be on the front burner. Plan on descending on the Capitol with thousands of colleagues and friends to press for tort reform in Pennsylvania.

Our time to effectively push for tort reform is short: This being an election year, the number of days our legislature will be in session is limited—both houses will have to pass reform legislation by the end of December. In addition, it is the second year of the biennial session. At press time, House Bill 2122 faces the first challenge. Our hopes are that the Senate will be considering the issue as we gather to rally in Harrisburg in May.

We face numerous other logistical concerns in planning a rally of this size. Even while in session, the legislature usually only meets on the first three days of the week. With late arrivals and early departures, Tuesday is really the only day we can count on most legislators being present. Unfortunately, the Capitol is already "booked" for most of the Tuesdays during legislative sessions, with press conferences, demonstrations, marches, a rally or two, and a host of other gatherings. We wouldn't make any friends by usurping another group's time. Also, the only hotels large enough for our pre-rally meeting are already heavily booked this spring.

One interesting sideline to all of this: The trial bar is frantically trying to figure out our strategy, so they can attempt to derail and counteract our efforts. Let's keep them guessing! Our energies must be pitted against this very influential foe as we take our fight for tort reform to the Senate. You've seen how such efforts fizzle last year in the U.S. Senate; make no mistake, the trial bar is also very much a player in our state Senate.

But even more importantly, I can't urg you hard enough, or often enough, to kee up the grassroots communication wit your legislators until a vote occurs o House Bill 2122. Given that access to med ical care will be severely compromised a fewer physicians choose to practice in ou state due to its extremely high malpractic insurance rates, I think we'll be successfu in our efforts. Honest frustrations an pointed anecdotes from physicians, lik those on pages 18-20, are the sort of thin legislators need to hear directly fron you—the commonwealth physicians.

I know I've sounded like a broken recor for the last few months, and for that I apol ogize. But rest assured that we have a rea "window of opportunity," and we *mus* prevail for the future of medicine in Penn sylvania.

Keep your legislator's phone jingling—keep the pressure on!

Leadership '96

Let me mention another opportunity this spring for you to learn more about the legislative process and what organizec medicine is doing for you. Consider attending the Pennsylvania Medical Society's "new" Leadership Conference on the *weekend* of April 19-21, 1996, at the Holiday Inn Lancaster Host Hotel. I emphasize the timing because this is a big change from the weekday conference of past years.

This year's conference is designed to be a *family* affair and will inaugurate a change in the style and format of our traditional program. (See page 34 for more information, and return the center insert in *Executive Report* to register.)

Let's get the momentum moving again for unity within medicine. I hope you can attend both the rally and the Leadership Conference. I'll be looking for you!

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Riding the Managed Care Wave

Jonathan E. Rhoads Jr., MD

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...about the Society resources mentioned in this article, call (800) 228-7823 or (717) 558-7750:

- To request the publication, "A Closer Look at HMOs," ask for extension 1486.
- For managed care information—contract checklists, general consultation, seminars, speakers, etc.—ask for extension 1495.
- To learn more about PMSCO, ask for extension 1420.
- The Quality Alert Form is printed on page 29. Direct questions about the form to extension 1456.

The January 1996 edition of *Healthcare Trends Report* says: "...Physicians who have learned how to function in a contractor role and join together in a cost-effective manner are, once again, going to control the health care system."

In many Pennsylvania communities, physicians do not feel like they are controlling the health care system. They would insist that the reverse is true. Various circumstances have contributed to this—no doubt, there have been times when you were outnumbered, pressured, and wanted to call in the cavalry.

Well, the cavalry is here. Your State Society is expending tremendous resources and effort to ensure that you regain your sense of balance, your sense of humor, and your sense of optimism. Our job is to help you ride the managed care wave.

The leadership of the Society knows that you are in dire need of information and tools. To use a catchy advertising slogan, "When it comes to managed care, we deliver." Information is, after all, power. If we are to take a leadership role in the evolution of managed care in Pennsylvania, we must have information.

Did you know:

- The average medical loss ratio for all licensed HMOs in the state from 1991 to 1994—the best data available to anyone, anywhere—ranged between 81-84 percent.
- The highest market penetration for HMOs is in Philadelphia with 27 percent of the population enrolled. The lowest market penetration for HMOs is in the Scranton/Wilkes-Barre area with a total of 1.6 percent of the population enrolled.
- The largest HMO in Pennsylvania is Prudential with more than 1.2 million subscribers and contracts with more than 20,000 physicians.
- Cigna HealthCare of PA had the smallest enrollment in 1994 with 1,700 subscribers. Cigna also has more than 2,000 physicians under contract—more than one physician for every enrollee.

These facts are just a fraction of those included in a new Society publication titled, "A Closer Look at HMOs." It is a very powerful tool available at no cost to Society members.

Want to decide whether to sign those HMO contracts on your desk? The Society offers a managed care contract checklist, consultation about contracts and "tricks of the trade," contracting seminars, as well as information about capitation and risk sharing.

We go even further than that! Getting to higher ground in your market means you have to "join together in a cost-effective fashion." The Society's professionals are a toll-free call away, and will come to your hometown. I encourage you to test them—they really do know what is going on in your area, and can help you tremendously.

We also established the PennMed Member Services Company (PMSCO). When it comes to physician networking, PMSCO's staff has seen it, done it, lived it. They are working with physicians across the state.

Are you tired of worrying about the future? Who is looking at the big picture, anyway? Your State Society is. We can't make managed care go away. But, we can be a loud voice protecting the physician-patient relationship. We can ensure that the big players remember words like "quality" and "compassion." Have you seen the Society's "Quality Alert Form?" Fax us the details about your quality concerns related to an HMO's rules.

We are doggedly addressing the issues that really matter to you. With your help, our vigilance will pay dividends and diminish your fears about the future of health care. The regulators are seeing your leadership initiatives across the state. Time and time again, physicians go to the mat on patient welfare issues. State leaders no longer assume that everything we do is to protect our incomes.

Assuming responsibility for the health of the population is our job. Riding the managed care wave means assuming risk for the financial aspects. This is new, but many physicians are now ready and willing. Your efforts are making a difference. We are seeing to that.

OSTEOPATHS SUPPORT TORT REFORM NOW!

Surcharges rose from 50 percent in 990 to 170 percent in 1995.

- The CAT Fund spent $280 million on claims in 1995 including n $107 million shortfall.
- The CAT Fund spent $189.8 million in claims in 1994.
- The average per-case settlement as not changed; the severity and requency have.
- Overall tort costs have increased 16.6 percent since 1990.

How are these statistics impacting you? Your patients? The physicians of the future? First, it's become extraordinarily expensive to practice medicine. For a licensed physician to practice, all physicians must have medical liability insurance. The surcharge is based on the cost of the premium liability insurance.

With surcharges in triple-digit percentages, it's no wonder many physicians have to borrow money to meet the costs of the premium, causing a cash-flow drain. Interest on loans adds to overhead, cutting into the working capital a physician can funnel back into improving or expanding the quality and dimension of care. These are expenses that cannot be passed along to patients. And finally, as the cost of insurance (and other operating costs) goes up, managed care reimbursement continues to go down.

What about the next generation of physicians? Already facing the reality of staggeringly high loan costs, will the prohibitive cost of doing business cause them to turn away from a profession that needs them, their skills, and their commitment?

In the last 10 years, there have been countless changes in the ways we practice medicine and manage the business of our practices...Yet, there's one issue that has remained constant over the past 10 years—and that is the liability insurance crisis in the Commonwealth of Pennsylvania.

When I was president of the Pennsylvania Osteopathic Medical Association in the mid-1980s, my top priority agenda was to question the constitution of the existing legislation requiring physicians to have coverage without some protection against the ever-rising costs of premiums and CAT Fund assessments.

Where are we now? There was a calm period during this 10-year span that offered physicians some stability. But that quiet period apparently was a result of bureaucratic ineptitude governing the catastrophe funds...

"Now is the time for change," I said in 1986. "Common sense must be put back into the system. There must be no punishment where there is no intent to do harm or negligence. Payment should be for uncovered cost and reasonable estimate of lost income only once negligence is proven. Awards should not be inflated to cover the contingency fees of attorneys."

The message (and the crisis) is still true today, but with a minor difference—there may be some light at the end of the tunnel. House Bill 2122, introduced by [Representative] J. Scot Chadwick, addresses many of the problems surrounding the liability insurance crisis...

But its reality is up to you. The Pennsylvania trial lawyers' lobby is extremely powerful. Their efforts will silence us unless we have a unified voice and put forth a concentrated effort.

Leonard H. Finkelstein, DO
President and Chief Executive Officer
Philadelphia College of Osteopathic Medicine

Editor's note: A public hearing on House Bill 2122 was scheduled on Thursday, March 14, by House Judiciary Committee Chair Tom Gannon (R-Delaware). At press time, the State Society was preparing testimony, with input from members statewide.

QUALITY ALERT FORM IS USEFUL TOOL

I am writing on behalf of the board of directors of the Philadelphia County Medical Society to congratulate the Pennsylvania Medical Society on the development and publication of its Quality Alert Form [PENNSYLVANIA MEDICINE, May, June, and July 1995]. We agree that use of this form will assist in collecting examples to prove the need for managed care safeguards.

We request permission to reprint this form and publish it monthly in *Philadelphia Medicine.*

We also suggest that the Pennsylvania Medical Society publish the form monthly in PENNSYLVANIA MEDICINE. We believe that physicians and their staff need to see this form on a regular basis in order for them to begin to use it with any regularity or familiarity.

Congratulations again on an excellent concept. We hope this will be a useful tool in helping to guarantee quality health care.

Erwin A. Cohen, MD
President,
Philadelphia County Medical Society

Response: We're pleased to permit usage of our Quality Alert Form in county publications. The form—reprinted on page 29—was developed by State Society staffers Dennis L. Olmstead, director of medical economics, and Elizabeth B. Metz, counsel for health law and policy. It was developed in an effort to help physicians identify managed care quality concerns and use those concerns in educational efforts.

John W. Mills, MD
Medical Editor

Letters

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

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Letters are published at the discretion of the editors and are subject to editing.

To Sign, or Not to Sign: Evaluating Networks from Timbuktu

Sharon R. Orlowski

Physicians are being bombarded by solicitations from unfamiliar PPOs and other similarly structured networks forming around the country. Many physicians feel threatened by these solicitations because an incorrect participation decision could result in a loss of patients.

The actual threat may or may not exist. Not one of these organizations can function without physician participation. This means physicians have considerable influence over the success or failure of these ventures. Physicians should develop a system to determine the specific advantages associated with their participation.

Here's how the system works:

1) Someone decides they want to sell a benefits plan to employers and eventually profit from the endeavor through various means. That someone forms a company and calls it PPO X.

2) PPO X knows it cannot possibly succeed without having contracts with a broad panel of physicians. So, PPO X writes to physicians asking them to b providers. Sometimes the letter extols th virtues of participation; sometimes it is a little more threatening about the conse quences of ignoring the solicitation; some times PPO X needs cash so an applicatio fee is required.

3) Then a little bit of luck plays into th venture. Physicians make or break the dea by signing up with PPO X.

4) Depending on the response to th mailing, PPO X goes to employers wit its new panel of physicians and tries t persuade employers to offer PPO X t employees. PPO X profits are based o the number of employees who select PP X for their insurance. Physicians wh signed up with PPO X are paid fee-for service based on a fee schedule some times provided before physicians sign u with PPO X.

5) Another option is for PPO X to sell it new panel of physicians to an insuranc company that needs a physician panel t sell its insurance plan to employers. In thi

Society Supports Risk Sharing

Last fall, the State Society submitted comments on a draft risk-sharing policy prepared by the Pennsylvania Department of Health. The new policy, which will permit physician organizations to pursue financial risk arrangements with managed care organizations, is expected to be finalized this month.

Numerous physician organizations across Pennsylvania have been established to negotiate risk-sharing relationships with managed care organizations. The PennMed Member Services Company (PMSCO) was established by the Society to help physicians negotiate and manage risk-sharing opportunities. PMSCO is now working with more than 20 physician organizations.

The Department of Health intends to remove any barriers to risk-sharing relationships between physician organizations and managed care organizations. The purpose of its policy statement is to provide guidance on the standards the department will use to review and approve the contracts that will exist between managed care organizations and those organizations contracting with them.

In its comments about the draft policy, the Society asked for more specific description of the types of risk arrangements that would be governed by the department. The Society recommended that the policy exclude bonus payments and payment hold-back arrangements. In this circumstance, a physician organization would "risk" losing its full share of a bonus payment.

The Society's comments further request the department not to permit risk sharing for organizations that are not provider owned. In these instances, the owners of the organizations assuming risk from an HMO are not subject to any licensure, professional, or ethical standards. The Society contends that economic issues would be more likely the focus of an organization that is not provider owned.

The draft risk-sharing policy would prohibit "direct-contracting" risk arrangements with self-funded insurance plans (such as direct contracting with self-insured employers). The Society strongly urged that this prohibition be removed entirely from the draft policy and that the concerns related to this aspect of risk sharing be addressed separately.

For more information about PMSCO and risk sharing, contact Sharon Orlowski, the Society's director of managed care business strategy, or Earl Schulte, MD, PMSCO's chief operating officer, at (800) 228-7823 or (717) 558-7750.

Ms. Orlowski is the Society's director of managed care business strategy and special projects.

stance, PPO X becomes the middleman tween physicians and the insurance mpany.

aluating the offer

ach physician receiving these solicitaons should ask: Who will benefit most om my participation—me or the owners the PPO? Will I benefit at all? Will my atients benefit? Will I get any new paents? If the answers are not clear, do me more digging.

If PPO X has contracts with employers, quest the list of employers and the negoated fee schedule.

If the solicitation says signing contracts ith employers is the next step, ask for rospects. Ask how long the network has een in business in Pennsylvania. Call for Dunn and Bradstreet report on the comany's finances. Employers will be selecting these PPOs based on their pricing, heir ability to pay claims promptly, and heir solvency.

Where are the offices of PPO X? Networks are generally more successful in aras close to their offices. Can a representative of the PPO visit your office to explain ow the plan works and why they think the etwork will bring you business? How ong will it take for you to benefit from paricipating?

If the answers you get are somehow not eassuring, but you are still interested, ask f participating with PPO X has restricions on any other participation decisions ou might make. Also, some participation greements may require you to accept any nsurance coverage that comes through PPO X by virtue of contracts with unspecfied insurance companies who have unspecified fees. You could try to negotiate the right to accept or reject each new deal as the PPO builds its alliances with insurance companies. If not, an annual review of the fee schedule would be a good fallback position.

Before joining, get some details about the people running the business, the claim forms used, required authorizations, where the claims must be sent, and what the plan's payment performance has been. Well-established plans operated by professionals will try to give you as much information as possible to persuade you to sign. Some plans may try to withhold this information and apply pressure to convince you to sign.

PPO X may require an application fee and/or a participation fee. Be certain how these funds can and will be used. Will any accounting of funds disbursement be provided in the future? If the application fee is refundable, be sure of the refund conditions, and ask how quickly it will be processed. Sometimes these fees will be waived upon request.

Other hints about signing with PPOs:

- A local organization will have a superior understanding of local health care nceds.
- Having equity or shareholder status offers more control.
- Most single-specialty carve-out plans face stiff competition from multispecialty organizations.
- If the plan name is unfamiliar, keep checking until someone can give you a good appraisal.
- Physician ownership is a definite plus.
- Be selective, not reactive.

As always, the bottom line is that physicians make the difference between a successful PPO and a failure. You will do well if you keep this in mind. O

FACT *or* *Fiction?*

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Not Just Supplies, Solutions!

Kill the CAT Fund?

Elimination of Fund Would Be Costly to Providers

Editor's note: The following is an excerpt of testimony presented by Immediate Past President John H. Hobart, MD, to the House Insurance Committee on February 1, 1996. At issue: House Bill 2294, which proposes to eliminate the Medical Professional Liability Catastrophe Loss Fund (CAT Fund).

Before we talk about abolishing the [CAT Fund,] I think it might be helpful to review why this legislature created the fund in the first place...to spread the risk of the large claim—now more than $200,000—among a large pool of physicians and hospitals, [and] to eliminate the actuarial difficulty of predicting the long-tail cases by assigning those cases to the pay-as-you-go fund. In addition, it was then possible to operate the fund on a simple and less expensive money-in, money-out basis. These objectives of the fund's creators seem to have been met. As a result, the primary carriers have flourished. The market for primary coverage is extremely competitive—some would even say too competitive...

In 1994, there were signs of the present problem...there was a substantial increase in claims to be settled over the previous year [which] set the stage for the emergency surcharge...But the fund administrator at that time shrank from the political consequences of the first emergency surcharge in the fund's history. His solution was simply to stop settling cases. That had unfavorable consequences. Cases that should never have reached the courtroom were tried to conclusion. Hospitals and physicians, unable to settle cases, received court verdicts that cost more than the settlements would have cost and that engendered bad publicity.

John Reed, the new CAT Fund administrator, faced up to the problem in 1995, which led to an emergency surcharge then and a 164 percent surcharge for 1996.

Despite its claims handling record in 1994, the fund is a cheaper *financing* mechanism than traditional insurance. The fund pays no premium taxes, no commissions, and has no profit. It pays no dividends to shareholders. It pays no high salaries to its executives, and its administrative expenses are lower than traditional insurers. Overall, we estimate that these costs alone roughly translate into a savings of as much as 26 percent over traditional insurance.

You may have heard that the fund is in trouble because of something called the "unfunded liability." Really, that term is a misnomer because, for all practical purposes, there is no such thing in a pay-as-you-go system. The "unfunded liability" that people talk about is the obligation the fund has to make payments in the future for which they have not yet collected the funds. This is entirely consistent with, and is a part of, a pay-as-you-go system.

The other alternative is to do what traditional insurance companies do, which is to use actuaries to make an educated guess as to what funds will be required to pay the claims that come due in the future and collect the money now. Aside from the insurance companies getting the time value of the money rather than health care providers, as in the current system, the traditional insurance model results in actuaries generally estimating the payments to be larger than they really are so as to assure solvency of the insurance company. Clearly, this is a reasonable way to reserve for a traditional insurance company, but the current operation of the fund has no guess work regarding the money to be paid, which is a better way to go.

Society Immediate Past President, John H. Hobart, MD, testified before the House Insurance Committee at a hearing on the CAT Fund.

Obviously, if we go to a traditional insurance mechanism, we will have to pay off the so-called unfunded liability of $2 billion or more. One way to do that is found in House Bill 2294. You incrementally increase the primary carriers' coverage over time until they provide the entire mandatory insurance level of $1.2 million. That means no new liability is assumed. The fund or a successor continues to pay off the liabilities that have already been assumed. That will take around 25 years with most of the cost coming in the first 10 years or so. The cost of this alternative is $2 billion in addition to the yearly costs of traditional insurance. Those yearly costs of traditional insurance will equal, or... exceed the costs of fund-provided coverage.

I wish to be clear that the Society has no vested interest in the fund, nor are we apologists for the fund. We are supporting significant changes in the fund's operation in Senate Bill 1122; the fund opposes many of our proposals. Some of our most vocal members favor elimination of the fund. A more ambiguous posture on elimination of the fund would be politic on our part.

But simply put, we do not want to—and our members cannot afford to—pay off $2 billion in addition to paying the already excessive costs of professional liability coverage. We would reconsider if elimination of the fund were coupled with comparable savings from tort reform. We would reconsider if someone could demonstrate that another financing system were cheaper. We would reconsider if someone else would step forward to pay off the $2 billion. So far there have been no volunteers.

Even then you have not addressed the real problem, the real driving force behind increased surcharges, which is the cost of settlements and judgments, and other direct and indirect costs of the tort system. Tinkering with the financing mechanism for those costs will not do that. We need tort reform.

I urge all of you to review House Bill 2122, introduced by Representative [J. Scot] Chadwick and others. I think you will find it an extremely moderate proposal and a most reasonable first step toward addressing the real problem facing us.

Black and Older Hypertensives Are Similar, Yet Different...

...So Are Calcium Channel Blockers.

efore making your therapeutic decision, onsider:

- Pathophysiology[1-3]
- Concomitant conditions[2-5] and
- Concomitant medications.[3-5] ***Then...***

Consider Real Clinical and Economic Value

- Demonstrated efficacy in black and older hypertensives[6-8]
- Once-daily regimen that's well-tolerated and convenient
- Frequency and type of side effects are typical of dihydropyridine calcium channel blockers. The dose-dependent incidence of peripheral edema was 18%-29% vs. 10% for placebo and for headache was 16%-22% vs. 13% for placebo. Flushing/heat sensation, dizziness, and fatigue/asthenia were each reported at an incidence of 4%[9]
- Lower Average Wholesale Price (AWP) than Procardia XL®* or Norvasc®* **—as much as 26%-29% lower**†[10]
- Adalat CC is not indicated for angina. It should be taken on an empty stomach. As with all distinct pharmacologic entities, switching from one to another may necessitate careful titration and patient monitoring

Consider

Once-A-Day

Adalat® CC
nifedipine EXTENDED RELEASE TABLETS

30mg, 60mg & 90mg

Real Value for Real People with Hypertension

*Procardia XL (nifedipine) and Norvasc (amlodipine besylate) are registered trademarks of Pfizer Labs Division, Pfizer Inc.

†Calculations based on suggested Average Wholesale Price (AWP).[10] AWP is from a published price list and may or may not represent the actual price to pharmacists or consumers.

Please see brief summary of Prescribing Information on back of this page.

Once-A-Day

Adalat® CC nifedipine EXTENDED RELEASE TABLETS

30mg, 60mg & 90mg

Because
Similarities and Differences Should Be Considered Before Prescribing for Black and Older Hypertensives,
Consider...

BRIEF SUMMARY
CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION
For Oral Use

PZ5DDDD58S 3/95

INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.
Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.
Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.
Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and an occasion has been reported to increase it.
Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).
Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.
Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.
Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.
Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.
Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.
Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.
Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).
ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.
Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.
Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.
Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).
Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.
Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.
Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.
The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.
There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.
The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.
Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).
Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.
The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:
Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency
Other adverse events reported with an incidence of less than 1.0% were:
Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, pharyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement
The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

DOSAGE AND ADMINISTRATION: Dosage should be adjusted according to each patient's needs. It is recommended that ADALAT CC be administered orally once daily on an empty stomach. ADALAT CC is an extended release dosage form and tablets should be swallowed whole, not bitten or divided. In general, titration should proceed over a 7-14 day period starting with 30 mg once daily. Upward titration should be based on therapeutic efficacy and safety. The usual maintenance dose is 30 mg to 60 mg once daily. Titration to doses above 90 mg daily is not recommended.
If discontinuation of ADALAT CC is necessary, sound clinical practice suggests that the dosage should be decreased gradually with close physician supervision.
Care should be taken when dispensing ADALAT CC to assure that the extended release dosage form has been prescribed.

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1. Messerli FH. Management of Essential Hypertension in the Black Patient: Profiling as the Initial Approach to Treatment. *J Natl Med Assoc.* 1989;81(1):17-23. **2.** Blake GH. Primary Hypertension: The Role of Individualized Therapy. *Am Fam Physician.* 1994;50(1):138-146. **3.** Weart CW, Weber MA, Weinberger MH. Which drug for the aging hypertensive? *Patient Care.* 1992;26:215-257. **4.** Murphy MB. Selecting Optimum Antihypertensive Therapy: Indications for Choosing a Calcium Channel Blocker. *Am J Med.* 1992;93(Suppl 2A):2A-38S through 2A-44S. **5.** Opie LH. Calcium Channel Antagonists (Calcium Entry Blockers) and Kaplan NM, Opie LH. Antihypertensive Drugs. In: Opie LH, ed. *Drugs for the Heart.* 3rd ed. Philadelphia, PA: W. B. Saunders Company;1991:42-73, 155-179. **6.** Data on file, Bayer Corporation, Pharmaceutical Division. **7.** Glasser SP, Ripa SR, Allenby KS, Schwartz LA, Commins BM, Jungerwirth S, on behalf of the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine Administered without Food: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Hypertension. *Clin Ther.* 1995;17(2):296-312. **8.** Feig PU, Gibson L, MacCarthy EP, Pettis PP, Schwartz L, the Adalat® CC Cooperative Study Group. The Efficacy and Safety of Once-Daily Nifedipine Coat-Core in the Treatment of Mild-to-Moderate Hypertension. *Curr Ther.* 1993;15(6):963-975. **9.** Adalat® CC Product Monograph, April 1995. **10.** *Redbook Update.* Montvale, NJ, Medical Economics Data, Inc., January 1996.

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MARCH 1996

March 6th
Clinical Pathologic Conference
Dina Capalongo, D.O.
Michael Downing, M.D.
Lawrence McDermott, M.D.
Lisa Scheib, M.D.
Chief Residents, Hahnemann University Hospital

March 13th
New Concepts in Pulmonary Medicine: Sleep Apnea, Respiratory Failure
Barry Fuchs, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania
and Hahnemann University
Division of Pulmonary and
Critical Care Medicine
Hahnemann University Hospital

Joanne Getsy, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania
and Hahnemann University
Director, Sleep Lab
Division of Pulmonary and
Critical Care Medicine
Medical College of Pennsylvania Hospital

Edward S. Schulman, M.D.
Professor of Medicine
Medical College of Pennsylvania and
Hahnemann University
Chief, Division of Pulmonary
and Critical Care Medicine
Hahnemann University Hospital

March 20th
Cutaneous Signs of Systemic Disease
Melda Isaac, M.D.
Assistant Professor of Dermatology
Medical College of Pennsylvania
and Hahnemann University

March 27th
Medical Education and Medical Practice—What's Next: A View from Washington and the AMA
Richard F. Corlin, M.D.
Speaker of the House of Delegates
American Medical Association
Assistant Clinical Professor of Medicine
UCLA School of Medicine
Los Angeles, CA

APRIL 1996

April 3rd
The Calcium Antagonist Controversy
Franz Messerli, M.D.
Clinical Professor of Medicine
Tulane University School of Medicine
Director, Hypertension Laboratory
Ochsner Clinic
New Orleans, LA

Racial Differences in the Treatment of Hypertension
Barry J. Materson, M.D.
Professor of Medicine
University of Miami School of Medicine
University of Miami Medical Group
Miami, FL

April 10th
The Thrombosis Prone Patient: Abnormalities of Protein C and Factor V
John C. Hoak, M.D.
Former Director, Division of Blood Diseases
and Resources
National Heart, Lung, and Blood Institute
(NHLBI)
Clinical Professor of Medicine
Uniformed Services University
of the Health Sciences
Consultant to Walter Reed Army Hospital
Bethesda, MD

April 17th
Treatment of HIV and Related Opportunistic Infections
Martin S. Hirsch, M.D.
Professor of Medicine
Harvard Medical School
Head, Infectious Diseases Unit
Massachusetts General Hospital
Boston, MA

April 24th
Diagnosis and Treatment of Hormone Secreting Pituitary Tumors
Lawrence Frohman, M.D.
Edmund F. Foley Professor and Head
Department of Medicine
University of Illinois at Chicago
Chicago, IL

MAY 1996

May 1st
New Concepts in the Management of Atrial Fibrillation
Peter L. Friedman, M.D., Ph.D.
Associate Professor of Medicine
Co-Director, Cardiac Arrhythmia
Service and Clinical
Electrophysiology Laboratory
Cardiovascular Division
Brigham and Women's Hospital
Boston, MA

May 8th
Advances in the Treatment of NIDDM
Allan J. Garber, M.D., Ph.D.
Professor of Medicine
Biochemistry and Cell Biology
Baylor College of Medicine
Houston, TX

May 15th
The Kidney as a Window to Cardiovascular Morbibity and Mortality
Leopoldo Raij, M.D.
Professor of Medicine
University of Minnesota School of Medicine
Chief, Nephrology/Hypertension
Veterans Affairs Medical Center
Minneapolis, MN

May 22nd
New Pharmacotherapy for Allergic Rhinitis
Lanny Rosenwasser, M.D.
Professor of Medicine
University of Colorado Health Science Center
Head, Allergy Division
National Jewish Center for Immunology
and Respiratory Medicine
Denver, CO

May 29th
No Grand Rounds

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

MARCH 1996
No Seminar

APRIL 3, 1996
Hypertension: Understanding the Controversies in the Treatment of Hypertension
Lecturers:
Franz Messerli, M.D.
Barry J. Materson, M.D.

APRIL 17, 1996
Treatment of HIV and Related Opportunistic Infections
Lecturer:
Martin S. Hirsch, M.D.

MAY 8, 1996
Prevention and Treatment of Complications of Diabetes Mellitus
Lecturers:
Allan J. Garber, M.D., Ph.D.
Harry Gottlieb, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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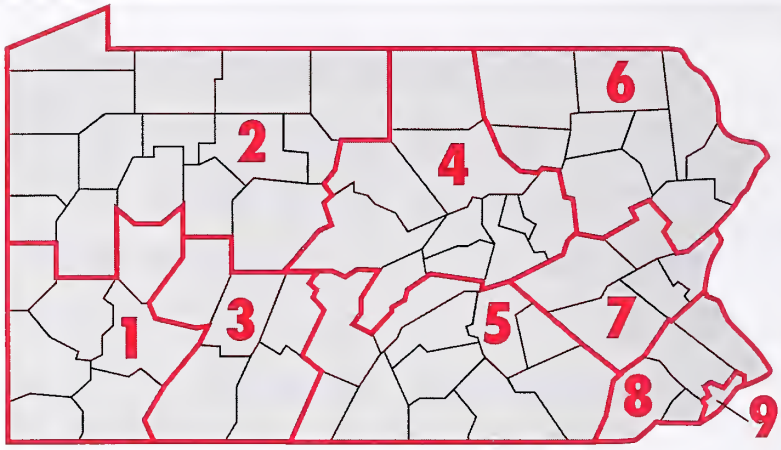
Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

▶ The city of Pittsburgh has selected Allegheny General Hospital to oversee its new workers' compensation program. The hospital, which won't the contract over the University of Pittsburgh Medical Center, will serve as the program's prime contractor, responsible for administering the city's claims and organizing a health care delivery system of hospitals, doctors, and other providers. The program will be based on managed care. *[Pittsburgh Business Times]*

▶ In related news, Allegheny General Hospital has agreed to develop an affiliation with Canonsburg General Hospital, while the Medical Center in Beaver and Sewickley Valley Hospital are studying a merger. *[Pittsburgh Business Times]*

▶ The state departments of Health and Insurance have approved Three Rivers Health Plans, Inc.'s HMO license, allowing the plan to operate in Western Pennsylvania. Three Rivers intends to serve Medicaid recipients, small-employer groups, and individuals in Allegheny, Westmoreland, and Beaver counties. Currently, three local insurers offer a Medicaid HMO product: Gateway Health Plan, U.S. Healthcare, and Aetna Health Plans of Western Pennsylvania. *[Pittsburgh Business Times]*

▶ Multicare Companies Inc., Hackensack, New Jersey, announced it will pay $130 million to buy Concord Health Group, Inc., of Williamsport. Concord owns or manages 15 health care facilities in Eastern and Central Pennsylvania. The acquisition, which must be approved by the stockholders of both companies, is expected to close by mid-1996. *[Patriot-News, Harrisburg]*

▶ Pinnacle Health System—the new health system created through the merger of Polyclinic Health System and Capital Health System, both of Harrisburg—began operations on December 31, 1995. Included in Pinnacle are:

- the former Harrisburg Hospital, Polyclinic Medical Center, and Seidle Memorial Hospital;
- a network of family medicine and family practice centers;
- FirstPlace Health Care;
- HealthReach Home Care & Hospice;
- Capital Nursing & Support Services;
- Capital Region Health Network;
- Professional Home Health Care Agency;
- Professional HospiceCare;
- WomanCare Resource Centers;
- Harrisburg Institute of Psychiatry;
- Capital Area Psychological Associates;
- The Capital Recovery Center;
- Harrisfield;
- Pennsylvania Home Infusion Therapy Associates;
- Polyclinic Regional Cancer Center, an affiliate of Fox Chase Cancer Center;
- Polyclinic Heart Institute;
- Polyclinic Professional Services, which manages medical practices;
- Prime Care, a physician hospital organization;
- and PolyOptometric, Inc.

Other associated services include Magnetic Imaging Center and Oakwood Radiation Oncology Center. *[Pinnacle press release]*

Managed care news, state by state

▶ In the first partnership of its kind between a state medical association and a commercial HMO, the Medical Society of Virginia and Minneapolis-based United HealthCare Corporation said they are developing a managed care organization. *[Modern Healthcare]*

▶ Major Blue Cross and Blue Shield plans in Illinois and Texas announced an agreement to affiliate, and eventually merge, creating an insurer with 3.8 million subscribers, more than 10,000 employees, and annual revenue of nearly $6 billion. Dallas-based Blue Cross and Blue Shield of Texas, Inc., and Chicago-based Blue Cross and Blue Shield of Illinois said they are "still discussing affiliation details, but will move toward a full merger as quickly as possible." *[Wall Street Journal]*

▶ The Medaphis Corporation, an Atlanta-based provider of business management services to physicians and hospitals, has acquired Medical Management Services, Inc., for about $149 million in stock. Medical Management, based in Baltimore, provides business management services to approximately 1,700 radiologists and radiation oncologists. *[New York Times]*

▶ The Physician Corporation of America, Miami, Florida, announced

plans to sell two weak-performing HMOs in Georgia and Alabama, and concentrate on key markets in Florida, Texas, and Puerto Rico. *[New York Times]*

▶ Partners Community HealthCare, Boston, has signed up two more physician groups in its continuing development of a regional health care network. One group of 145 physicians is affiliated through a physician hospital organization established with Emerson Hospital, Concord, Massachusetts. The other, Physicians Health Alliance, is a network of 25 primary care doctors in eight suburban Boston locations. *[Modern Healthcare]*

▶ The 85-physician Hammond (Indiana) Clinic is marketing its health plan to small employers in Northwest Indiana. The clinic, which has been involved with managed care for 20 years, determined that employers with under 200 employees were falling through the cracks in the insurance market. Although the health plan will be a fee-for-service plan, it will also offer some wellness and prevention components. *[American Medical News]*†

▶ After its failed merger attempt with Health Systems International, WellPoint Health Networks is forging ahead with its expansion, announcing that it is acquiring the group life and health subsidiary of Massachusetts Mutual Life Insurance Company. The deal will make Wellpoint the second largest for-profit managed care company—after United Healthcare—and will establish WeliPoint outside California. *[Modern Healthcare]*†

▶ Six large Colorado employers—including U.S. West, Lockheed Martin Astronautics, and Coors Brewing Company—have formed the Colorado Business Group on Health to address issues of quality and cost reduction in health care. The coalition seeks to work with plans and providers to develop performance standards that promote quality improvement and standardized comparisons. *[BNA's Health Law Reporter]*†

▶ Columbia/HCA appears to be backtracking from its vow not to compete with insurers, according to an Ohio newspaper which reported that Columbia is considering acquiring all or part of Blue Cross and Blue Shield of Ohio. Columbia recently purchased a 50 percent share in the extensive Sisters of St. Augustine Health System in Northeast Ohio, and the Blues have several affiliations with Northeast Ohio hospitals. *[Modern Healthcare]*†

▶ The Defense Department has selected Humana Military Healthcare Services, Louisville, Kentucky, for a $3.8 billion, five-year managed care contract to cover 1.1 million military family members and retirees in the Southeast. *[Modern Healthcare]*

▶ Quorum Health Group, Inc., which operates hospitals and provides hospital consulting services, has ended talks with another health care company about a possible merger. Tennessee-based Quorum announced the talks in mid-January, but did not identify the company. *[New York Times]*

Facts, figures, etc.

▶ Eleven large California employers that participate in the Pacific Business Group on Health saved over nine percent on HMO premiums in 1995, thanks to the group's collective negotiations with the HMO plans. The negotiations saved the employers $161 per covered life and reduced the variance in premiums by 22 percent. *[BNA's Managed Care Reporter]*†

▶ Atlanta-based Delta Airlines reported that it saved $60 million in health costs in 1995 by switching to a managed care plan. Delta recently broke ground for a health care center dedicated to occupational health and flight medicine that will be operated by CIGNA Healthcare of Georgia and the Emory University System of Health Care. The clinic, which will be owned by Delta, is unique in its focus on the particular health concerns of the Delta workplace. *[BNA's Managed Care Reporter]*†

▶ A study of six large California medical groups by the University of California's School of Public Health found that they had below-average rates of medical utilization by HMO enrollees. In 1994, inpatient hospital stays ranged from 120-149 days per thousand non-Medicare HMO enrollees, compared to an overall 1993 rate for California non-Medicare HMO enrollees of 232 per 1,000. Utilization of physician services was also somewhat lower than state and national averages. The researchers attributed this to a more cooperative, physician-directed approach to utilization management. *[BNA's Managed Care Reporter]*†

▶ A recent survey of 376 HMOs nationwide found that competition resulted in a 3.8 percent decline in premium rates and a 2.7 percent decline in expected revenues in 1995. Inpatient days for HMO patients also dropped by 12.7 percent to 275 days per 1,000 members. *[Hospitals & Health Networks]*†

▶ A survey of hospital financial officers found that only 17 percent of hospitals that have purchased physician practices have profited from the purchases. Just 32 percent reported that the acquisitions met their revenue and expense projections. *[Hospitals and Health Networks]*†

† *Excerpted from "AMA Market Trends"*

HMO Enrollment Up

"HMO enrollment is projected to near 65 million Americans this year—up more than 25 percent from the 50 million members in health plans last January, according to a leading Wall Street analyst.

This membership surge will add further punch to the economic trends that have transformed health care delivery during the past two years, experts say.

It will intensify price competition among HMOs, which now are more likely to battle each other—not higher-priced indemnity plans—for enrollment. These health plans also are likely to offset low premiums by seeking price concessions from providers."

American Medical News, January 22/29, 1996

What Your Colleagues Are Saying

(or Why We Need Tort Reform Now!)

Maria T. Montesano
Assistant Managing Editor

Barring hell or high water, more than 2,700 Pennsylvanians *expected* to rally on the Capitol steps in Harrisburg on January 23 in suppart of tort reform and House Bill 2122. Who could've known? *The Farmer's Almanac* assured good weather, farm show week (which is always accompanied by snow) had passed, and we'd survived the "blizzard of the century." But high water and a state of emergency along the Susquehanna River indeed pastponed the event.

With a new rally scheduled on Tuesday, May 7, we talked to some of the people who planned to attend in January, and still intend to do so in May, about the need for tort reform in Pennsylvania.

Let's face it. There are just too many stories of physicians whose lives and practices are affected by frivolous lawsuits. The story of Robin Scheiner, MD, a dermatologist and president of the Delaware County Medical Society, immediately comes to mind.

Dr. Scheiner was sued by a patient whom she had treated for athlete's foot. About a year after treating the patient, she was named in a lawsuit for failure to diagnose an abdominal tumor. In the deposition, the patient admitted she never complained to Dr. Scheiner of any abdominal symptoms and that the athlete's foot rash had been cured. Eventually, the lawsuit was dropped, but not before money and time were spent preparing for and attending depositions.

Dr. Scheiner was vocal about the suit at a Capitol news conference, staged by the State Society last September to support the introduction of House Bill 2122, the comprehensive medical liability and tort reform bill introduced by Representative J. Scot Chadwick (R-Bradford) at the Society's request. Dr. Scheiner's major complaint: As a young physician, she must endure continued scrutiny: "Every time I apply for hospital privileges, the suit comes up," she says. "I feel it's a permanent scar on my career."

The name of the game

Reva J. Castillenti, owner of a Bradford-based physician management company called VTR, Inc., and spouse of a general/vascular surgeon, tells a different story—with a similar moral:

"My husband has not been sued, but I have had to write off amounts due to him to avoid a frivolous lawsuit. One of his patients had a unilateral hernia repair. Shortly after the surgery, my husband offered to give him a urinal. (We had just remodeled our office, and it was left over.) The man came to the office, physically picked up the porcelain urinal, and hefted it into his truck. I mentioned that he was not supposed to be lifting after hernia surgery, and he said, 'It's OK, I've been lifting all along with no problems.' I immediately documented his chart, realizing that this was a disaster in the making.

"Approximately three months later, the man was sent to collection for nonpayment. He told our collection agency he had contacted a lawyer and was indeed suing the doctor for malpractice. He wrote a letter to the doctor stating that the doctor had repaired two hernias, and the one on the right (the side the doctor did not repair) had returned. He was contacting a lawyer and would sue if we did not write off the balance of the bill. The doctor, of course, wrote off the $400 due and discharged the patient from the practice."

Mrs. Castillenti maintains that if frivolous lawsuits had a penalty attached, this would not have been the case. "But with current law, who knows what a jury would have awarded," she says, "[and] who knows how much time the doctor would have lost trying to defend himself even if he won."

She concludes that the current system encourages frivolous lawsuits. "The name of the game is, threaten to sue and hope for a large settlement." She asks, "What price can be set on pain and suffering? The current law allows no ceiling, therefore settlements reach the millions. These millions are [financially] backed by the physicians, not all of whom have been sued. The lawyers reap the profits, and the patient gets a percentage. The caregivers pay the bill and pass it on in higher charges to the patients. To avoid these extreme payments and the stress created by frivolous lawsuits, physicians are practicing defensively—ordering high-tech, high-cost tests to avoid being called negligent if and when they are sued."

The moral? We need...

...TORT REFORM NOW!

Physicians across Pennsylvania agree:

- Angelo Illuzzi, DO, a DuBois physician who specializes in

pulmonary medicine, supports tort reform, saying it is needed "so Pennsylvanians can continue to receive health care services from qualified physicians who want to practice in Pennsylvania." Without reform, he fears the commonwealth will lose qualified physicians both by attrition and failure to recruit new physicians.

• Patrick G. Brannac, MD, an ophthalmologist from Chambersburg, cites "outrageous, unjustified court settlements for alleged malpractice with lawyers benefiting the most by the settlements" as his impetus for supporting tort reform. Though never sued himself, Dr. Brannac views malpractice suits as "a game of chance with dice loaded in favor of the greedy lawyers."

• Ranjit S. Dhaliwal, MD, president of the Pennsylvania Oncologic Society, focuses on defensive medicine: "I think there is a great deal of frivolous misunderstanding on the cost of defensive medicine and suits filed against physicians. Some articles have been successful in trifling this cost, although actual figures are much higher and impact on cost of medical care much greater."

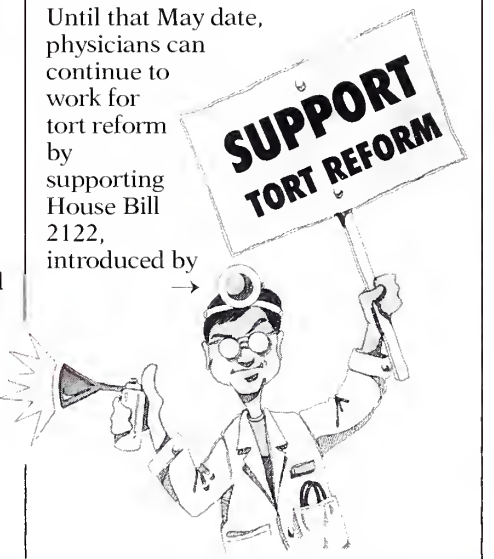
Though their answers vary, these physicians all agree that participation in a united front for tort reform is a must. "In our society, the most effective avenue for tort reform is a united expression of discontent with the system," according to Dr. Dhaliwal, who knows about uniting for a cause. He single-handedly gathered a bus full of doctors to travel from Erie to Harrisburg in January for the rally. He sees the rescheduled Tort Reform Now! rally on May 7 as an opportunity—to bring *two* buses instead of one. He emphasizes that "our patients and our representatives in Harrisburg must see the actual dilemma."

Dorothy Czarnecki, MD, a Philadelphia gynecologist, urges physicians to attend as well: "I have been involved with many projects and crusades over the years. I am convinced that there is strength in numbers. One former Pennsylvania lawmaker used to carry a box of index cards with constituents' names or letters from his constituents' along with him to impress his audiences that numbers meant something. We should all be willing to give some time and energy to this cause which can affect us personally, emotionally, and financially."

For information about how you can participate in the May 7 event—which will include a pre-rally meeting and a rally on the steps of the Capitol—call the Society's tort reform hotline at (800) 566-TORT.

In the meantime

Until that May date, physicians can continue to work for tort reform by supporting House Bill 2122, introduced by →



The CAT Fund Equation: 102% + 68% Leads to Practice Concerns

Last year's emergency surcharge of the Medical Professional Liability Catastrophe Loss Fund (CAT Fund) reawakened the call for tort reform among physicians in Pennsylvania. When asked how the 1995 surcharges—including the basic charge of 102 percent and the 68 percent emergency surcharge—affected their malpractice insurance and their practice of medicine, here's what your colleagues said:

"On January 1, 1995, I sent a check to Topic Insurance for approximately $22,000 to cover malpractice for one full year. In October of 1995, I received a bill due by November 15, 1995, for $7,500, with the understanding that if this was not paid, my husband would no longer be able to support myself, our three children, our receptionist and her college-bound daughter, our 55-year-old single nurse, or our billing coder who had just had a baby.

Christmas was around the corner, and the reality that as of January 1, 1996, another $31,000 would be due. I tried to sell our house. I laid off the file clerk. I stopped payment on a check to our retirement fund and froze all wage increases and Christmas bonuses. I had to borrow for January's malpractice payment and hope that this loan would be paid off before the next payment comes due. We were just getting to the point where we could pay malpractice without borrowing, therefore saving 10 percent that could be put towards overhead. Now, we are back to paying on a loan that requires approximately $2,500 per month in order to be paid before the next year's bill. I worry that more 'emergency' surcharges will come our way. If they do, we will not be able to pay. If we can't pay our employees, we cannot remain in practice."

—*Reva J. Castillenti, Owner, VTR, Inc., Bradford*

"This massive increase in malpractice insurance premiums has increased our fixed costs, curtailing our ability to practice medicine well."

—*Patrick G. Brannac, MD, Chambersburg*

"[My premium] almost doubled."

—*Angelo Illuzzi, DO, DuBois*

"I have restructured the finances of my practice to make up the extra money paid out which, at present, has not cost any of my staff their jobs. This, however, will be the next step."

—*Kristine Kelley, MD, Scranton*

"Our practice income is significantly down. This was another insult to an already strained business. In medicine today, we have to be concerned with lawyers, politicians, and the insurance companies."

—*Dorothy Czarnecki, MD, Philadelphia*

Representative Scot Chadwick. The Society and Representative Chadwick contend that the bill offers a doable start to reform. Plan to meet with, call, or write your legislator in support of the bill's language, and tell your legislator how rising malpractice costs are affecting your practice and why we need tort reform *now!*

What other messages are your colleagues relaying? Reva Castillenti offers a more global message: "Malpractice is only one of the expensive problems plaguing the medical industry. Low reimbursement, high administrative cost, and total lack of understanding from the American public are all taking a toll. We not only need to get malpractice reform, but we need to educate the politicians as to what impact OSHA (Occupational Safety and Health Administration), HCFA (Health Care Financing Administration), Stark II, and the rest of the regulations are having on our practices. Some of these regulations are in direct conflict with each other, as were HCFA and MOM (Medicare Overcharge Measure)."

"I worry that more 'emergency' surcharges will come our way. If they do, we will not be able to pay. If we can't pay our employees, we cannot remain in practice."

—Reva J. Castillenti, Owner, VTR, Inc., Bradford

She continues, "As a whole, it is our duty to educate the public to what the true picture is. Patients unfortunately believe that all doctors are very rich and greedy. They don't realize that doctors hire employees and have to pay those employees. They don't realize that doctors pay real estate taxes, utilities, and insurance premiums. They do not realize that if medicine is 14 percent of the GNP, that means there is a large employment factor along with that."

And Kristine Kelley, MD, a general surgeon from Scranton, builds on that statement, saying, "This is an economic issue for *all* people, not just physicians. This affects not only the people employed in the health care field, but all those in the community."

But it is Dr. Dhaliwal who offers the most pointed statement to bring to legislators: "Do the right thing—Support House Bill 2122."

Do your part for your patients, your colleagues, and yourself. Support tort reform by contacting your legislator and joining the Society's crusade in Harrisburg on May 7!

We're on the Internet

We're here, on the Internet. The Pennsylvania Medical Society can now be reached via e-mail directly from your computer.

stat@pamedsoc.org

Or Write

Pennsylvania Medical Society
777 East Park Drive, P.O. Box 8820
Harrisburg, PA 17105-8820

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(717) 558-7840

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Marc Cohen MD, Hahnemann University	PTCA in Acute MI
Heidi M. Connolly MD, Mayo Clinic	Congenital Disease in Adults
Paula Johnson MD, Harvard University	Risks for CAD in Women
John H. Laragh MD, Cornell University	Hypertension
Gerald V. Naccarelli MD, Pennsylvania State University	Atrial Fibrillation and Flutter
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City Line Avenue and Monument Road
Philadelphia, PA

For information contact Ms. Roe Wells, Lankenau Cardiology Foundation at (610) 645-2682. Registration $50. Six (6) hours of Continuing Medical Education credits are available through The Philadelphia County Medical Society

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Specific Learning Objectives:
Following completion of this program participants should be able to:

1) Identify and apply new diagnostic techniques in the patient with syncope and myocardial infarction

2) Characterize the mechanisms of action through which antihypertensive and antilipidemic therapy improve survival

3) Comprehend unique aspects of management in the woman with coronary artery disease

4) Evaluate management options in the adult patient with congenital heart disease, atrial fibrillation, and congestive heart failure

Accreditation Statement: The Philadelphia County Medical Society is accredited by the Pennsylvania Medical Society to sponsor continuing medical education programs for physicians

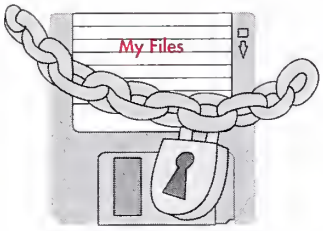
Designation Statement: The Philadelphia County Medical Society designated this continuing medical education activity for 6 hours of category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement

Target Audience: Practicing cardiologists, internists and family practitioners who care for patients with common cardiac illnesses both in the office and in the hospital. Nurses and allied health personnel may also benefit from this program

Disclosure Statement: All faculty participating in programs sponsored by The Philadelphia County Medical Society are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s)

Computerized Records Security: Problems of Policy, Not Technology

Fred D. Baldwin, PhD



As computer-based medical records systems become more common, both physicians and their patients worry about two questions: Who should have access to medical information? How can unauthorized access be prevented? If you and your staff can answer the first question clearly, you can probably find answers to the second.

Imagine the following scenario. You'd like to enter your patient records, including clinical data, into a computer-based system. You think that automation could both reduce paperwork and improve your ability to offer top-quality care by making it easier for you to consult specialists at your local hospital and at a medical school some distance away. But what if someone "hacks" your computer files and copies those records? Maybe someone fishing for malpractice prospects? Or hoping to embarrass one of your patients in public office?

Fears like these trouble physicians as they consider adopting computer-based patient records (sometimes called electronic medical records, or EMRs). Experts say you're right to be worried, but you need not let fear of the unknown keep you from taking advantage of automation.

"Computerization can be a much bigger problem with regard to privacy than traditional paper records," says Peter Waegemann, director of the Medical Records Institute, a research group based in Newton, Massachusetts, and chair, American National Standards Institute (ANSI) Healthcare Informatics Standards Board. "People can break into systems and copy hundreds and thousands of records and can misuse them or distribute them in much easier ways than previously. In the biggest case of paper records misuse, a medical student was found guilty of copying 2,000 medical records, illegally going into the records room at night, and copying them and selling them to lawyers. But this was over two years. You could do this in a minute on a computer."

Margret Amatayakul, executive director of the Computer-Based Patient Record Institute (CPRI), a nonprofit group tha deeply involved in developing secur guidelines, agrees that poorly design computer systems multiply opportunit for disaster, but points out that well-c signed systems are likely to be *more* secu than paper records. A good system will i clude features like encryption, audit trai segregation of records by type, carefu limited access to certain informati "drawers," and flags that alert administr tors to attempts at mass downloads—sa guards barely possible, if at all, with pap

"Even though you think, 'Our papers a safe in the basement,'" Amatayakul sa "anyone with a white coat can take an thing they want, especially in a large h pital where no one knows everybody."

It may be helpful to think about medic security issues under four broad heading listed in a paper published on the Intern by Kevin S. McCurley, PhD, a comput scientist at Sandia National Laboratorie Sandia, New Mexico.

Legislation: Laws provide the bas framework within which records priva decisions must be made. At the federal le el, attention currently focuses on S. 136 "The Medical Records Confidentiality A of 1995," better known as the "Benne Bill" after its principal sponsor, Senat Robert Bennett (R-Utah). Its advocate which include a coalition of health ca providers, insurers, and patient group support it as the first federal legislation t protect medical records. Some patient rights groups, however, including the Pub lic Citizen's Health Research Group an the Coalition for Patient Rights; New Eng land, contend that the bill would legitimiz too much access to individual records.

Institutional and administrative rule and procedures: Many groups, includin CPRI, are actively working on standard and guidelines. For example, Mary Alic Hankin, PhD, University of Washingto chairs the Subcommittee on Access, Con fidentiality, and Security of Computer Based Patient Record Systems [Com mittee on Health Care Information] for th American Society for Testing and Materi als (ASTM). "In health care," Dr. Hanki

Dr. Baldwin, who lives in Carlisle, is co-author of **Infomedicine, A Consumer's Guide to the Latest Medical Research,** *published this month by Little, Brown & Company.*

Pennsylvania Medicine®

Executive Report®

MARCH 1996

Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

MAY 7 RALLY SCHEDULE

Plans are still being confirmed for the rescheduled Rally for Change—Tort Reform Now. Continue to check the Tort Reform hotline for updates, and watch for Society publications in April for more details. As of press time, the schedule is:

10:00	Arrival in Harrisburg
11:00	Pre-rally meeting
Noon	Gather at Capitol
1:00	Rally at Capitol
2:00	Visit legislators
3:30	Departures

In this issue...

Tort Reform and CAT Fund Updates—2

Leadership Conference Registration Forms—3-6

Managed Care Concerns—7

EFFECTIVE STRATEGY SECURES FIRM HEARING DATE FOR OUR TORT REFORM LEGISLATION

Originally introduced as House Bill 2122, the legislative language for tort reform supported by the State Society has successfully mounted its first hurdle and moves now to public hearings.

A new strategy employed by Representative J. Scot Chadwick (R-Bradford) and supported by the Society was successful in gaining a solid commitment for a public hearing in March for the Society's tort reform language, found in House Bill 2122. By announcing in February that the reform language would be offered as an amendment to another piece of legislation, Representative Chadwick forced a serious discussion of the issue by key leaders in the House.

Meanwhile, physicians barraged state representatives' Harrisburg and district offices with messages supporting the language, adding to the pressure on House members to act.

Judiciary Committee Chair Representative Tom Gannon (R-Delaware) agreed to hold a public hearing on Thursday, March 14. Thanks to our members' efforts, House Bill 2122 will receive full debate and, we hope, the vote in the House that it deserves. And, by agreeing to withdraw the amendment, we have gained a deeper level of support from a number of representatives who, for various reasons, are more comfortable addressing this issue following public debate.

It is important to keep the pressure on our state representatives. The hearing will generate much debate from both sides of the issue: The Trial Bar has been known to showcase individuals who will say they were harmed by "bad medicine." The Society is confident that our testimony, as it has in the past, will prove that physicians support patients' rights, as well as "good medicine."

MARK YOUR CALENDAR: "RALLY FOR CHANGE—TORT REFORM NOW" IS RESCHEDULED FOR MAY 7

At press time, arrangements for the rescheduled rally were still being hammered out. Remember: Your presence is still urgently needed in Harrisburg to carry tort reform forward.

The decision to set Tuesday, May 7, as the new Rally for Change date was not an easy one. Physicians generally find Tuesday to be a busy practice day. Rally planners were concerned about maintaining the momentum gained during the winter months as the original rally geared up; they were worried about the impact that a later date might have on participation.

Ultimately, May 7 was selected because it offered the best opportunity to find state senators and representatives present in the Capitol, and because our reform bill will likely be at a critical point in its journey through the legislature by then. It is anticipated that a vote on reform could come on the House floor in April or May, which would put the new rally date squarely on target for either the House vote or, if the bill has already passed in the House, a vote in the Senate.

Look for more details in the next issue of this publication on the May 7 Rally for Change. Meanwhile, updated information is being added as it develops to the Society's tort reform hotline:

(800) 566-TORT

KEY PROVISIONS OF HB 2122

- Imposes sanctions on attorneys who file frivolous lawsuits.
- Eliminates duplicate payments for the same injury.
- Clarifies informed consent requirements.
- Requires certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf.
- Allows patients to arbitrate medical malpractice claims.
- Requires pre-trial preparations to be completed expeditiously and pre-trial conferences to be used to promote settlement.

SEND A MESSAGE TO YOUR LEGISLATORS: OUR STATE'S TORT SYSTEM IS A MESS!

Pennsylvania physicians should tell of personal experiences with the effects of the current medical liability system.

Our message is simple. Keep these facts before your legislators:

- The current system is unfair to patients. Patients receive, on average, only 43 cents of every dollar awarded in the liability system—the remainder goes to lawyers and administrative costs.
- It can take six years to resolve a case. Meanwhile, patients face long-term stress, and physicians face continued turmoil and potential financial ruin.
- Most of the award dollar goes to an inefficient system. The awards—meant by juries to aid patients—end up perpetuating an inefficient system.
- Physicians' medical decisions are affected by this constant threat. The quality and cost of health care in the commonwealth are deeply affected by the constant pressure on physicians of lawsuits and the hassles of frivolous litigation.

We need to hear from you. See the article, page 18, this issue of PENNSYLVANIA MEDICINE, for examples of some of your colleagues' experiences.

SOCIETY'S BOARD AUTHORIZES PARTICIPATION IN PENDING CAT FUND CASE

A recent Commonwealth Court decision in a Cincinnatus Society case jeopardizes an earlier Society victory.

The State Society successfully sued the CAT Fund in 1987 and established the principle that the CAT Fund surcharge amount is limited to the claims paid and expenses of the previous year plus $15 million—and no more. The Cincinnatus Society later sued on the same basis, claiming that the State Society was correct in 1987, but that the State Society somehow failed to challenge in subsequent years.

The Commonwealth Court in a January 1996 opinion dismissed the Cinncinatus Society claims, and added that the surcharge amount was not so limited and the fund could establish reserves. That leaves the fund with almost unlimited discretion as to surcharge amount.

In February, the Society's Board of Trustees authorized involvement as *amicus curia* to try to get an opinion that reaffirmed the limitations of the surcharge amounts. The Society hoped to participate at the Commonwealth Court level.

The Cincinnatus Society had the opportunity to request a rehearing by the entire Commonwealth Court, but it now appears may have missed the filing deadline. The Society has a brief available if there is timely appeal to the Pennsylvania Supreme Court. In the meantime, the Society is also seeking a legislative solution in meetings with the administration.

SPECIALTIES, COUNTIES RESPOND TO RESOLUTION FOR REFORM

When called upon to stand up and be counted, an overwhelming number of medical specialty groups and county societies responded.

To show united physician support for tort reform across specialties and regions, the State Society has written a "Resolution for Reform," and requested signatures from constituent and aligned physician organizations. The resolution outlines the long-standing problems of medical liability, and resolves to prevent the worsening of these through our tort reform legislation.

Copies of the resolution will be displayed during the rally in May, and shown to individual legislators. By press time, the majority of county medical societies and virtually all medical specialty societies in the commonwealth had added their names to the list of supporters.

EXECUTIVE REPORT is published monthly by the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820. Phone 717-558-7750 or (800) 228-7823.

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IN THE '90s

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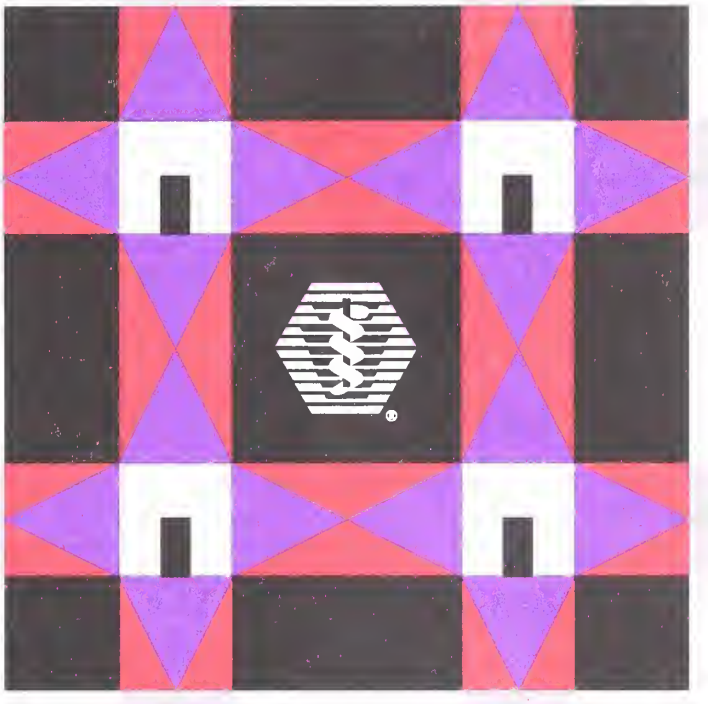


AFFAIR

A FAMILY

1996 Leadership Conference

April 19-21

Holiday Inn Lancaster Host Hotel

- ***Earn 8.5 hours of CME credit for a modest cost.***
- ***Attend practical workshops, such as Windows 95, Ethics of Managed Care, and Gender Communications.***
- ***Network with physician leaders from across the state.***
- ***Get tips on preparing for the future from outstanding speakers.***
- ***Bring your family and enjoy spring in Lancaster.***

1996 Leadership Conference Schedule

Friday, April 19

8:30 a.m. - 11:30 a.m. **Organized Medical Staff Section (OMSS) 23rd Assembly Meeting**

1:00 p.m. - 2:45 p.m. **County Medical Society Presidents' Forum: Delivering Value at the Grassroots Level**

3:10 p.m. - 4:10 p.m. **"Inevitable Forces Altering Our Health Care System"**
David Pearce Snyder, Life Styles Editor, The Futurist *magazine*

4:30 p.m. - 5:00 p.m. **"Reinventing Medicine: The Young Physician's Perspective"**
Regina M. Benjamin, MD, MBA, Young Physician Section Trustee, American Medical Association

3:00 p.m. - 5:00 p.m. **"Computers for Families" Workshop**

6:30 p.m. **Reception and Family Country Barbecue**

Saturday, April 20

8:30 a.m. - 12:00 p.m. **Workshops**

(The Windows 95 workshop will run three hours, the other workshops will run one hour each and be repeated so attendees have the opportunity to attend three separate workshops.)

"Hands On Computers: Windows 95"
Edward H. Dench Jr., MD, Trustee, Pennsylvania Medical Society

"Exercising Effective Leadership in a Managed Care Environment"
Kevin Freiberg, PhD, President
San Diego Consulting Group, Inc., San Diego, CA

"Coping With the Stress of a Medical Career"
Timothy Brigham, PhD, Assistant Dean
Graduate and Continuing Medical Education
Jefferson Medical College

"Strategies for Boosting Dollars Spent on Patient Care"
Gerald R. Phelan, MD, Board of Directors
Hill IPA, Chestnut Hill

"The Ethics of Managed Care"
Peter A. Ubel, MD, Assistant Professor of Medicine
University of Pennsylvania Center for Bioethics

"Gender Communications: You Just Don't Understand Me!"
Nancy Dering Stark, President
Dering Consulting Group, Harrisburg

"Principles of Effective Public Speaking"
Amy Dugan, Director of Media Relations
Pennsylvania Medical Society

1:30 p.m. - 6:00 p.m. **Family Recreation**

7:00 p.m. **Reception/PaMPAC Dinner**
Dinner speaker: U.S. Senator Rick Santorum

Sunday, April 21

8:00 a.m. - 9:15 a.m. **President's Address/Presentation of the Physician Volunteer Award**
Jonathan Rhoads Jr., MD, President, Pennsylvania Medical Society

9:30 a.m. - 11:15 a.m. **"Physician Empowerment: The Attainable Goal"**
James Regan, MD, moderator, State Society Interspecialty Trustee
Earl Schulte, MD, COO, PennMed Member Services Company
Thomas Brandecker, MD, Groups Without Walls, Allentown
Gary Brown, MD, President, Pennsylvania Physician Healthcare Plan
William Mahood, MD, Abington Memorial Hospital
Robert Pyatt, MD, Cumberland Valley Health Network, Chambersburg

11:15 a.m. - 11:45 a.m. **State of the State**
Roger Mecum, Executive Vice President, Pennsylvania Medical Society

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Pennsylvania Medical Society designates this continuing medical education activity for 8.5 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

All faculty participating in continuing medical education programs sponsored by the Pennsylvania Medical Society are expected to disclose to their program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

IN THE '90s MEDICINE A FAMILY AFFAIR

REGISTRATION FORM

PENNSYLVANIA MEDICAL SOCIETY

1996 Leadership Conference

Holiday Inn Lancaster Host Hotel

Friday, Saturday, and Sunday April 19-21

To register for the Conference, please complete **BOTH** sides of this form and mail it, along with your check, to: **PENNSYLVANIA MEDICAL SOCIETY, DEPARTMENT OF MEETING SERVICES, P.O. BOX 8820, HARRISBURG, PA 17105-8820.** Please make your check payable to the Pennsylvania Medical Society. Credit card payment only: Fax to (717) 558-7840. **Deadline for hotel reservations at the Holiday Inn Lancaster Host Hotel is March 22, 1996.**

1 Personal Information

Please print your name as you wish it to appear on your badge.

Dr. ❑ Mr. ❑ Mrs. ❑ _____ Last _____ First _____ MI

MD ❑ DO ❑ PhD ❑ Other Title ❑ _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____ (area code) Fax ( ) _____ (area code)

E-mail address _____

Representing: ❑ County _____ ❑ Hospital _____

❑ Specialty _____ ❑ Other _____

Please indicate the number of Leadership Conferences you have attended: ❑ First ❑ 2-5 ❑ 6-10 ❑ More than 10

2 Spouse/Guest/Family Information

Mr. ❑ Mrs. ❑ _____ Last _____ First _____ MI # of children ___ ages ___

3 Registration

The registration fee includes all meals for you and your family at the Conference **EXCEPT** the Friday night Country Barbeque. Order meal tickets on other side.

❑ Member **$75** ❑ Resident **$35** ❑ Non Member **$90** (Applicable to first year membership dues) ❑ Medical Student **NO FEE**

4 Saturday Workshops

Please indicate which workshops you would like to attend. **Please note: Choose the "Hands On Computer" workshop for three hours or three other workshops.**

- ❑ Exercising Effective Leadership in a Managed Care Environment
- ❑ Gender Communications: "You Just Don't Understand Me"
- ❑ Coping With the Stresses of a Medical Career
- ❑ Strategies for Boosting Dollars Spent on Patient Care
- ❑ Principles of Effective Public Speaking
- ❑ The Ethics of Managed Care
- ❑ Hands-on Computers: Windows '95 **(Please note: This workshop carries a $35 lab fee.)** *Participants will have an opportunity to purchase laboratory computers.*

LIST FEES

$ _____

$ _____

$ _____

TOTAL #1

Please continue on other side.

5 Food, Beverage and Special Events

Please indicate which events you and your family plan to attend.

Friday, April 19

Noon Box lunch with the Exhibitors

- ❑ Please provide a box lunch for me.
- ❑ Provide _____ additional tickets for spouse/guest.

6:30 p.m. Country Barbeque and Entertainment (Line Dancing and Clown for Children)

- ❑ Please provide _____ tickets at a cost of **$35** each.
- ❑ Provide additional tickets for:

  _____ children (age 17 and under) **NO FEE**

Saturday, April 20

7:00 a.m. Continental Breakfast with the Exhibitors

- ❑ Please provide a breakfast for me.
- ❑ Provide _____ additional tickets for spouse/guest.

Noon Box Lunch with the Exhibitors

- ❑ Please provide a box lunch for me.
- ❑ Provide _____ additional tickets for spouse/guest.

1:30 p.m. Golf Tournament

- ❑ Please provide _____ tickets at a cost of **$50** each.

7:00 p.m. Reception and PAMPAC Dinner

- ❑ Please reserve a ticket for me for the reception and PAMPAC Dinner.
- ❑ Provide _____ additional tickets for spouse/guest.

Sunday, April 21

8:00 a.m. Sunday Breakfast

- ❑ Please provide a breakfast for me.
- ❑ Provide _____ additional tickets for spouse/guest.

LIST FEES

$ _____

$ _____

$ _____

TOTAL #2

6 Accommodations

A block of sleeping rooms at the Holiday Inn Lancaster Host Hotel has been reserved at the special rate of **$95** per night for single occupancy or double occupancy. Children 17 and under are free in parent's room. Please call the hotel directly at 1-800-233-0121 to reserve a room. Mention that you are with the Pennsylvania Medical Society Leadership Conference. **Deadline for reservations at this special rate is Friday, March 22.**

7 Payment Method

- ❑ Check enclosed made payable to: Pennsylvania Medical Society
- ❑ Visa ❑ MasterCard

_____

Card Number Expiration Date

_____

Cardholder's Name (as it appears on credit card)

_____

Cardholder's Signature

TOTAL FEES

TOTAL #1 $ _____

TOTAL #2 $ _____

TOTAL ENCLOSED

$ _____

8 For the Family

Please indicate below which activities you and your family would like to participate in.

Family Activities (Saturday):

- ❑ Amish Farmlands Tour
- ❑ Strasburg Rail Tour
- ❑ Golf/Tennis/Swimming

Children Activities:

- ❑ Friday Computer Workshop for Kids **(NO FEE)** # of children _____ ages _____
- ❑ Saturday Morning Kidz Kamp
- ❑ Saturday Kids' Night Out—Dinner and Entertainment
- ❑ Sunday Mini-Olympics for Children

- ❑ Please send me information on child care.

- ❑ Please check here if you have a physical limitation that requires special services. (Attach a written description of your needs.)

STATE SOCIETY LEADER OUTLINES HEALTH AND MANAGED CARE CONCERNS TO SENATE DEMOCRATS

Society Vice President Lee H. McCormick, MD, in February told the Senators of physicians' concerns about patient advocacy in managed care.

At a February meeting of the Senate Democrats, Dr. McCormick described the State Society's position in regard to points of the Senate Democratic Agenda. Among a broad range of comments, he told the Senators that the Society:

- ✘ Places medical liability reform and changes in the operation of the CAT Fund at the top of its list of concerns.
- ✘ Actively supports the Children's Health Insurance Program (CHIP), which guaranteed access for children up to the age of 18.
- ✘ Supports legislation mandating portability of overall insurance reform and improved access to care.
- ✘ Does not support a pure any willing provider approach, but believes there can be a compromise between the needs of the managed care plan through better management of utilization of medical services and the due process protections needed for subscribers and providers.
- ✘ Is working with provider organizations, insurance interests, and others to address concerns over managed care contracting and utilization review safeguards.

Dr. McCormick also rebutted a Democratic State Committee televised campaign advertisement accusing doctors of "charging more than Medicare allows." The objectionable ad was pulled after the Society approached Senator Mellow, the State Senate Democratic leader. Dr. McCormick reminded the Senators of Act 81 of 1990—the Health Care Practitioners Medicare Fee Control Act—and thanked the committee chair for cooperation in cancelling the ad.

SOUND BITES

"Expansion of health maintenance organizations (HMOs) and other managed care entities is a fairly recent phenomenon in Pennsylvania. According to Department of Health figures, during 1993, 11 of 67 counties had no HMO enrollment. By the end of 1994 every county had HMO penetration. The number of subscribers during that period increased from 2.1 million to 2.8 million, a 38 percent increase. That means that, as of the end of 1994, almost one in four Pennsylvania citizens were enrolled in HMOs."

—Lee H. McCormick, MD
Society vice president

BOARD APPROVES MOVE TO ADDRESS "GAG RULES" USED BY MANAGED CARE ORGANIZATIONS

In February, the Society's Board of Trustees approved a recommendation from the Managed Care Priority Work Group to work with managed care organizations (MCOs) in Pennsylvania to remove "gag rules" from contracts if their language prevents physicians from giving patients information about treatment options that may or may not be covered by their health plans, even if these alternative treatments are safe, effective, and necessary.

Ascertaining which HMO contracts include gag rules will require a concerted effort, since not all contracts include the provisions. Physicians are encouraged to send to the Society any contracts which they believe may include a gag rule. On the basis of the information collected, the Society will ask MCOs which include such rules to remove them. The names of MCOs that refuse to grant this request will then be included in a press release from the Society and will also be published in the next edition of the Society's new publication, "A Closer Look at HMOs."

STATE SOCIETY SUBSIDIARY OFFERS CONSULTING SERVICES TO MEDICAL SOCIETY OF DELAWARE

Expertise developed by your State Society in the managed care arena is welcomed by physicians outside the commonwealth.

The Pennsylvania Medical Society and its subsidiary, PennMed Member Services Company (PMSCO), recently submitted a joint proposal to develop a statewide managed care strategy for the Medical Society of Delaware.

The proposal is divided into three phases: 1.) overall strategy development; 2.) physician organization (PO) development; and 3.) management services for the POs that are established.

It is expected that the first phase of the project related to strategy development will be completed late in May. PO development activities in the state of Delaware could take approximately six months.

State Society Monitors Tally of QMB Payments to Physicians

Since payments began more than a year ago, the total paid to physicians statewide by the Department of Public Welfare for "Qualified Medicare Beneficiary (QMB) crossovers" is now nearly $48 million. Payments to all providers total $83 million.

This court victory by the State Society secured reimbursements for physician services to QMBs—low-income elderly patients—under the state's Medicaid program.

SPRING SEMINARS OFFER OPPORTUNITIES TO LEARN MORE ABOUT MANAGED CARE PITFALLS

Attend the Society-sponsored seminar, "Managing Managed Care," in April to gain in-depth coverage of strategies to reorganize clinical activities to be more effective with managed care programs—including implementation of patient tracking systems.

The program will be presented April 16 in Pittsburgh, April 17 in Harrisburg and April 18 in Philadelphia (West Conshohoken). Members and member staff fee is $245 per person. The second registrant can register for the discounted fee of $175 per person. Nonmember fees are higher.

To receive an informational brochure about these programs and to register, please contact Linda Boyer at (800) 228-7823, ext. 1488.

The Pennsylvania Medical Society designates this continuing medical education activity for six credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirements.

SOCIETY URGES SUPPORT OF BILL TO ENSURE ADEQUATE MATERNITY STAY FOLLOWING CESAREANS

Legislation would ensure adequate hospital and home health care for mothers and infants.

The State Society in February urged state representatives to support House Bill 1977, the Mother and Infant Health Security Act, as it went before the House Insurance Committee. The Society also supports amendments being proposed by Representative Curt Schroder (R-Chester) which address the length of stay following Cesarean delivery. Our points:

- While the Society does not wish to see the practice of medicine relegated to numbers, it supports the legislation in order to ensure the delivery of high quality maternity care to both mothers and their infants.
- Opponents of the bill and of Representative Schroder's amendments argue that the bill removes the decision-making authority of the physician.
- Until the recent growth of managed care, the timing of the hospital discharge of the mother and infant after birth was a mutual decision between the physicians and the mother. Now insurers are using statistics to arbitrarily refuse payment for hospital stays extending beyond 24 hours after a normal delivery of 48 hours after a Cesarean delivery.
- The Society feels there is still insufficient data to support the safety of these early releases.

State Society President Jonathan E. Rhoads Jr., MD, noted in a letter to representatives: "It is important to remember that each birth is unique, and that the specific situation surrounding the event—including the health of the mother and child, the adequacy of support and follow-up systems—must be taken into consideration."

SOUND BITES

"The tort system is out of control...the only significant changes in the past 20 years have been court decisions repealing the arbitration panels and the limits on contingency fees that were in the original law. The Trial Bar had those provisions repealed more than 10 years ago.

"House Bill 2122 won't repeal the CAT Fund and it won't unduly restrict lawsuits. It does propose the kind of reasonable tort changes that have been adopted in other states around the country.

"We know that for many, this is a 'tough' vote. We sincerely appreciate your support."

—Jonathan E. Rhoads Jr., MD
State Society president, in a February letter to state representatives

says, "we really haven't used many of the tools available to provide security. One of the reasons has been the difficulty in the hospital environment in deciding who should have access."

Although the initial focus of standards-setting groups is on hospital records, the concepts involved (and probably many of the specific standards) will sooner or later be extended to cover private practices. "We're taking great care to make the principles universal and pay attention to the needs of small practices," Amatayakul says with respect to the CPRI guidelines.

Technology: Though this is Dr. McCurley's specialty, he's at pains to stress that technical solutions depend on clarity about what you want to accomplish and at what cost. He cautions against relying on any single piece of hardware or software—in short, against regarding a technical fix as a substitute for hard thought and good staff training. "Real security," he writes, "requires that the entire system have protections built into it, rather than stuck on the outside like a Band-Aid. Buying a 'separate' security system for an existing information system that was never designed with security in mind makes about as much sense as buying a yacht and later turning it into a motor home by adding wheels."

Education: Almost everyone agrees that physicians would do well to concentrate their immediate efforts in education, starting with themselves. Waegemann offers a reminder that office records are less likely to be compromised by sensationally clever hackers or by Big Brother than by careless or disgruntled employees.

"There should be an office policy on access," he says. "Hopefully, most physicians have that now, but it's even more needed with computers because someone who's upset about being fired can within five minutes copy or alter a patient's file."

Physicians also need to realize that e-mail messages are "electronic postcards" whose Internet routing between sender and recipient may involve many computer systems, exposing them to many sets of eyes. Confidential records transmitted by e-mail over the Internet should be encrypted. (Most encryption systems are good enough for all practical purposes; physicians need take no more than an intellectual interest in arcane debates over whether available systems are perfectly secure.)

It may seem paradoxical, but physicians' best protection against misuse of records may be an active policy of full disclosure—to their patients. Patients can, for example, be provided with copies of what's in their electronic files, just as they now may receive photocopies. This not only creates trust; it can reduce problems arising from charges (real or false) that records have been altered by either party, since techniques exist for dating electronic entries.

Basically, Waegemann says that information technology is one factor making it harder for any physician to maintain "a paternalistic way of practicing medicine" instead of a "partnership." Doctors can avoid most patient-relationship problems by explaining what they record, why it's important, and who may have access to it. He believes that discussions about records privacy will become increasingly common.

"I know now of anecdotal stories," he says, "where a patient asks the doctor, 'Will you please record the result of this visit on a diskette and give it to me?' There will be in the next couple of years a whole industry of people who will, for a fee, keep patients' records and explain it to them. Once they realize this, patients may want corrections."

Where privacy is concerned, patients and physicians are potentially natural allies. They share a common perspective that the preservation or restoration of the patient's own health is the primary reason for collecting and disseminating medical information, with all other reasons (payment, research, commercial exploitation) at best secondary.

The organizations and interests involved in studying the ethical, legal, and institutional issues on privacy include health care providers, academics, insurance companies, HMOs, and a host of other people from software developers to law enforcement officials. Understandably, their perspectives differ. All that's clear is that the rules are changing and that the process of change may take a long time.

Meanwhile, physicians are unlikely to go far wrong if they follow four rules of thumb:

1) base their internal office systems on principles, policies, and procedures that they'd be willing to have applied to the records of their own families by another physician;

2) ensure that staffs understand the rules and realize that tools like computer passwords must be treated with the same care as keys to a drug cabinet;

3) insist on secure e-mail transmissions to hospitals or colleagues; and

4) let patients know what's in their files so that genuinely complex issues of privacy aren't clouded by unreasonable fears.

"Where privacy is concerned, patients and physicians are potentially natural allies."

Internet Resources

You can find extensive discussions of the policy and technical aspects of medical records security on the Internet. Web pages consulted for this article include:

http://www.CPRI.org
(Computer-Based Patient Records Institute)

http://www.cs.sandia.gov/~mccurley/health/health.html
(Dr. McCurley's paper on file at Sandia Laboratories)

http://www.tiac.net/users/gls/cpme.html
(Coalition for Patient Rights; New England)

Physicians using e-mail but not a Web browser may wish to consult Fam-Med (see " 'Fam-Med': An Internet List for Small Practices," PENNSYLVANIA MEDICINE, November 1995) or the Medical Informatics Society forum on Compuserve (GO MEDSIG).

Whither the Roles of Rifater and Rifamate?

John H. McConville, MD

Scientists have good reason to believe that two new combination drugs offer new promise in the fight against tuberculosis.

Despite the availability of effective drugs and treatment regimens, control of tuberculosis continues to be problematic. One of the most difficult issues has been the emergence of drug-resistant strains. In a 1991 survey conducted by the Centers for Disease Control and Prevention (CDC), 9.5 percent of *Mycobacterium tuberculosis* isolates were resistant to isoniazid and/or rifampin. A major factor contributing to the phenomenon of drug resistance has been patient non-compliance.

This is the second in a series of articles offered by the Advisory Committee to the Pennsylvania Department of Health on Chronic Respiratory Diseases.

Fixed-dose combination preparations which contain two or more antituberculous drugs in a single tablet have been recommended as one method of improving compliance. Two such preparations are currently available in the United States: rifater (isoniazid 50 mg, rifampin 120 mg, and pyrazinamide 300 mg; Hoechst Marion Roussel) and rifamate (isoniazid 150 mg and rifampin 300 mg; Hoechst Marion Roussel). Patients weighing less than 44 kg receive four tablets of rifater, while those weighing 45-55 kg receive five, and those weighing more than 55 kg receive six. The standard dose of rifamate is two tablets daily.

Concern has been expressed that a 60 kg patient taking rifater would receive 720 mg of rifampin, which exceeds the maximum recommended daily dose of 600 mg. This difference is explained by the lower bioavailability of rifampin when given as rifater rather than as a single drug. The increased dose of rifampin in the combination preparation compensates for this decreased bioavailability.

Rifater is safe and effective in the treatment of tuberculosis. U.S. Public Health Service Trial 21 compared the clinical effectiveness of rifater to the component agents—isoniazid, rifampin, and pyrazinamide—taken as separate drugs. Rifater produced a higher rate of sputum conversion and adverse reactions at eight weeks. This suggested to the authors that patient compliance might be better with rifater.

Two additional studies found no difference in rates of sputum conversion or adverse reactions when comparing rifater to the component drugs given separately. In one of these, the relapse rate was higher with the fixed-drug combination, but this was of borderline statistical significance.

The use of these medications should simplify the treatment regimen and reduce errors in drug self-administration. Currently, a six-month course of drug therapy is recommended for most patients. Four drugs are recommended for an initial two-month phase (isoniazid, rifampin, pyrazinamide, and either ethambutol or streptomycin) followed by two drugs (isoniazid and rifampin) during the four-month continuation phase. The use of rifater would reduce from four to two the number of medications taken initially, while rifamate would reduce from two to one the number required in the continuation phase. This is important because compliance is inversely proportional to the number of medications in a treatment regimen.

Fixed-dose combination tablets would diminish the possibility of inadvertent monotherapy. Tubercle bacilli naturally develop resistance to isoniazid once in every 10^6 organisms and to rifampin once in every 10^8 organisms. A cavitary lung lesion may contain 10^9 organisms, some of which will be resistant to either isoniazid or rifampin. Patients treated with either drug alone will quickly develop resistance to that agent. There are numerous reasons why patients may selectively delete medications from a multi-drug regimen. By combining two or more drugs into a single tablet, however, rifater and rifamate virtually eliminate the possibility of monotherapy.

Cost is a consideration when prescribing these drugs. Rifater given for two months to a 60 kg patient is more expensive than the component drugs given separately: $648.00 vs. $414.55.† Rifamate given to the same patient for an additional four months is also more expensive: $583.68 vs. $514.54.† Does the anticipated benefit for a given patient warrant the additional expense? The assumption that a fixed-dose combination tablet will simplify the treatment regimen, improve compliance, and thereby diminish drug resistance seems logical, but unfortunate-

Dr. McConville is chairman of the Department of Medicine, York Hospital.

ly remains unproven. What, then, should be the role of rifater and rifamate in treating tuberculosis?

There is general agreement that rifater and rifamate have no role for patients who are followed in directly observed therapy (DOT) programs. In DOT, health care workers observe patients taking their medications, thus assuring compliance. There is wide variation throughout Pennsylvania in the number of patients followed in these programs. Statewide, nearly half of the active tuberculosis cases are followed outside the state, county, or municipal health department systems, which means few, if any, of these patients are in DOT programs.

In Allegheny County and Philadelphia, 25-40 percent of patients followed by their respective health departments are in DOT programs. In individual state health clinics throughout Pennsylvania, use of DOT ranges from 20 percent to nearly 100 percent. There remains, therefore, a large number of patients who self-administer their medications, and for whom rifater and rifamate could improve compliance.

There is good reason to believe that the use of rifater and rifamate in adult patients who self-administer their drugs will improve compliance and thereby decrease the development of resistance. First, these drugs are safe and effective. Second, compliance should improve as the number of medications ingested decreases. Third, the likelihood that patients will inadvertently use monotherapy, the single most effective mechanism for generating resistant strains, would greatly diminish.

In considering the additional cost of these drugs, we must also consider the high cost of caring for patients with multi-drug-resistant tuberculosis. The average cost of caring for a patient with multi-drug-resistant tuberculosis at the National Jewish Hospital is $170,000. Every case of drug resistance which is prevented, therefore, generates savings for the health care system.

Physicians who treat tuberculosis must use every tool necessary to ensure that patients comply with an effective drug regimen. Rifater and rifamate are two promising additions to our armamentarium and should be considered for all adult patients who self-administer their medications.

---

† *Cost to the pharmacist according to Average Wholesale Price listings in the* Drug Topics Red Book, *1995.*

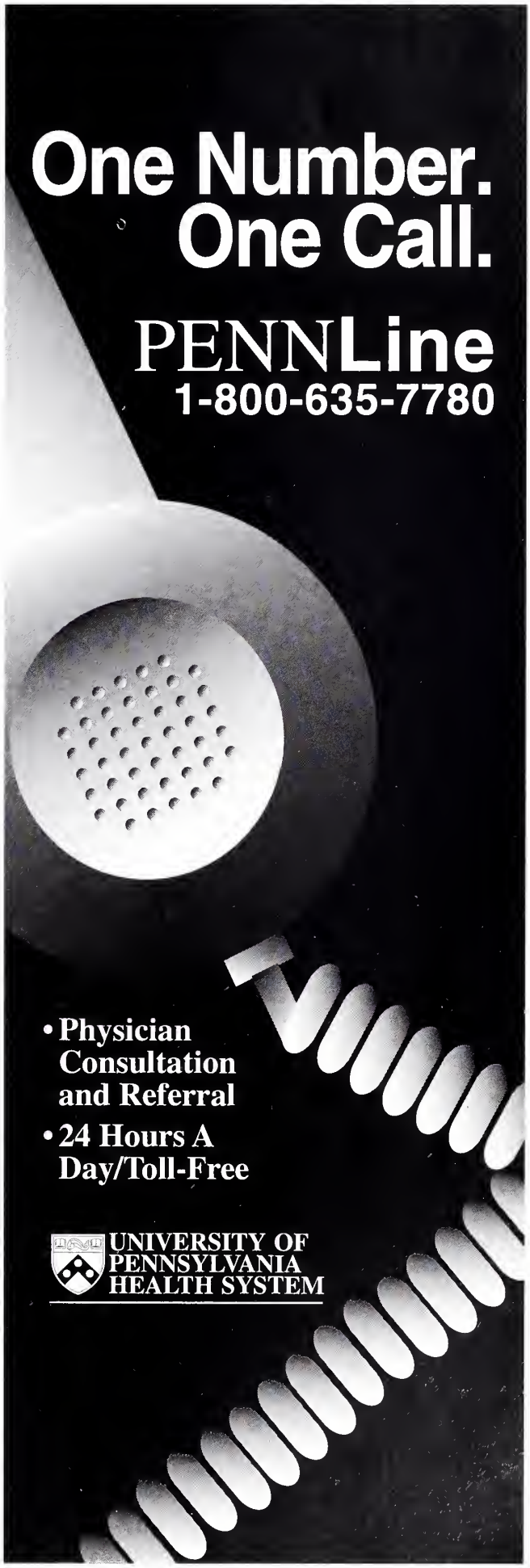
Suggested Reading

1. Moulding T, Dutt AK, Reichman LB. Fixed-dose combinations of antituberculous medications to prevent drug resistance. *Ann Int Med* 122(12):951-954, 1995.

2. Geiter LJ, O'Brien RJ, Combs DL, Snider DE Jr. United States Public Health Service Tuberculosis Therapy Trial 21: Preliminary Results of an Evaluation of a Combination Tablet of Isoniazid, Rifampin and Pyrazinamide. Supplement to *Tubercle* 68:41-46, 1987.

3. Geiter L. Discussion of Issues Regarding Rifater®. Department of Health and Human Services, Public Health Service, CDC, Atlanta, GA 30333. TB Notes, Spring/Summer 1995, pp. 14-15.

4. Bloch AB, Cauthen GM, Onorato IM, Dansburg KG, Kelly GD, Driver CR, Snider DE Jr. Nationwide survey of drug-resistant tuberculosis in the United States. *JAMA* 271(9):665-671, 1994.



Accomplishment, Not Just Activity

Charles Cutler, MD

Your State Society is now well into a new way of focusing its activities. The goal: make Society accomplishments easier to measure in terms of membership expectations, and more satisfying to physicians.

Noted French naturalist, John Henry Fabre, arranged a group of processional caterpillars, known for blindly following the one in front of them, around the rim of a flower pot. Each caterpillar touched the one before it, forming a complete circle. In the center—not six inches away from the caterpillars—Fabre placed an abundant supply of food. Then he watched.

After seven days and nights of continual circling—and with the food untouched—the creatures died of starvation and exhaustion. Fabre's unusual experiment offers a lesson for organizations like the Pennsylvania Medical Society: Do not confuse activity with accomplishment.

A year has flown by since the launching of the State Society's "membership-driven process"—or MDP—to strengthen the flow of two-way communication between the Society and its members. The MDP assumes that the Society, like Fabre's caterpillars, will benefit by constantly reasserting and evaluating its goals.

Made up mostly of practicing physicians, the MDP panel early last year established an ambitious schedule of research and membership-polling projects. Using survey results, preliminary reports of member interests drawn from contact-tracking data, and reviews of other pertinent information, the panel offered its first set of priority recommendations to the board in July 1995.

The resulting four priorities, as developed by the board and approved by the House, are: patient and physician managed care advocacy, tort reform and other important legislation, communication of the Society's value to Pennsylvania physicians, and young physician membership.

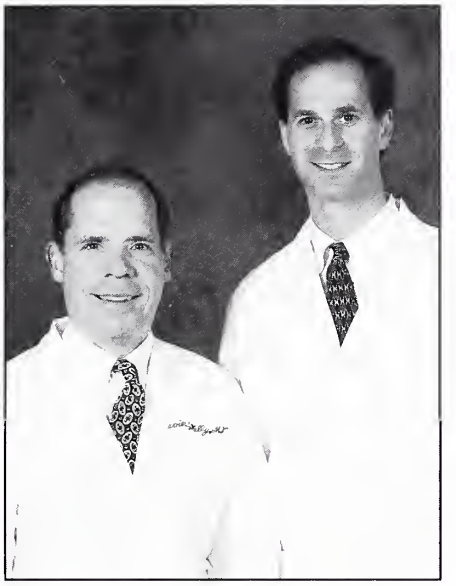
For the first time, the Society built its annual budget around these priorities, creating physician priority work groups to develop fresh strategies for each priority and staff teams to support them. Here is a summary of some of the other major communication and data-collection efforts underway or planned to date by the MDP panel:

- *MDP survey during the October 1995 House Of Delegates meeting*—Results of this mini-survey were compared to a random-sample telephone survey of physicians performed in May 1995.
- *Interactive survey (Pennsylvania Medicine)*—In the November issue of this publication, this survey asked members for their views, particularly on issues related to the 1996 Society priorities.
- *Contact tracking system*—A tracking system for recording the nature of physician contacts with the Society. It provides information on the kinds of services and issues that are important to members.
- *Regional meetings*—MDP Review Panel members actively promote the membership-driven process at county medical society meetings.
- *Managed care survey*—Between 1,200 and 1,500 members and nonmembers will be surveyed to explore strategies for better assisting them with managed care.
- *Leadership Conference*—The MDP Panel is developing specific information collection activities for use on site.
- *Specialty society survey*—Preliminary findings suggested that physicians place very high value on specialty medical societies. The MDP Panel designed a special survey for distribution at specialty society meetings.
- *Opinion panel*—A "network" of member and nonmember physicians is being developed and will be polled several times a year on priority topics.
- *Focus groups on young physicians*—The needs of younger physicians are of particular concern to the Society. Focus groups will begin this month in several regions of the state to help refine the Society's young physician agenda.
- *Identifying external data sources*—Surveys performed by other organizations may be helpful in the development of priorities for 1997, as well as assessing the impact of our 1996 priorities. The MDP Review Panel will continue to examine these external data sources on an on-going basis.

For additional information on the membership-driven process or Society priorities, call the Division of Communications at:
(800) 228-7823
or
(717) 558-7750

Dr. Cutler, a Norristown internist, is chair of the Society's MDP Review Panel.

ST. CHRISTOPHER'S
HOSPITAL FOR CHILDREN



St. Christopher's Hospital for Children and Medical College of Pennsylvania and Hahnemann University School of Medicine are pleased to announce the appointment of two pediatric gastroenterologists: **Kevin J. Kelly, MD**, and **Jeffrey Rosensweig, MD** (pictured left to right). Dr. Kelly joins us from the Johns Hopkins University School of Medicine as the director of the Division of Gastroenterology and Nutrition of the Department of Pediatrics at Medical College of Pennsylvania and Hahnemann University School of Medicine.
Dr. Kelly has clinical research interests in gut immunology, gastrointestinal manifestations of food allergy and gastroesophageal reflux. Dr. Rosensweig, who completed a fellowship in pediatric gastroenterology and nutrition at the Johns Hopkins Hospital, has special interests in feeding and swallowing disorders, food allergies, inflammatory bowel disease and cystic fibrosis.

For appointments with Dr. Kelly or Dr. Rosensweig at St. Christopher's Hospital for Children, call

(215) 427-6778

For more information about the Division of Pediatric Gastroenterology and Nutrition or other programs at St. Christopher's Hospital for Children, call

1-800-PRO-HEALTHSM

(1-800-776-4325)

BLUE SHIELD IMPLEMENTS NEW CODING STRUCTURE FOR MANIPULATION THERAPY

Effective July 1, 1996, *pending approval by the Pennsylvania Insurance Department,* Pennsylvania Blue Shield will implement a multi-level coding structure across all of its private business product lines.

The new codes will represent a complete manipulation therapy encounter, including evaluation and management of the patient, preparatory and post-service physical therapy, and the actual manipulation. They will be applicable to services performed by all specialties and disciplines.

Under the new coding structure—resulting from Blue Shield's comprehensive review of its policy and reporting guidelines for manipulation therapy services—there are two ranges of manipulation therapy encounter codes: The first range (codes W0801-W0805) is specific to spinal manipulations and is appropriate for the cervical, thoracic, lumbar, and sacral regions. The second range (codes W0806-W0810) is for regions other than the spine and is applicable to the head, pelvis, lower extremities, upper extremities, rib cage, abdomen, and visceral regions.

Both ranges of codes will be subject to patients' contract and benefit provisions for physician therapy. The spinal manipulation codes will also be subject to contract and benefit provisions for spinal therapy.

To request a complete listing of the new codes and terminology for all manipulation encounter services, call the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

New policy guidelines

In conjunction with the new coding structure, Blue Shield has developed policy guidelines related to manipulation therapy services. These guidelines allow payment for up to 15 medically necessary outpatient manipulation encounters per 12-month period. Encounters in excess of the allotted 15 will be reviewed to substantiate medical necessity before payment is made. Blue Shield says it will require the appropriate documentation to conduct these reviews.

Also, the carrier has revised its policy guidelines related to all other forms of physical therapy—i.e., other than manipulation. Blue Shield will be increasing the allowable number of medically necessary outpatient therapy sessions from 12 to 15, after which appropriate documentation will again be required to substantiate the need for additional therapy before payment is made.

All of these physical therapy guidelines will be applied upon initial processing of the claim, according to Blue Shield. As with any other service, if a specific contract has limits or maximums on any of these therapy services, the contractual provisions will supersede Blue Shield's policy guidelines.

The insurer advises physicians and their staff members to become familiar with the new codes and report the code that best represents the service rendered. Patients' records must include documentation to support the level of complexity represented by the code reported to Blue Shield. If a health care professional continues to report fragmented or "unbundled" services, Blue Shield will combine the codes into the lowest level new encounter code.

Blue Shield has dedicated a unit in its Benefits Utilization Management Department to ensure correct reporting and review cases to determine the medical necessity of reported services. In the meantime, the carrier is preparing a program to educate physicians about the new program, if and when it is approved.

MEDICARE NEWS

REQUIREMENTS EXPANDED FOR TREATING ONYCHOMYCOSIS

Effective for Medicare services rendered on or after **March 22, 1996,** physicians rendering debridement as a treatment for onychomycosis are required to maintain a clear photograph of the patient's feet as part of the medical record. These services are usually billed using procedure codes 11700, 11701, 11710, and 11711 (debridement of mycotic nails services).

These photographs should be obtained the first time the patient is treated with the debridement services and at least annually thereafter. Active patient files for patients with onychomycosis should be updated with photographs at their next regularly scheduled visit on or after March 15, 1996. If the mycotic condition worsens and the number of affected toes increases, the photograph should be updated to reflect the additional sites of infection.

The beneficiary's Health Insurance Claim Number must be included in the photograph. The beneficiary's name is optional. The photograph should be of such good quality as to clearly document the presence of mycosis and should provide an unobstructed view of all affected toes. Any expense that is incurred by the provider in obtaining the photographs will not be reimbursed by Xact Medicare Services.

PROPRIETARY BILLING METHOD WILL SOON BE OUTDATED

Are you still using a proprietary electronic format to bill Medicare? If the answer is yes, you will want to immediately contact your billing vendor to make sure that they are aware that effective **July 1, 1996,** in order to bill electronically to Medicare, you *must* use either the National Standard Format (NSF) or the American National Standard Institute (ANSI ASC X12 837) format. You can no longer use proprietary formats after this date.

Also, Xact Medicare Services has imposed a **March 31, 1996,** deadline for conversion to one of the standard formats so that there is ample time to conduct a testing process. *Please note that electronic claims submitted using a proprietary format after March 31 will not result in claim denials.* It may result though, in the slowdown of some services such as the Telephone Appeals Process (TAPS). Conversion to the new formats can take place after this March 31 deadline, but you increase your chances of not having adequate time for Xact to test your new format.

Questions?

Direct questions about these issues to the Society's Department of Medical Economics at:

(800) 228-7823
or
(717) 558-7750

Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of are. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or during follow-up investigation may be shared with government officials and the public. Please exclude any information that may identify a patient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate care or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care decisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care contexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions also can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

☐ HMO ☐ PPO ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline*
- ☐ Payment policy
- ☐ Reimbursement incentive
- ☐ Other*
- ☐ Referral restriction

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

Mail or fax your forms to the Pennsylvania Medical Society, Department of Medical Economics, P.O. Box 8820, Harrisburg, PA 17105-8820; Fax (717) 558-7841; Questions: (800) 228-7823.

CONTRACT RENEWED UNDER FIFTH PRO SCOPE OF WORK

KePRO's three-year contract with the Health Care Financing Administration (HCFA) will renew under a new Scope of Work on April 1, 1996. While the changes from the Fourth Scope of Work may sound quite dramatic, they really are just a continuation of the direction HCFA has taken the peer review organizations (PROs) for the past three years. Almost the entire program has now been focused on the Health Care Quality Improvement Program (HCQIP), and honestly, I am surprised they haven't changed the name of the PRO program to HCQIP. I suppose that could still happen, and it may not be a bad idea.

Under the next contract, there will no longer be a random sample of cases to be reviewed. Of course, this transition started during our present contract with the sample size being gradually reduced to only a fraction of what we once reviewed. The only times we will conduct our traditional type of review are for items such as suspected patient-dumping violations, beneficiary complaints, hospital-issued notices of noncoverage, and referrals from HCFA or other government agencies. Even diagnosis related group (DRG) validation will now be done by the Clinical Data Abstraction Centers (CDACs), with the exception of hospital requests for higher weighted DRGs. We are to perform only surveillance activity on readmissions, transfers, day and cost outliers, and specialty hospitals.

Review of Medicare at-risk health maintenance organization (HMO) cases will now be limited to only beneficiary complaints, hospital notices of noncoverage, and referrals. The PRO's major focus with HMOs will be to involve them in HCQIP cooperative projects, similar to what is now being done with the hospitals.

HMO cooperative projects could be extremely important because they will afford the opportunity to evaluate the quality of care provided by physicians in their offices. In the past, KePRO had no practical way to obtain physician office data for such studies. The Fifth Scope of Work contract will now enable us to develop projects which can be extended to multiple settings for evaluation of the continuum of care.

The contract contains a few other procedural changes such as requiring PROs to meet with both the Part B Carriers and the Fiscal Intermediaries on a quarterly basis to discuss HCQIP issues of common interest, including cooperative projects. Under the last Scope of Work, only meetings with the carriers were required to discuss medical review issues.

As you can see, the PRO program has undergone a significant transformation over the past three years, and after the start of the Fifth Scope of Work, it will be hard to see any remnants of the original, punitive program it started out to be. Certainly from the perspective of most physicians and providers, it has been a welcomed improvement.

The contributing author, KePRO President Donald E. Harrop, MD, offers KePRO news and views in this column each month.

Why Do 60,000 Doctors Trust Us With Their Professional Reputations?

In an era of "not if, but when" a doctor will be accused of malpractice, your choice of professional liability coverage is extremely important. We know that *any* allegation can be devastating to both your professional reputation and your personal assets... making the company you choose critical to your future well-being. Many factors should be taken into account when making a decision.

Consider our financial strength and stability. We are rated A+ (Superior) by A.M. Best and AA (Excellent) by Standard & Poor's. No other company with an exclusive focus on the needs of the health care community has higher financial ratings.

Look at our experience. For nearly a century we have specialized in defending and protecting doctors. No other company has **successfully defended** more than 180,000 malpractice claims.

Local service is important, too. Our General Agents and Field Claim Managers work with you on every allegation. They average more than 15 years experience working with doctors and the legal system.

Why do more than 60,000 doctors trust their professional reputation and personal assets with us? No other company combines nearly a century of experience with financial strength and the local service provided by The Medical Protective Company.

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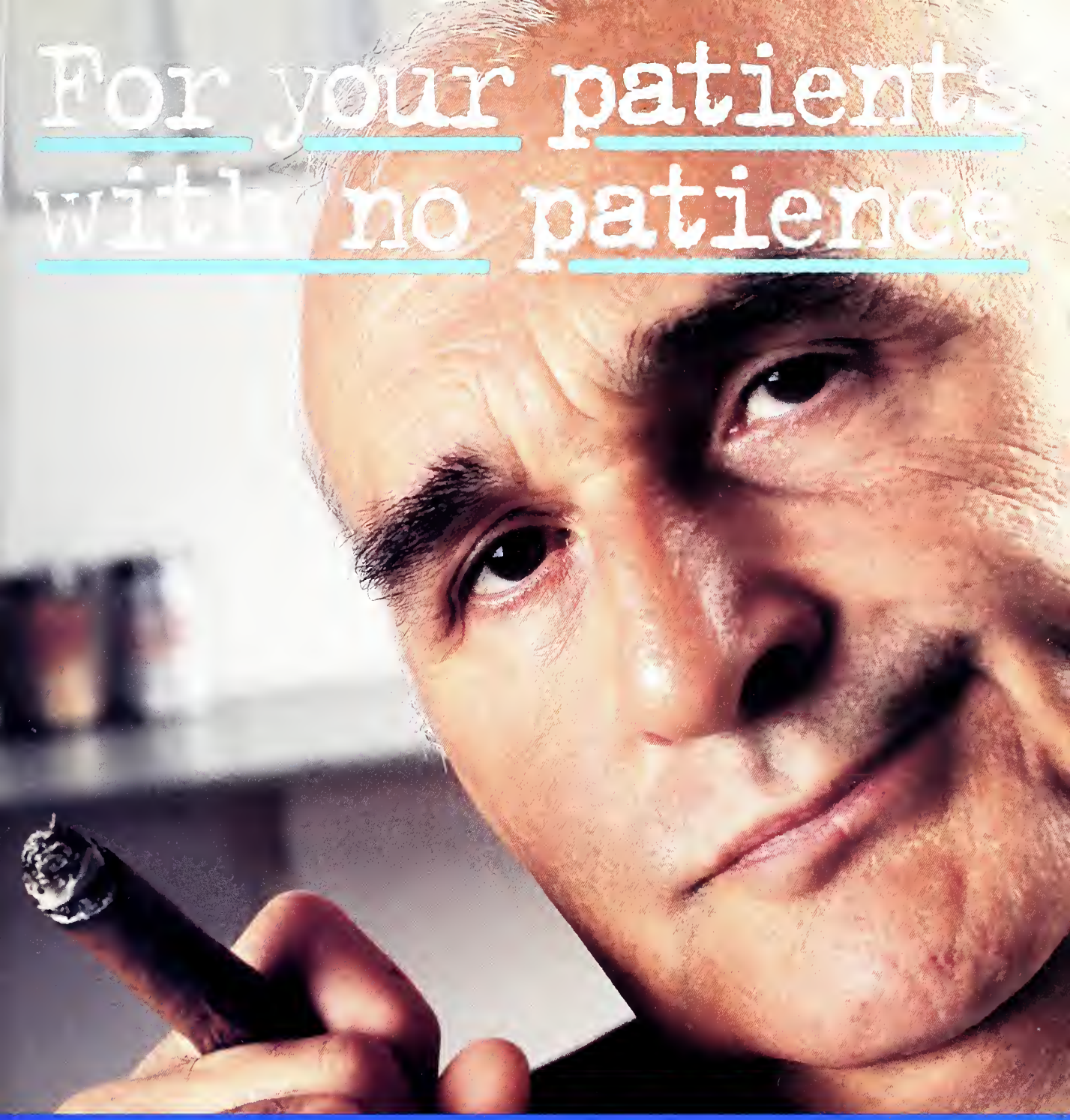
CORPORATE AFFILIATE MGMA PROGRAM UNDERWRITER



Tablets and Oral Suspension

CEFZIL®

(CEFPROZIL)

Fights Infections* Fast!

*Mild to moderate respiratory tract infections.

Please see brief summary of Prescribing Information on the following page.

Tablets and Oral Suspension

CEFZIL®

(CEFPROZIL)

Fights Infections Fast!

- Broad-spectrum *in vitro** activity against more than 30 organisms, including the three most important respiratory tract pathogens— *Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis*
- QD and BID dosing, depending on the indication

*Although a useful guide, *in vitro* activity does not necessarily correlate with clinical response.

BRIEF SUMMARY
The following is a brief summary. Please consult complete Prescribing Information.

INDICATIONS AND USAGE
CEFZIL® (cefprozil) is indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of the designated microorganisms in the conditions listed below:

UPPER RESPIRATORY TRACT
Pharyngitis/Tonsillitis caused by *Streptococcus pyogenes.*
NOTE: The usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever, is penicillin given by the intramuscular route. Cefprozil is generally effective in the eradication of *Streptococcus pyogenes* from the nasopharynx; however, substantial data establishing the efficacy of cefprozil in the subsequent prevention of rheumatic fever are not available at present.
Otitis Media caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Moraxella (Branhamella) catarrhalis.* (See CLINICAL STUDIES section.)
NOTE: In the treatment of otitis media due to beta-lactamase producing organisms, cefprozil had bacteriologic eradication rates somewhat lower than those observed with a product containing a specific beta-lactamase inhibitor. In considering the use of cefprozil, lower overall eradication rates should be balanced against the susceptibility patterns of the common microbes in a given geographic area and the increased potential for toxicity with products containing beta-lactamase inhibitors.

LOWER RESPIRATORY TRACT
Secondary Bacterial Infection of Acute Bronchitis and Acute Bacterial Exacerbation of Chronic Bronchitis caused by *Streptococcus pneumoniae, Haemophilus influenzae* (beta-lactamase positive and negative strains), and *Moraxella (Branhamella) catarrhalis.*

SKIN AND SKIN STRUCTURE
Uncomplicated Skin and Skin-Structure Infections caused by *Staphylococcus aureus* (including penicillinase-producing strains) and *Streptococcus pyogenes.* Abscesses usually require surgical drainage.
Culture and susceptibility testing should be performed when appropriate to determine susceptibility of the causative organism to cefprozil.

CONTRAINDICATIONS
CEFZIL is contraindicated in patients with known allergy to the cephalosporin class of antibiotics.

WARNINGS
BEFORE THERAPY WITH CEFZIL IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEFZIL, CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. IF THIS PRODUCT IS TO BE GIVEN TO PENICILLIN-SENSITIVE PATIENTS, CAUTION SHOULD BE EXERCISED BECAUSE CROSS-SENSITIVITY AMONG BETA-LACTAM ANTIBIOTICS HAS BEEN CLEARLY DOCUMENTED AND MAY OCCUR IN UP TO 10% OF PATIENTS WITH A HISTORY OF PENICILLIN ALLERGY. IF AN ALLERGIC REACTION TO CEFZIL OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE TREATMENT WITH EPINEPHRINE AND OTHER EMERGENCY MEASURES, INCLUDING OXYGEN, INTRAVENOUS FLUIDS, INTRAVENOUS ANTIHISTAMINES, CORTICOSTEROIDS, PRESSOR AMINES, AND AIRWAY MANAGEMENT, AS CLINICALLY INDICATED.
Pseudomembranous colitis has been reported with nearly all antibacterial agents, and may range from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.
Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis."
After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug effective against *Clostridium difficile*

PRECAUTIONS
General
Evaluation of renal status before and during therapy is recommended, especially in seriously ill patients. In patients with known or suspected renal impairment (see DOSAGE AND ADMINISTRATION), careful clinical observation and appropriate laboratory studies should be done prior to and during therapy. The total daily dose of CEFZIL® (cefprozil) should be reduced in these patients because high and/or prolonged plasma antibiotic concentrations can occur in such individuals from usual doses. Cephalosporins, including CEFZIL, should be given with caution to patients receiving concurrent treatment with potent diuretics since these agents are suspected of adversely affecting renal function.
Prolonged use of CEFZIL may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.
Cefprozil should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
Positive direct Coombs' tests have been reported during treatment with cephalosporin antibiotics.

Information for Patients
Phenylketonurics: CEFZIL for oral suspension contains phenylalanine 28 mg per 5 mL (1 teaspoonful) constituted suspension for both the 125 mg/5 mL and 250 mg/5 mL dosage forms.

Drug Interactions
Nephrotoxicity has been reported following concomitant administration of aminoglycoside antibiotics and cephalosporin antibiotics. Concomitant administration of probenecid doubled the AUC for cefprozil.

Drug/Laboratory Test Interactions
Cephalosporin antibiotics may produce a false-positive reaction for glucose in the urine with copper reduction tests (Benedict's or Fehling's solution or with Clinitest®[1] tablets), but not with enzyme-based tests for glycosuria (e.g., Tes-Tape®[2]). A false-negative reaction may occur in the ferricyanide test for blood glucose. The presence of cefprozil in the blood does not interfere with the assay of plasma or urine creatinine by the alkaline picrate method.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
No mutagenic potential of cefprozil was found in appropriate prokaryotic or eukaryotic cells *in vitro* or *in vivo*. No *in vivo* long-term studies have been performed to evaluate carcinogenic potential.
Reproductive studies revealed no impairment of fertility in animals.

Pregnancy: Teratogenic Effects. Pregnancy Category B
Reproduction studies have been performed in mice, rats, and rabbits at doses 14, 7, and 0.7 times the maximum daily human dose (1000 mg) based upon mg/m^2, and have revealed no evidence of harm to the fetus due to cefprozil. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery
Cefprozil has not been studied for use during labor and delivery. Treatment should only be given if clearly needed.

Nursing Mothers
It is not known whether cefprozil is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when CEFZIL is administered to a nursing mother.

Pediatric Use
Safety and effectiveness in pediatric patients below the age of 6 months have not been established. However, accumulation of other cephalosporin antibiotics in newborn infants (resulting from prolonged drug half-life in this age group) has been reported.

Geriatric Use
Healthy geriatric volunteers (≥ 65 years old) who received a single 1 g dose of cefprozil had 35%-60% higher AUC and 40% lower renal clearance values when compared to healthy adult volunteers 20-40 years of age. In clinical studies, when geriatric patients received the usual recommended adult doses, clinical efficacy and safety were acceptable and comparable to results in non-geriatric adult patients.

ADVERSE REACTIONS
The adverse reactions to cefprozil are similar to those observed with other orally administered cephalosporins. Cefprozil was usually well tolerated in controlled clinical trials. Approximately 2% of patients discontinued cefprozil therapy due to adverse events.
The most common adverse effects observed in patients treated with cefprozil are:
Gastrointestinal — Diarrhea (2.9%), nausea (3.5%), vomiting (1%), and abdominal pain (1%).
Hepatobiliary — Elevations of AST (SGOT) (2%), ALT (SGPT) (2%), alkaline phosphatase (0.2%), and bilirubin values (< 0.1 %). As with some penicillins and some other cephalosporin antibiotics, cholestatic jaundice has been reported rarely.
Hypersensitivity — Rash (0.9%), urticaria (0.1%). Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy.
CNS — Dizziness (1%). Hyperactivity, headache, nervousness, insomnia, contusion, and somnolence have been reported rarely (< 1%). All were reversible.
Hematopoietic — Decreased leukocyte count (0.2%), eosinophilia (2.3%).
Renal — Elevated BUN (0.1%), serum creatinine (0.1%).
Other — Diaper rash and superinfection (1.5%), genital pruritus and vaginitis (1.6%).
The following adverse events, regardless of established causal relationship to CEFZIL, have been rarely reported during post-marketing surveillance: anaphylaxis, colitis (including pseudomembranous colitis), erythema multiforme, fever, serum-sickness like reactions, Stevens-Johnson Syndrome and thrombocytopenia.

Cephalosporin-class paragraph
In addition to the adverse reactions listed above which have been observed in patients treated with cefprozil, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibiotics:
Aplastic anemia, hemolytic anemia, hemorrhage, renal dysfunction, toxic epidermal necrolysis, toxic nephropathy, prolonged prothrombin time, positive Coombs' test, elevated LDH, pancytopenia, neutropenia, agranulocytosis.
Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment, when the dosage was not reduced. (See DOSAGE AND ADMINISTRATION and OVERDOSAGE.) If seizures associated with drug therapy occur, the drug should be discontinued. Anticonvulsant therapy can be given if clinically indicated.

OVERDOSAGE
Cefprozil is eliminated primarily by the kidneys. In case of severe overdosage, especially in patients with compromised renal function, hemodialysis will aid in the removal of cefprozil from the body.

CLINICAL STUDIES
Study One:
In a controlled clinical study of **acute otitis media** performed in the United States where significant rates of beta-lactamase producing organisms were found, cefprozil was compared to an oral antimicrobial agent that contained a specific beta-lactamase inhibitor. In this study, using very strict evaluability criteria and microbiologic and clinical response criteria at the 10-16 days post-therapy follow-up, the following presumptive bacterial eradication/clinical cure outcomes (*i.e.*, clinical success) and safety results were obtained:

U.S. Acute Otitis Media Study
Cefprozil vs. beta-lactamase inhibitor-containing control drug

Efficacy: Pathogen	% of Cases with Pathogen	Outcome
	(n = 155)	
S. pneumoniae	48.4%	cefprozil success rate 5% better than control
H. influenzae	35.5%	cefprozil success rate 17% less than control
M. catarrhalis	13.5%	cefprozil success rate 12% less than control
S. pyogenes	2.6%	cefprozil equivalent to control
Overall	100.0%	cefprozil success rate 5% less than control

Safety:
The incidence of adverse events, primarily diarrhea and rash,* were clinically and statistically significantly higher in the control arm versus the cefprozil arm.

Age Group	Cefprozil	Control
6 months – 2 years	21%	41%
3 – 12 years	10%	19%

* The majority of these involved the diaper area in young children.

Study Two:
In a controlled clinical study of **acute otitis media** performed in Europe, cefprozil was compared to an oral antimicrobial agent that contained a specific beta-lactamase inhibitor. As expected in a European population, this study had a lower incidence of beta-lactamase-producing organisms than usually seen in U.S. trials. In this study, using very strict evaluability criteria and microbiologic and clinical response criteria at the 10-16 days post-therapy follow-up, the following presumptive bacterial eradication/clinical cure outcomes (i.e., clinical success) were obtained:

European Acute Otitis Media Study
Cefprozil vs. beta-lactamase inhibitor-containing control drug

Efficacy: Pathogen	% of Cases with Pathogen	Outcome
	(n = 47)	
S. pneumoniae	51.0%	cefprozil equivalent to control
H. influenzae	29.8%	cefprozil equivalent to control
M. catarrhalis	6.4%	cefprozil equivalent to control
S. pyogenes	12.8%	cefprozil equivalent to control
Overall	100.0%	cefprozil equivalent to control

Safety:
The incidence of adverse events in the cefprozil arm was comparable to the incidence of adverse events in the control arm (agent that contained a specific beta-lactamase inhibitor).

REFERENCES

1. Clinitest® is a registered trademark of Miles Laboratories, Inc.
2. Tes-Tape® is a registered trademark of Eli Lilly and Company.

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Princeton, NJ 08543
U.S.A.

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E2-K005-8-95

Dodson Group has slashed workers' compensation insurance premium rates for Pennsylvania medical groups of 25 physicians or more!

Pennsylvania medical professionals can now save even more with fantastic new low rates from Dodson Group!

Society members who qualify with 25 physicians or more in their medical group will receive the low rate of 43¢, effective 1-1-96!

Members of Pennsylvania Medical Society who placed their workers' compensation coverage with Dodson Group are building an incredible savings history! Dividends totaling almost $2.5 MILLION have been paid to insured members in the last ten years alone!

Society members receive:

- New, Low Rates
- Yearly Dividend Opportunities
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- Personal, Professional Service
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Call the Pennsylvania Medical Society today for a no-obligation premium quote from Dodson Group!

Call: 1-800-228-7823, ext. 1497

The Dodson Plan is the only workers' compensation insurance program endorsed by the Pennsylvania Medical Society!

Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: My patients are having trouble obtaining quinine sulfate for the treatment of leg cramps even when I write a prescription. Is it no longer available?

A: Many manufacturers discontinued quinine sulfate from their product line during the past year. This was done in response to the Food and Drug Administration's (FDA's) recent ruling regarding the treatment of nocturnal leg cramps with quinine sulfate.

The FDA classifies quinine sulfate as a Category III agent, i.e., an agent for which the data available is insufficient to classify as safe and effective, and that further testing is required. Most manufacturers had never submitted an NDA (new drug application) for quinine sulfate to be used for the treatment of nocturnal leg cramps, therefore, few studies exist addressing this aspect. Even though statements have been submitted to the FDA regarding the historically safe use of over-the-counter quinine sulfate for the past 50 years, it will not be recognized as a Category II (generally recognized as safe and effective and not misbranded) agent until "its safety and efficacy are demonstrated in controlled clinical studies."

Only a handful of manufacturers are still producing quinine sulfate (in the 325 mg strength for malaria), but the demand is so great that a backlog of several months exists in most cases. There is also talk of an FDA proposal to remove quinine sulfate, even for the treatment of malaria, from the market in its entirety.

"Better prescribing through education."
Professional DRUG EDUCATION & INFORMATION
Pennsylvania Medical Society

MEDICATION UPDATE

New drugs

Amaryl® (glimepiride)—A new oral sulfonylurea agent. It is indicated for use as an adjunct to diet and exercise to lower blood glucose in patients with type II (noninsulin-dependent) diabetes.

Casodex® (bicalutamide)—An antiandrogen indicated for use in combination with a luteinizing hormone (e.g., leuprolide) for the treatment of advanced prostate cancer.

Epivir® (lamivudine)—FDA approved for use in conjunction with zidovudine for the treatment of human immunodeficiency virus (HIV) infection when therapy is warranted based on immunologic and/or clinical evidence of disease progression.

Fragmin® (dalteparin sodium)—The second low-molecular-weight heparin to be available in the U.S. indicated for prophylaxis against deep vein thrombosis in patients undergoing abdominal surgery.

Invirase® (saquinavir mesylate)—The first of a new class of drugs known as HIV protease inhibitors. To be used in combination with approved nucleoside analogues (zidovudine or zalcitabine); indicated for the treatment of advanced HIV infection in selected patients.

Vexol® (rimexolone)—A corticosteroid available as an ophthalmic suspension for the treatment of anterior uveitis and postoperative inflammation following ocular surgery.

New indications

Aredia® (pamidronate disodium)—Newly indicated for the treatment of patients with osteolytic bone lesions of multiple myeloma in conjunction with standard antimyeloma chemotherapy.

MORE DRUG-RELATED NEWS

NEW VACCINE CLEARED FOR U.S. MARKETING

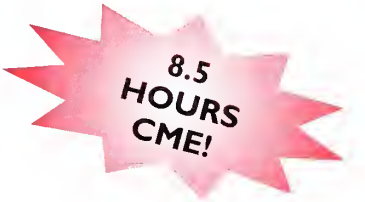
The U.S. Centers for Disease Control and Prevention (CDC) has awarded a contract to SmithKline Beecham to supply *Havrix®*, the world's first vaccine for hepatitis A. Manufactured by SmithKline Beecham Biologicals, *Havrix* is the only hepatitis A vaccine cleared for marketing in the U.S.

The award was made under the Vaccines for Children Program, which guarantees federal support to supply vaccines of sufficient quantities to the states for a defined group of children. Under the program, *Havrix* will be made available to all eligible children and adolescents, ages 2 to 18 years, who live in communities with high rates of hepatitis A virus infection and periodic hepatitis A outbreaks, as determined by public health officials.

Havrix has been shown to be safe and effective in extensive worldwide clinical trials, according to SmithKline Beecham, and it is generally well tolerated. The most common solicited adverse effects in clinical trials were injection site soreness (56 percent of adults and 15 percent of children) and headache (14 percent of adults and less than five percent of children). As with all other vaccines, expanded commercial use could reveal adverse events not observed in clinical studies.

Since its first regulatory approval in 1991 in Switzerland, millions of doses of *Havrix* have been distributed worldwide, and the drug is available in more than 45 countries, including Austria, Belgium, Canada, France, Germany, Japan, Ireland, Italy, Sweden, and the United Kingdom. *Havrix* was licensed by the U.S Food and Drug Administration on February 22, 1995.

For more information about materials available from the Society's Center for Professional Drug Education and Information, call (800) 228-7823 or (717) 558-7750.



1996 Leadership Conference
April 19-21
Holiday Inn Lancaster Host Hotel

Leadership Conference Offers Excellence...

Enhance your practice by attending practical sessions that will give you hands-on, applicable information. See how Windows 95 can work for you, learn techniques to help you navigate the world of managed care, and get tips on preparing for the future from our outstanding roster of speakers.

Earning CME doesn't have to be a chore or expensive. The 1996 Leadership Conference offers you 8.5 credits of quality CME for the incredible cost of only $75. Jump into spring by putting these credits in your pocket.

Enjoy spring in Lancaster—the Red Rose City—with your family. A country barbecue, a kids' computer workshop, tours of the Amish farmland and the Strasburg Railroad, golf, tennis, outlet shopping. There's something for everyone!

Look for your registration form in this issue of Executive Report (center insert), and send or fax it back today!

For more information, call the State Society at (717) 558-7750 or (800) 228-7823.

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Pennsylvania Medical Society designates this continuing medical education activity for 8.5 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

All faculty participating in continuing medical education programs sponsored by the Pennsylvania Medical Society are expected to disclose to their program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

Join Us in April!

Leadership Conference Offers New Time, Format

Hands-on Computers: Windows 95...Strategies for Boosting Dollars Spent on Patient Care...Physician Empowerment: An Attainable Goal...Gender Communications: You Just Don't Understand Me...these are a few of the sessions being offered at the State Society's 1996 Leadership Conference. The conference, accredited for 8.5 hours of Category 1 continuing medical education credit, will be held April 19-21 at the Holiday Inn Lancaster Host Hotel.

The 1996 theme, "Medicine in the '90s—A Family Affair," was designed with the family in mind. For the first time, Leadership Conference will be held over the weekend, with time built into the program for family activity.

Distinguished speakers

This year's conference features a distinguished faculty who will address a broad range of topics directly affecting your practice of medicine. Featured are:

David Snyder

- **David Pearce Snyder,** a social forecaster and Life Styles editor of *The Futurist* magazine, will discuss how six inevitable forces of change will dramatically alter health care in the United States.

Dr. Benjamin

- **Regina Benjamin, MD, MBA,** named by *Time* as one of the "Nation's 50 Future Leaders Age 40 and Under," will describe the role young physicians will play in leading medicine into the twenty-first century.

Kevin Freiberg

- **Kevin Freiberg, PhD,** president of a San Diego Consulting Group which specializes in leadership training, will illustrate how exercising basic leadership principles can influence change in managed care organizations.

Computers, managed care highlighted

This year's conference also includes special sessions on computers and managed care. On Saturday morning, the State Society's Sixth District Trustee, Edward Dench Jr., MD, will lead a three-hour computer workshop on Windows 95, the software program called the "doorway to today's PCs." Dr. Dench and a consultant from Solutions Technologies, Inc., will demonstrate how Windows 95 can make PCs more intuitive and user friendly. Participants will then develop basic skills on using Windows 95. After the workshop, attendees will be able to purchase a complete computer system at discounted prices.

On Friday afternoon, April 19, Dr. Dench will also moderate a special two-hour computer workshop for children. Under the guidance of an educational consultant, children and their parents may try out some of the newest educational software.

Managed care is the focus of several workshops and sessions. On Sunday morning, State Society Interspecialty Section Trustee James Regan, MD, will moderate a panel of experts who will discuss "Physician Empowerment: An Attainable Goal"

Peter Ubel, MD, of the University of Pennsylvania's Center of Bioethics, will conduct a workshop on "The Ethics of Managed Care" on Saturday, and the Society's Organized Medical Staff Section (OMSS) is sponsoring a workshop, "Strategies for Boosting Dollars Spent on Patient Care," to delve into what happens to premiums collected by managed care organizations.

IN THE '90s MEDICINE A FAMILY AFFAIR

A family affair

Bring your family to this event—there's plenty for everyone to enjoy. Saturday afternoon is reserved as "family time," to explore the Holiday Inn resort and the Lancaster area with your family.

The Pennsylvania Medical Society Alliance has arranged social events and special programs to appeal to every member of the family. Friday evening, the country barbecue will feature line dancing and an array of western food.

Sign the children up for such special events as "Kidz Kamp" on Saturday morning, mini-Olympics games on Saturday afternoon and Sunday morning, and "Kids' Night Out" during the PAMPAC reception and dinner on Saturday evening. Other family events include tours of Amish farmlands and the Strasburg Railroad and Museum, and a shopping trip to the Rockvale Square outlets.

To register

The deadline for hotel registrations is **March 22.** Registration fees are:

- $75 for Society members
- $35 for residents
- $90 for nonmembers
- Medical students attend free

Look for a registration form and more details on the conference in *Executive Report,* inserted into the February and March issues of PENNSYLVANIA MEDICINE, or call:

Society's Department of Member Communications
(800) 228-7823 or
(717) 558-7750

TAKE CHARGE OF FINANCES WITH NEW FEDERAL PROGRAM

A little-known federal program could save a substantial amount of money and time for thousands of physicians who have Health Education Assistance Loans (HEAL) and the initiative to take charge of their finances.

HEAL is a federally insured loan program for health professionals in a number of disciplines, including medicine. The loan provides a maximum of $80,000 for medical students over four years at prevailing commercial interest rates. Because repayment must begin within nine months of completion of studies and any residency, the loan is sometimes called the loan of last resort.

HEAL Refinancing, available from a variety of lenders nationwide, allows borrowers to consolidate all of their HEAL loans into one loan, typically with a lower interest rate and an extended repayment period—and it's free.

"Young physicians just starting out in their medical careers often need assistance in managing their finances," says AMA President Lonnie Bristow, MD, an internist from San Pablo, California. "HEAL Refinancing is the kind of program that can really help since it gives young doctors a fresh start on their loans. It offers an excellent opportunity for many physicians and can even reduce their overall debt. I encourage all physicians who might benefit to look into this program as soon as possible."

Advantages include:

- lower interest rates for nearly all borrowers who took out loans before 1992;
- slower accumulation of total interest;
- numerous repayment options, such as graduated and income-contingent repayment;
- no repayment penalties; and
- more time to make the total payment.

Student loan experts say refinancing can save some physicians thousands of dollars over the life of their loans and reduce paperwork, since one monthly payment replaces as many as five or more payments before consolidation.

"HEAL Refinancing is our top priority because the program benefits borrowers and also helps the government," says Michael Heningburg, director of the Department of Health and Human Service's Division of Student Assistance. "This is a win-win program for us as well as the physicians."

The government reports a considerable number of physicians could be eligible for refinancing. Almost 7,000 Pennsylvania physicians have borrowed HEAL loans in the last 15 years, and many are still in repayment. The latest available government figures show fewer than 600 of →

How to Refinance Your HEAL Loans

Refinancing is free, and it has a number of advantages, including savings, convenience, and a variety of repayment alternatives.

The first step to refinancing is to get information from participating lenders, listed below. Start by checking out these lenders. Examine the options carefully, and comparison shop. A fraction of a percentage point may not seem like much, but over the life of the loan, it can mean thousands of dollars.

Lenders market HEAL Refinancing under a variety of names, such as HEAL Relief or HEALthy Alliance. The key characteristics are lower interest rates and combining all HEAL loans into one.

Ask each lender these questions, and compare their answers:

- What is the APR (annual percentage rate)?
- *How much lower* will my new interest rate be?
- Is interest compounded annually during periods of deferment or forbearance?
- How much will I save if I refinance?
- Am I eligible for HEAL Refinancing?
- How long does the process take?
- Are there a variety of repayment options, like graduated or income-contingent repayment?
- What will my monthly payments be under each repayment plan?
- Are you currently offering any special incentives?
- May I apply over the phone?
- Will I have additional deferment options?

Also, ask the lenders to walk your application through the process while you are on the phone. Choose the repayment plan and the rate that's right for you. Extend the repayment period for up to 25 years, or pay off your loan quicker. It's up to you. You're in control.

Participating lenders

Big Payoff-PHEAA
P.O. Box 8176
Harrisburg, PA 17105-8176
(800) 666-4352

Crestar HEAL Refinancing
P.O. Box 8176
Harrisburg, PA 17105-8176
(800) 774-7983

Debt Minder-PHEAA
P.O. Box 8176
Harrisburg, PA 17106-8176
(800) 722-8189

HEAL Relief Account
P.O. Box 1304
Merrifield, VA 22116-1304
(800) 643-0040

HEALhelp
P.O. Box 9285
Des Monies, IA 50309-9285
(800) 243-7552

HEALthy Alliance-PHEAA
P.O. Box 8176
Harrisburg, PA 17105-8176
(800) 421-4817

Household Bank, f.s.b.-PHEAA
P.O. Box 8176
Harrisburg, PA 17105-8176
(800) 233-0542

PNC-PHEAA
P.O. Box 8176
Harrisburg, PA 17105-8176
(800) 756-5430

Remedi-PHEAA
P.O. Box 8176
Harrisburg, PA 17105-8176
(800) 343-1809

Signet Bank
Educational Funding Services
P.O. Box 1573
Baltimore, MD 21203-1573
(800) 434-1988

these physicians have refinanced to date.

Moreover, experts say the program can help prevent financially ailing physicians from defaulting on their student loans as the government imposes a "get tough" policy on borrowers who are not repaying on schedule. The policy includes the publication of the names of each HEAL borrower who has defaulted on his or her loans. While physicians have a low rate of default compared to other disciplines, the two most recent publications in the *Federal Register* resulted in numerous local news stories embarrassing to various health professionals, including some physicians.

The government is embarking on a new campaign to make physicians more aware of the refinancing program. Efforts include new pamphlets, trade journal articles, and closer coordination with professional associations.

"We want to make sure that all borrowers know about and understand the program," says Heningburg. "We believe that once physicians become aware of the benefits of refinancing, they will choose that option."

For more information and the pamphlet *HEAL Refinancing, Is It Right for Me?*, call Paul Garrard, director of student financial aid services at the Association of American Medical Colleges, (202) 828-0511.

Editor's Note: *The Society's Educational and Scientific Trust offers advice and information about medical student loans. Their loan officers note that Congressional plans to phase out the Health Education Assistance Loan (HEAL) program entirely are already creating an education crisis. Medical students and their families are facing higher interest rates, higher monthly payments, and faster repayment rates.*

The federal "shut out" began in Fall 1995, when first-time borrowers became ineligible for HEAL funds, making it increasingly difficult for them to secure funding and forcing them to resort to high-cost private alternative loans.

As a result, the Trust has already seen an increase in demand for their low-interest medical student loans, and we expect even more applications. Your tax-deductible gift to the Trust's Student Loan Program provides money for this important fund. Your gift will make a difference so that the dream of a medical education becomes a reality. For more information, contact the Trust at (717) 558-7750, ext. 1251.

TRUST AND ALLIANCE OFFER FAMILY VIOLENCE RESOURCES

The Educational and Scientific Trust and the Pennsylvania Medical Society Alliance are collaborating to increase physician awareness of family violence. The Trust and Alliance have produced a videotape chronicling Christine Dotterer, MD's escape from a 20-year abusive relationship. The video presents ways physicians and others can understand a woman's choices, provide intervention, and use community resources.

Dr. Dotterer emphasizes that one of the first things physicians can do to help is offer compassion and provide a safe, nonjudgmental environment to victims. This moving video is ideal for group settings and for physicians who want to learn ways to address family violence in their individual practice.

The Trust and Alliance are also cooperatively developing two physician education opportunities. Erie physicians can look forward to grand rounds on April 11 at Hamot Medical Center, focusing on family violence. Lehigh Valley physicians are invited to attend a special morning seminar on June 15 at Sacred Heart Hospital. Wanda Filer, MD—a family physician from York, and chair of the Medical Advisory Task Force of the Pennsylvania Coalition Against Domestic Violence—will be the primary presenter at both.

Along with Dr. Filer, each program will include input from a family violence survivor and a representative from a local agency. Detailed information will be distributed soon. Upon the success of these events, the Trust and Alliance plan to offer similar programs in other regions of the state.

For more information on either activity, please contact the Society's Trust at (800) 228-7823 or (717) 558-7750, extension 1262.

AMA NEWS

COUNCIL, SECTIONS RELEASE STATEMENT ON NRMP PROCESS

Editor's note: The following statement was released by the AMA to state societies nationwide in January 1996.

In December 1995, the leadership of the American Medical Association Council on Medical Education,

POLICY BRIEFS

CHINs Under Development Statewide

Executive Vice President Roger F. Mecum reported in January that the Society continues to monitor activities in Pennsylvania related to the development of community health information networks (CHINs).

Mecum defined CHINs as "a communications infrastructure that will allow health care-related organizations to exchange both patient and financial data," and explained that "through CHINs, patient records and test results can be electronically transferable from physicians' offices to any other treatment facility utilizing CHIN services."

One of the major initiatives in Pennsylvania is the Community Patient Information Network (CPIN) project affiliated with the Lancaster Community Health Plan. Still in development, the network hopes to evolve beyond the central database to include electronic billing capabilities, a problem list for each patient, report writing capabilities for utilization review, and tracking of referrals. Developers anticipate the CPIN will initially contract with the Lancaster Plan for two years.

The development process, however, has been challenging for CPIN and other such groups in Pennsylvania. Approaches are numerous and several issues—including patient confidentiality—continue to arise.

Besides monitoring developments statewide, the Society will meet with the Lancaster CPIN to discuss expansion of the project and consider a more active role for the Society, says Mecum. He also anticipates the Society's Commission on Cost and Quality Data will further study the issue.

Section on Medical Schools, Resident Physicians Section, and Medical Student Section met to consider the serious problems disclosed about the algorithm used currently by the National Resident Matching Program (NRMP).

Past public statements by the NRMP indicated that the matching process was structured in the best interest of the students. This implied that any bias in the algorithm favored the student. It now appears that the algorithm favors the programs, not the students. The extent to which this may have disadvantaged students is not yet known. Even if it is minimal, in the spirit of our profession, the operation of the NRMP has not been accurately described. The members of these AMA sections and council truly regret this lack of full disclosure in advance to the student participants.

The NRMP board of directors has given the five sponsoring organizations the assurance that two important actions will be taken. The first, already initiated, is to institute a study to be designed and supervised by an expert external to the NRMP board of directors. This study will determine to what extent students may have been disadvantaged in the past and to what extent a change in the algorithm would make if shifted to a student bias.

The second commitment of the NRMP board of directors is to send out to 1996 applicants and program directors a complete explanation of these problems of the algorithm, the study being undertaken, the implications to both the applicants and the program directors using the current algorithm for 1996, and in addition to clarify "procedures" and "strategies" for developing rank order lists...

It would be technically infeasible to make changes in the match operation for 1996. The study report will be available in time so that adjustment may be made in the match for 1997, if needed, to assure a stable result that maximally benefits the interests of both the applicants and the programs. Whatever the outcome, students and program directors must be provided full disclosure of the procedures. The Council on Medical Education, together with the AMA Sections on Medical Schools, Resident Physicians, and Students, will monitor these activities now and in the future to assure that such full disclosure is a continuing standard of the NRMP.

AMA FIGHTS TO ELIMINATE MANAGED CARE GAG CLAUSES

The AMA in January called on all managed care plans to immediately cancel "gag" clauses in their contracts or policies with physicians.

Gag clauses are provisions in physicians' contracts which prevent them, explicitly or implicitly, from giving patients information about treatment options that may not be covered by their health plans, even if these treatments are safe, effective, and necessary. Gag clauses also may prevent physicians from referring very sick patients outside their health plans to physicians with rare expertise in the types of care needed.

The State Society's Managed Care Priority Work Group—established to address the ongoing priority to advocate for patient and physicians' rights in the managed care arena—is focusing on "gag orders" as one of its initiatives as well. The work group, made up of 11 physicians with extensive managed care expertise, will be working and reporting its progress to the Society's board throughout the year.

The AMA's Council on Ethical and Judicial Affairs, which maintains the AMA's Code of Ethics, has declared gag clauses an unethical interference in the physician-patient relationship. The council found that "the physician's obligation to disclose treatment alternatives to patients is not altered by any limitations in the coverage provided by the patient's managed care plan. Patients cannot be subject to making decisions with inadequate information. That would be an absolute violation of the informed consent requirements."

The AMA urges all physicians to continue to abide by their duty to provide their patients with all relevant information regarding treatment alternatives, regardless of the provisions or limitations of health plans. The organization says it will stand behind any physician who believes he or she is prevented with fulfilling his or her ethical duty due to a gag clause or similar policy. Physicians may contact the AMA at (800) 262-1066.

The AMA also is calling upon health plans to submit their managed care contracts for review to determine if they interfere with the physician-patient relationship. The AMA will review these contracts at no charge.

NEW GOALS, STRATEGIES SHARE COMMON VISION

The AMA in January released a new corporate strategic plan to "move the organization forward as a professional association, a business entity, and a support system." As outlined by the organization, the goals and strategies of the plan "share a common vision for the organization that emphasizes the AMA as:

- an advocate on behalf of physicians and the public to ensure that patients receive the best medical care possible;
- a standard setter in the areas of medical education and science, clinical quality, ethics and practice, and in the use of emerging medical technologies;
- an advocate on behalf of the medical profession, emphasizing the positive contribution the profession and its individual practitioners bring to the communities they serve;
- a guardian of the patient-physician relationship and professional self-regulation as the key elements in quality patient care;
- a source of credible, timely information on health care issues and medical practice issues for physicians, patients, the public, policy makers, researchers, and others;
- a successful and responsible business that provides value to its customers, consistent with the overall mission of the organization; and
- a communications resource for the federation and others to facilitate the sharing of information and ideas, and the development of consensus on policies and issues important to the profession."

MEDICAL SCHOOLS' NEWS

STUDENTS COLLECT FOOD, CLOTHING FOR AREA NEEDY

Students from the Lake Erie College of Osteopathic Medicine (LECOM) found time in their busy December finals schedule to take up three →

TABLE 1: Number of cases in which a physician is joined as an additional defendant by a hospital or physician

Since beginning tracking joinder data on April 7, 1987, 135 PMSLIC insureds were joined by other parties through December 31, 1995, as follows:

PMSLIC Insured Joined by:	Number of Times:
Hospital	66
Other Physician	23
Nursing Home	3
Manufacturer	2
Drug Company	4
Other	43
TOTAL	**141**

During the same period, PMSLIC joined 22 other parties, as follows:

Party Joined by PMSLIC:	Number of Times:
Hospital	2
Physician	11
Drug Company	1
Manufacturer	5
Other	3
TOTAL	**22**

TABLE 2: Number of claims and suits filed by specialty from January 1, 1978–December 31, 1995

Specialty	Total Claims and Suits
Allergy	29
Anesthesiology	530
Cardiac Surgery	32
Cardio-Thoracic Surgery	78
Cardio-Vascular Surgery	155
Cardio-Vascular & Thoracic Surgery	165
Cardiology	433
Colon-Rectal Surgery	4
Dermatology	152
Emergency Medicine	395
Endocrinology	4
Family Practice	894
Gastroenterology	53
General Med–Prescription Writing	2
General Practice	831
General Surgery	1,759
Geriatrics	2
Gynecology	73
Hematology	2
Hematology/Oncology	30
Industrial Medicine	18
Infectious Diseases	8
Internal Medicine	2,052
Nephrology	14
Neurology	197
Neurosurgery	446
Nuclear Medicine	3
OB/GYN	1,798
Oncology	21
Ophthalmology	426
Orthopedics	23
Orthopedic Surgery	1,890
Otolaryngology	315
Pathology	72
Pediatrics	466
Plastic Surgery	481
Preventive Medicine	1
Proctology	11
Psychiatry	93
Pulmonary Diseases	12
Radiation Oncology	2
Radiology	731
Rehabilitation/Physiatry	143
Rheumatology	16
Thoracic Surgery	77
Urology	300
Vascular Surgery	38
Vascular/Thoracic Surgery	8
Physicians NOC	112
Other Practitioners	
Clinical Psychologist	1
Nurse Anesthetist	19
Nurse Midwife	8
Nurse Practitioner	4
Physician's Assistant	7
Physiotherapist	2
Registered Nurse	8
Surgical Technician	4
X-Ray Technician	2
Other Practitioner	1
Corporate Liability	1,655
Partnership Liability	81
GRAND TOTAL	**17,189**

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

separate collections from LECOM students, faculty, and staff to help the needy in the Erie area.

The LECOM Chapter of the Student Osteopathic Medical Association coordinated a coat drive to benefit the Erie City Mission. Kelly Grimes, a second-year student and president of the association, reported that they collected several large boxes of coats, sweaters, mittens, hats, and scarves. Grimes presented the items to the mission the weekend before Christmas.

Earlier in December, the Undergraduate American Academy of Osteopathy collected several bags of non-perishable food items, which were donated to the Second Harvest Food Bank of Northwest Pennsylvania. These items were used by the food bank to supplement holiday meal packages for many families in need.

Also, Randy Boggess, vice president of the first-year class, and other class officers collected toys, clothing, and personal items to benefit the women and children staying at a local shelter for victims of domestic violence. Recognizing that people have needs year-round—not only during the holidays—Boggess says the officers would like to sponsor another collection during the year.

PMSLIC ISSUES SEMI-ANNUAL CLAIMS STATISTICS REPORT

The Pennsylvania Medical Society House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claims statistics to the House of Delegates on a semi-annual basis.

In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 issue of PENNSYLVANIA MEDICINE. The data included in the following tables is an update of PMSLIC's claims experience as requested by the resolution.

Note: To more accurately reflect PMSLIC's experience, the tables have been expanded to include all claims and suits indexed against PMSLIC insureds since the company's inception in 1978. The exhibits represent data for January 1, 1978, through December 31, 1995.

Table 1 (above): Joinders—Includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2 (above): Number of claims and suits filed by specialty, January 1, 1978-December 31, 1995.

Table 3 (next page): Breakdown of PMSLIC claims and suits filed by specialty, January 1, 1978-December 31, 1995.

Individuals having questions or comments about this material should contact Jane L. Conley, Director of Risk Management, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375, (717) 558-7500, extension 501.

TABLE 3
Breakdown of PMSLIC claims and suits filed by specialty
January 1, 1978–December 31, 1995*

Specialty	# Open C & S	Closed Settlement No Loss Payment # C & S	Closed Settlement No Loss Payment Avg Exp Pmt	Closed Verdicts No Loss Payment # C & S	Closed Verdicts No Loss Payment Avg Exp Pmt	Closed Settlements with Loss Payment # C & S	Closed Settlements with Loss Payment Avg Loss Pmt	Closed Settlements with Loss Payment Avg Exp Pmt	Closed Verdicts with Loss Payment # C & S	Closed Verdicts with Loss Payment Avg Loss Pmt	Closed Verdicts with Loss Payment Avg Exp Pmt
Physician Specialties											
Allergy	8	14	$ 2,953	1	$ 51,696	5	$30,500	$ 9,874	1	$200,000	$42,595
Anesthesiology	92	220	4,043	23	21,472	189	30,598	4,375	6	112,507	36,812
Cardioc Surgery	4	21	4,674	5	21,588	2	26,250	498	0	-0-	-0-
Cardio-Thorocic Surg.	23	38	8,108	6	33,590	11	79,091	20,860	0	-0-	-0-
Cardio-Vosc. Surg.	27	68	4,373	10	48,042	47	75,146	10,241	3	166,667	36,336
Cardia-Vascular & Tharacic Surgery	50	89	4,689	4	25,389	19	100,158	14,991	3	72,678	41,016
Cardialogy	154	233	5,809	6	24,551	37	85,025	12,074	3	100,583	38,581
Colan-Rectal Surgery	2	2	345	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatalagy	28	78	4,452	13	19,994	31	36,834	8,511	2	14,750	22,848
Emergency Medicine	50	203	5,420	29	24,721	101	64,289	9,691	12	30,283	12,008
Endocrinalogy	4	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Fomily Practice	265	412	5,854	41	26,108	169	86,488	9,617	7	136,911	30,921
Gastroenterology	10	31	3,604	1	9,577	11	51,659	14,477	0	-0-	-0-
Gen Med-Prescrip Writing	2	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
General Practice	129	402	4,677	47	30,750	246	65,440	8,692	7	55,664	41,206
General Surgery	241	817	5,509	128	26,609	545	71,263	10,128	28	102,415	32,734
Geriatrics	1	1	8,658	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecalogy	9	33	4,487	2	26,150	28	72,732	9,099	1	3,289	2,388
Hematalagy	0	2	5,414	0	-0-	0	-0-	-0-	0	-0-	-0-
Hematalagy/Oncalagy	21	5	2,703	1	31,806	3	41,667	1,876	0	-0-	-0-
Industrial Medicine	1	12	3,378	1	6,164	3	133,500	23,630	1	4,000	5,241
Infectious Diseases	2	6	4,563	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	477	1,082	6,723	103	26,990	364	73,137	12,271	26	100,311	40,754
Nephralogy	7	7	4,140	0	-0-	0	-0-	-0-	0	-0-	-0-
Neuralogy	63	106	6,059	9	26,444	18	81,009	13,011	1	50,000	755
Neurasurgery	74	229	7,252	35	33,391	100	79,540	17,899	8	118,889	28,671
Nuclear Medicine	0	2	2,247	0	-0-	1	60,000	75	0	-0-	-0-
OB/GYN	374	777	5,945	107	30,801	501	85,597	10,923	39	74,506	28,898
Oncology	8	12	3,119	0	-0-	1	4,000	1,948	0	-0-	-0-
Ophthalmalogy	97	216	3,340	25	24,065	84	76,942	8,609	4	140,699	50,356
Orthapedics	0	14	4,976	2	20,066	7	27,429	7,373	0	-0-	-0-
Orthapedic Surgery	234	942	5,137	167	27,959	521	65,084	9,709	26	85,451	30,607
Otalaryngalogy	37	161	4,751	28	23,005	80	58,302	9,417	9	81,880	42,864
Pathalogy	24	31	5,638	2	52,840	14	105,821	12,038	1	8,333	3,236
Pediotrics	125	216	6,725	34	36,521	86	95,057	16,826	5	134,706	40,221
Plastic Surgery	162	187	4,087	28	26,029	95	47,824	7,851	9	57,620	32,872
Preventive Medicine	0	1	21,584	0	-0-	0	-0-	-0-	0	-0-	-0-
Proctalagy	0	3	8,636	0	-0-	8	130,000	14,802	0	-0-	-0-
Psychiatry	27	46	6,878	6	30,838	14	78,950	19,088	0	-0-	-0-
Pulmanary Diseoses	11	1	1,571	0	-0-	0	-0-	-0-	0	-0-	-0-
Rodiatian Oncalogy	2	0	0	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	164	401	5,449	22	37,240	134	62,671	10,391	10	85,664	23,589
Rehobilitotian/Physiatry	51	82	7,182	4	19,065	6	97,917	13,805	0	-0-	-0-
Rheumatalagy	10	4	7,631	1	42,566	1	8,500	827	0	-0-	-0-
Tharacic Surgery	9	45	8,171	1	12,032	21	70,835	8,373	1	83,718	42,612
Uralagy	69	133	5,321	21	23,803	71	49,188	8,745	6	108,581	34,713
Vascular Surgery	11	17	5,347	3	35,410	7	79,643	18,351	0	-0-	-0-
Vasc. & Tharacic Surg.	2	6	7,070	0	-0-	0	-0-	-0-	0	-0-	-0-
Physicians NOC	22	52	5,463	10	27,338	26	50,128	5,656	2	181,392	70,304
Other Practitioners											
Clinical Psychalogist	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Anesthetist	2	6	3,852	0	-0-	11	22,028	2,183	0	-0-	-0-
Nurse Midwife	5	1	18,793	0	-0-	2	62,728	4,516	0	-0-	-0-
Nurse Proctitioner	3	0	-0-	1	6,265	0	-0-	-0-	0	-0-	-0-
Physician's Assistant	2	3	2,763	0	-0-	2	80,000	91	0	-0-	-0-
Physiatherapist	1	0	-0-	0	-0-	1	5,000	-0-	0	-0-	-0-
Registered Nurse	0	6	3,923	0	-0-	2	5,500	134	0	-0-	-0-
Surgical Technician	1	3	4,169	0	-0-	0	-0-	-0-	0	-0-	-0-
X-Ray Technician	0	2	767	0	-0-	0	-0-	-0-	0	-0-	-0-
Other Practitianer	0	0	-0-	0	-0-	1	4,000	2,923	0	-0-	-0-
Corporate Liability	750	721	5,023	90	19,847	83	75,400	10,775	11	123,164	25,721
Portnership Liability	40	34	4,955	5	21,163	2	53,500	2,704	0	-0-	-0-
GRAND TOTALS	**3,988**	**8,236**	**$5,537**	**1,022**	**$27,406**	**3,711**	**$69,809**	**$10,272**	**232**	**$90,763**	**$32,071**

** Claims and suits filed during this period resulted from policy years 1978-1995. PMSLIC's limit of liability is $100,000 per incident for policy years 1978-1982, $150,000 for 1983, and $200,000 for 1984-1995.*

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

Gill M. Taylor-Tyree Sr., MD, a diagnostic radiologist, Gettysburg Hospital, was appointed to a six-year term on the board of trustees of Gettysburg College.

Ranjit S. Dhaliwal, MD, chief, Division of Radiation Oncology, Hamot Medical Center, Erie, was elected president of the Pennsylvania Oncologic Society.

Dr. Osterholm

A portrait of **Jewell L. Osterholm, MD,** professor of neurosurgery, Jefferson Medical College of Thomas Jefferson University, Philadelphia, was presented recently to the university. Dr. Osterholm's interest and research efforts in spinal cord injury and its treatment led him to the conception of a therapeutic modality in 1977 that later resulted in a new technology in the treatment of stroke.

Frick Hospital and Community Health Center, Mount Pleasant, has elected the following to the board of directors of the hospital, Frick Diversified Services Corporation, and Fairmont Affiliates, Inc.: **Albert Saloom, MD,** family practitioner; **James D. Brubaker, MD,** family practitioner; and **Ali Aboosi, MD,** pediatrician. **Reynaldo Torio, MD,** orthopedic surgeon, was appointed to the Fairmont Affiliates board of directors.

The Hamot Health Foundation, Erie, has received from **Richard Lyons, MD,** and **John Petre, MD,** a sixth floor medical office complex in the Hamot Professional Building. The sixth floor was donated for the purposes of medical education and research.

Philip Schauer, MD, has joined the Division of General Surgery, University of Pittsburgh Medical Center. Dr. Schauer will establish a minimally invasive laparoscopic surgical program.

Victor Vogel, MD, will lead the newly established joint breast cancer program of the University of Pittsburgh Cancer Institute and Magee-Womens Hospital.

Penn State's Milton S. Hershey Medical Center, has appointed the following: **Judith Bond, MD,** professor and chair of biochemistry and molecular biology, was named dean for graduate education; **Luanne Thorndyke, MD,** assistant professor of medicine, has been named assistant dean for continuing education; **Thomas Rohner Jr., MD,** professor of surgery and chief of urology, was named dean for clinical affairs; and **Joanna M. Cain, MD,** was named chair, Department of Obstetrics and Gynecology.

Dr. Greenberg

A University of Pittsburgh resident, **Myles D. Greenberg, MD,** was recognized for his contributions to community service by the American Medical Association. Dr. Greenberg was one of 40 honorees of the AMA/Glaxo Wellcome Inc. Leadership Award Program for resident physicians.

Paoli Memorial Hospital's Foundation at Paoli has established the H. Phelps Potter Society in honor of **H. Phelps Potter Jr., MD's** life-long commitment to medical excellence. Dr. Potter was Chester County's first gastroenterologist, and was known for his compassionate care of patients and his dedication to providing continuing medical education for Paoli Memorial Hospital medical staff.

Samuel Manfrey, DO, was appointed chief of the professional staff and chief of surgery at Graduate Health Systems, City Avenue Hospital, Philadelphia.

E. Michael Sarrell, MD, was appointed instructor, Department of Pediatrics, Thomas Jefferson University Hospital, Philadelphia.

Nicholas DePace, MD, was appointed chief, Division of Preventive Cardiology, The Graduate Hospital, Philadelphia.

Todd A. Aaron, MD, medical director, Chestnut Hill Hospital Outpatient Clinic, Philadelphia, was elected a fellow of the American College of Physicians, the Society of Internists.

Margarita M. Torres, MD, clinical assistant professor and co-director of the resident training program, Physical Medicine and Rehabilitation, Temple University School of Medicine, Philadelphia, was named medical director of the MossRehab Subacute Program, Philadelphia.

Dr. Giordano

Joseph A. Giordano, MD, was inducted on January 10 as president of the Mercer County Medical Society, succeeding Thomas F. Armour, DO.

A native of Philadelphia, Dr. Giordano received his medical degree from Hahnemann University School of Medicine, Philadelphia, and completed an internship and residency at St. Francis General Hospital, Pittsburgh. He has practiced internal medicine in Sharon for 15 years.

Active in organized medicine since 1989, Dr. Giordano most recently served on the State Society's Council on Governmental Relations. He remains active in grassroots lobbying efforts locally and statewide, as well as nationally.

In his induction speech, he offered an overview of organized medicine's past efforts in the legislative health care arena. Dr. Giordano's point: "As an individual, only so much [can] be accomplished, but organizations such as the county and state medical societies [can] further physicians' perspectives before the legislature and the public."

He concluded, "The Mercer County Medical Society must remain proactive and assure that our membership is well informed about the changing medical environment. Only then can each of us as individuals be secure that we will have input in the processes transforming American medicine."

Dr. Giordano will serve a one-year term.

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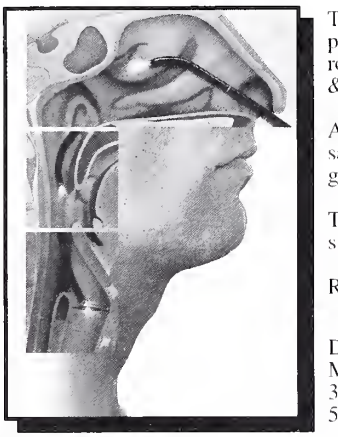
Tuesday, April 16, 1996



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Medical Savings Accounts: Physicians Are Key

George Ross Fisher III, MD

Sometime this year, Mr. Clinton will most probably sign a law that Republican Congress passed on December 6, 1995. The law grants tax exemption of up to $2000 annually for contributions made into a medical savings account (MSA).

An MSA is essentially an individual retirement account (IRA), but with the difference that withdrawals for medical purposes can be made without tax or penalties. There is one fundamental additional requirement: The individual must also purchase a catastrophic health policy, that is, one with at least a $1,500 front-end annual deductible, and may not have any other additional health insurance policy. A person with a $1,500 deductible plus at least $1,500 in the account is pretty well completely protected. At this writing, the president and Congressional leaders are still negotiating details. However, all parties have agreed to most general principles.

Disappointments may appear in the companion bill, which offers MSAs to Medicare recipients as part of a general offer to privatize Medicare by giving senior citizens a voucher exchanging present Medicare for any alternative health coverage they can find. MSAs for senior citizens have got caught up in the ideological battle over privatization. Very few seniors are likely to surrender Medicare for anything else. On the other hand, it will be important for younger people who accumulate substantial sums in MSAs to be able to continue these after they turn 65.

Why was it worth struggling 14 years for the medical savings account? Although the ability of individuals to choose their own health care and carry coverage with them from job to job is an obvious advantage, the ability to reduce lifetime health costs by compound interest may prove to be the best feature. The main argument for MSAs is the immediate cost reduction developed when individuals have an incentive to reduce their own health expenditures, shown to be approximately 30 percent.

The cops-and-robbers approach to health cost control has leveled off at a point where the costs of managed care consume most of the savings they generate. More brutal methodology is on trial in California, but the harmful effects to patients' health has not yet been impartially examined.

The medical savings account idea speaks to getting the patient back into the equation. If the patient has an incentive to be a prudent purchaser of health care, he or she is more likely to be effective in reducing costs than some other party with a hostile incentive to deprive the patient of care. No matter where the balance of patient choices establishes equilibrium costs, those costs were determined by free choice of patients with money available to spend. Economics might call this the market-clearing price. It is defensible to call any price to society below that amount inadequate.

MSAs challenge two groups: self-insured employers and over-priced providers, particularly hospitals. Self-insured employers all share the conflict that the patient with an MSA is saving money for him or herself, while the managed care manager is saving money for the employer. Some self-insured employers can be expected to resist MSAs pretty bitterly. It seems quite likely that MSAs will have early market penetration among self-employed persons and small employer groups. Large employers, the type now downsizing, may resist MSAs until the popularity of the idea becomes fairly widespread.

The other group who will make a problem are providers who have raised their list prices to unrealistic levels, primarily for the purpose of gaming other reimbursement systems with a cash copayment feature. Since many hospitals are facing hard times or even closure, excessive list prices are desperately defended. The weapons in this struggle are mainly suppression of comparative price data.

It is likely that medical societies will have to become active in maintaining and disseminating competitive prices of services in response to physician referral. Loyalty to their hospitals has inhibited physicians from price comparisons in the past.

In the future, if physicians really like MSAs as much as they say they do, they are going to have to cooperate in the process of developing comparative price lists. Few physicians would dispute that MSAs cannot survive if they are forced to pay the kind of list prices which competitive insurance circumvents with discounts.

MSAs Nationwide

Called by some "the single most popular state health care initiative in 1995," medical savings account (MSA) laws have found their way onto the books in many states, including Arizona, Colorado, Idaho, Illinois, Indiana, Michigan, Mississippi, Missouri, Montana, New Mexico, Oklahoma, Utah, Virginia, Washington, and West Virginia. Of those 15 states, eight enacted their MSA laws in 1995.

California, New Jersey, and Ohio have MSA measures pending before their legislatures. Seven additional states—Hawaii, Kansas, Maine, Nebraska, Oregon, South Carolina, and Vermont—considered MSA bills in 1995 which failed to pass before their legislatures adjourned.

Dr. Fisher, a Philadelphia internist, is the State Society's First District Trustee.

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TORT REFORM ON TRIAL:

Physicians Demand Tort Reform Now—page 28

May 7 Rally Is Full Steam Ahead—see *Executive Report* insert

Another State Society Victory!

State's New Risk Sharing Policy

—see Medigram, page 4

Your State Society in Action—pages 16 & 17

New Drugs of '95—page 43

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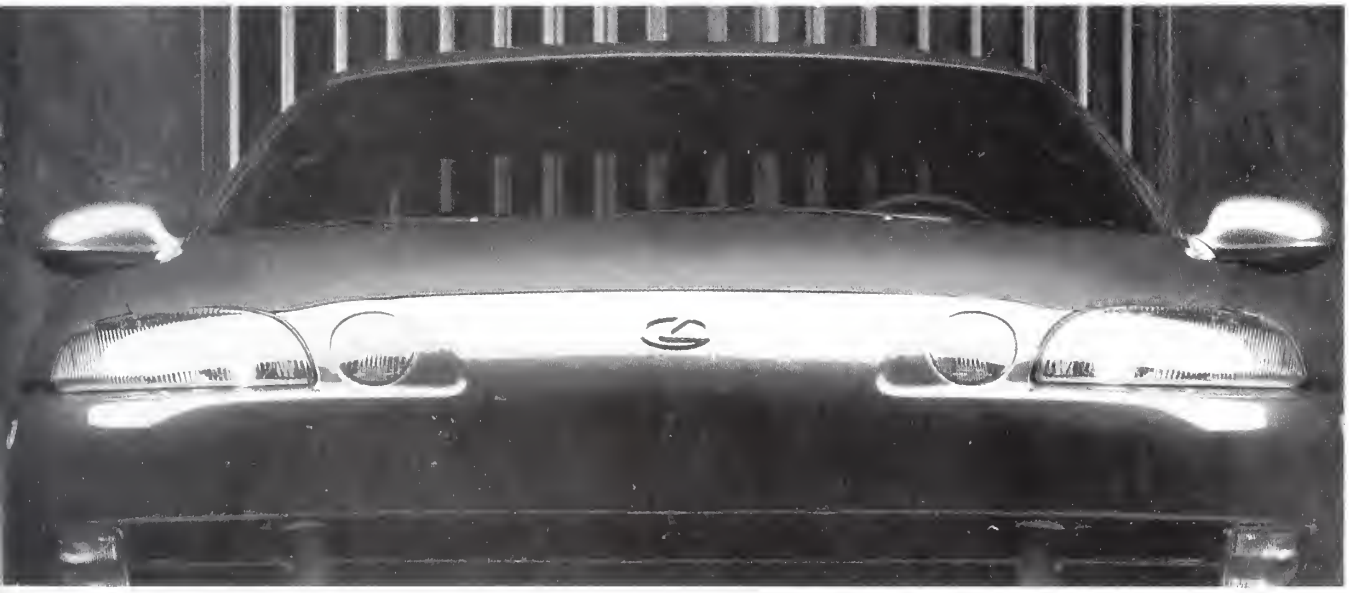

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CONTENTS

APRIL 1996
VOLUME 99 • NUMBER 4

28 Physician Leaders Testify on Tort Reform

A public hearing before the House in March allowed organized medicine to speak its mind on medical malpractice liability reform, House Bill 2122, and our proposed solutions to this long-standing issue. Excerpted are testimonies of physician leaders.

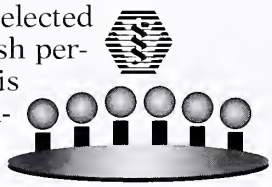
Cover photo by Michael Shay/FPG International Corp., New York

34 Computers Help Reprogram Injured Brains

The Society's Educational and Scientific Trust and the Institute for Cognitive Prosthetics are working cooperatively to develop innovative therapies to help brain-injured physicians return to a productive life.

10 New Trustees Advocate Unity

Each year, new faces and voices are elected to the Society's board, bringing fresh perspectives to the Society. Meet this year's new trustees, all of whom advocate unity in organized medicine.



Medigram

4 Late news at press time

Issues of Interest

10 **Leadership Profiles**—New section trustees advocate unity—*Maria T. Montesano*
16 **Policy Briefs**—Actions of the Board of Trustees, March 5-6, 1996
17 **Council Briefs**—New councils streamline Society efforts
20 **Physician Integration**—POs: matching structure to market—*Michael P. Lance*
22 **Managed Care**—Integration insider
24 **Peer Review**—Cardiovascular studies by PHC4 and KePRO are very different—*Donald E. Harrop, MD*
26 **Public Health Education**—Directly observed therapy improves tuberculosis care—*Frederick L. Ruben, MD, and William F. Barry*
28 **Tort Reform Now!**—Physician leaders testify on tort reform
34 **Physicians' Health Programs**—Computers help reprogram injured brains—*Maureen Hoepfer*
38 **Public Health**—A conversation with Gary Gurian—*Robert B. Sklaroff, MD*
40 **Medical Ethics**—An endangered ethic—the capacity for caring—*Martin A. Adson, MD*
42 **Drug Education**—Q&A: drug utilization/Medication update
43 **New Drugs**—New therapeutic agents marketed in 1995 (Part I)—*Daniel A. Hussar, PhD*
48 **Practice Management**—Increasing competition makes marketing a must—*The Health Care Group*

Opinion

6 **Editorial**—Tonic needed!...Spring—*John W. Mills, MD*
8 **Letters to the Editor**—It's time for doctors to say, enough!
60 **Discharge Summary**—Looking out for your State Society—*Jonathan E. Rhoads Jr., MD*

Departments

31 **Obituaries**
47 **Newsmakers**
50 **Newsfronts**
54 **New Members**
56 **Classified Advertising**
58 **Advertisers' Index**

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Good News for Pennsylvania Physicians

STATE'S NEW RISK SHARING POLICY: ANOTHER STATE SOCIETY VICTORY!

Through State Society efforts, the barriers to negotiating appropriate risk sharing relationships between physician organizations (POs) and managed care organizations (MCOs) have been cleared away in Pennsylvania. The new policy, issued by the state's HMO regulators on April 7, permits POs to pursue financial risk arrangements with MCOs without requiring POs to have an insurance license. Many types of risk arrangements have been implemented in Pennsylvania, but physicians have had difficulty negotiating with payers due to varying interpretations of state licensure requirements.

The new policy outlines standards the state will use to review and approve risk contracts. The review will focus on ensuring that patient care responsibilities are properly delegated to the PO and that ultimate responsibility remains with the MCO. Many POs across Pennsylvania have been established to negotiate risk sharing relationships with MCOs. The PennMed Member Services Company (PMSCO), established by the Society to help physicians negotiate and manage risk sharing, is now working with more than 20 POs and contributed greatly to the Society's efforts related to the new risk sharing policy.

The Society—which strongly encourages risk sharing and worked very closely with state officials to develop this policy—has long advocated that risk arrangements will empower physicians by permitting HMOs to delegate credentialing, utilization management, and quality assurance to POs. The Society's and PMSCO's efforts have demonstrated the enormous positive impact POs can have on cost and quality of health care in the commonwealth.

The original draft of the risk sharing policy included several provisions that would have placed unwanted limitations on risk sharing arrangements. The Society was successful in its efforts to have these aspects of the policy dropped prior to release of the final version.

For more information about PMSCO and risk sharing, call Sharon Orlowski, the Society's director of managed care business strategy, or Earl Schulte, MD, PMSCO's chief operating officer, at (800) 228-7823.

LOGISTICS FINALIZED FOR MAY 7 TORT REFORM RALLY: The State Society has finalized logistics of its "Rally for Change," rescheduled on May 7, 1996, at the Capitol. For information, see *Executive Report,* inserted in this issue—or call the Society's tort reform hotline at (800) 566-TORT. Plan NOW to join us in Harrisburg, and help carry tort reform forward in Pennsylvania.

ARE YOU CALCULATING YOUR WORKERS' COMP RATE CORRECTLY?: Physicians are reminded to calculate reimbursement for services performed under the state's Workers' Compensation Act as follows:

1994 Medicare Allowance x 113% x 3.2% = 1995 Payment
1995 Payment x 3.5% = 1996 Payment

Do not multiply the 1994 Medicare allowance by 119.7 percent. It results in a lower reimbursement. The 1996 payment rate is effective for services performed on or after January 1, 1996. New or revised Medicare codes are frozen at 113 percent of the new rate for 1996 and will be updated for 1997. Direct questions to (800) 228-7823, extension 1448.

QMB PAYMENTS APPROACHING $52.5 MILLION: At press time, payments to physicians because of the Society's court victory on Qualified Medicare Beneficiaries (QMBs) totaled $52.5 million, about $41.6 million of that in coinsurance and the rest in deductibles. Controversy has arisen in New York state, where a similar victory is expected to reap more than $250 million in five years. The controversy? Only New York state society members are eligible for reimbursement.

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"My special thanks to [our medical expert], who tightened quite a few loose ends in our defense. He really had an enormous impact on behalf of our case which I feel helped the jury shape their final verdict.

"In conclusion, one of the most important highlights in my medical career, so far, occurred [on that day] when I was exonerated by the jury and again, I am glad that I have a very good malpractice insurance company behind me."

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Tonic Needed! ...Spring

John W. Mills, MD
Medical Editor

Dr. Lee McCormick's commentary in February's issue of PENNSYLVANIA MEDICINE ["Taking a Look in the Mirror," pages 10-12] was right on the mark in my estimation. His comparison of medicine to major league baseball was an excellent analogy, and I applaud him for his challenges to the AMA and us as individuals and as a profession.

In the same vein, one would be honest to observe that humility is not commonly demonstrated by physicians. A serious illness or an accident entailing injury in a physician's family serves as a humbling experience by placing you, the physician, on the other side where you get the patient's view. My wife recently sustained a bimalleolar fracture dislocation of her right ankle, and while waiting in the ER and subsequently waiting for the report from surgery, I suddenly realized our frailty and how utterly dependent we are in such circumstances—humbling indeed.

The courtesy of my wife's orthopedic surgeon was sincerely appreciated, even more so because I've recently encountered some almost rude behavior on the part of some physicians in my locale where I practiced for 35 years.

We also experienced first hand how woefully short hospital stays are anymore, and how difficult it is for social service, physical therapy, and nursing to fully instruct patients what they need to know and master to avoid further injury or complications after discharge.

I'm very thankful that we have traditional Medicare, but how long that will last is anyone's guess. The growth of managed care and HMO enrollment in Pennsylvania continues a rapid upward trend. Medicare HMOs are not far behind. With their slick sales enticements and low initial monthly fee, they remind me of loan sharking.

Despite Dr. McCormick's encouragement, sometimes it's hard to be upbeat with the way our profession has been beaten around. Public health has made enormous strides in this century, yet now officials worry (and rightly so) that, with the budget stalemate created by Congress and President Clinton, they have lost the initiative on many projects and, indeed, have stopped many outreach programs. This places our citizens in jeopardy at a time when public health issues of a serious nature are in the news daily, e.g., drug-resistant TB, and HIV and all its ramifications. According to infectious disease specialists, it is just a matter of time before we get hit with a virulent new virus or bacteria.

Primary care doctors—internists, family practitioners, pediatricians, and the like—have not been saddled with high malpractice premiums (except the recent CAT Fund surcharges). But recent information warns that primary care doctors are at increased risk as gatekeepers, not only for malpractice suits but possibly for punitive damages as well! Hold on to your hats, for it's bound to be a rough ride into the next century. TORT REFORM NOW!

Then, for further discouragement to the future of our profession, we have the Institute of Medicine study which says flatly that we have a physician surplus and steps need to be taken to correct this by cutting medical school enrollment and residency slots. By the time it all shakes out in 10 to 15 years, circumstances will have changed, and we may need more physicians. We've been down this road before.

Has anyone ever thought about our excess of lawyers? Remember, we have five percent of the world's population and 95 percent of the world's lawyers right here in the USA!

Try to look for the positive, as Dr. McCormick urges. We can deal with mature managed care—see Mike Lance's article on pages 20-21. We can certainly deal with tort reform—see pages 28-30. And we can deal with the future of medicine—see Dr. Rhoads's encouragement on page 60. And for a ray of light on our place in ethical care, see Dr. Adson's piece on pages 40-41.

As I write this, it is a beautiful sunny day, albeit cold, so on a more positive note: Think Spring. It's been several weeks since I first noticed the changes in bird songs which really mark the first day of true spring. It is very fleeting in our north, especially this year with storm after storm interspersed with Alberta Clippers. The sun has been journeying north since December 21, and when the equinox came on March 21, we were already mid-spring. Ask any gardener—they'll know what I mean.

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IT'S TIME FOR DOCTORS TO SAY, ENOUGH!

Thank you for giving me the opportunity to "spout off" ["What Your Colleagues Are Saying (or Why We Need Tort Reform Now!)," March 1996]. I firmly believe that medicine is in a downward spiral that will not stop unless the physicians take charge and say, "enough." I hope your article and more like it will help in this endeavor.

Tort reform is only one step (albeit a giant first step). We need more publicity to educate the public, let them know they are being affected by the current changes in health care delivery. The public has heard only the negative side of medicine for the past 10-20 years. Isn't it time they hear about the positive side? The hard work these doctors do. The hours, the training, and the frustrations.

The impact paperwork has had on overhead. The workers' compensation regulations, cutting the doctor's income in half but requiring more paperwork than ever before. The decreases in Medicare reimbursement and the pittance reimbursed by Medicaid which actually forces the doctor to treat patients at a cost to other patients. The pre-certification process and the "gatekeeper" concept.

The public should see what the "luxurious" side of a doctor's life is like. The interrupted meals (when there is a family meal). The lost holidays. The midnight calls to the emergency room. The isolation of the doctor's family from the doctor. The 100-hour work week. This is what has been hidden from the American public for too long now. These are the daily sacrifices made by doctors and their families that are virtually unknown by the general public.

Reva J. Castillenti
Bradford

Letters

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

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APRIL 1996

April 3rd
The Calcium Antagonist Controversy
Franz Messerli, M.D.
Clinical Professor of Medicine
Tulane University School of Medicine
Director, Hypertension Laboratory
Ochsner Clinic
New Orleans, LA

Racial Differences in the Treatment of Hypertension
Barry J. Materson, M.D.
Professor of Medicine
University of Miami School of Medicine
University of Miami Medical Group
Miami, FL

April 10th
The Thrombosis Prone Patient: Abnormalities of Protein C and Factor V
John C. Hoak, M.D.
Former Director, Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute (NHLBI)
Clinical Professor of Medicine
Uniformed Services University of the Health Sciences
Consultant to Walter Reed Army Hospital
Bethesda, MD

April 17th
Treatment of HIV and Related Opportunistic Infections
Martin S. Hirsch, M.D.
Professor of Medicine
Harvard Medical School
Head, Infectious Diseases Unit
Massachusetts General Hospital
Boston, MA

April 24th
Diagnosis and Treatment of Hormone Secreting Pituitary Tumors
Lawrence Frohman, M.D.
Edmund F. Foley Professor and Head
Department of Medicine
University of Illinois at Chicago
Chicago, IL

MAY 1996

May 1st
New Concepts in the Management of Atrial Fibrillation
Peter L. Friedman, M.D., Ph.D.
Associate Professor of Medicine
Co-Director, Cardiac Arrhythmia Service and Clinical Electrophysiology Laboratory
Cardiovascular Division
Brigham and Women's Hospital
Boston, MA

May 8th
Advances in the Treatment of NIDDM
Allan J. Garber, M.D., Ph.D.
Professor of Medicine
Biochemistry and Cell Biology
Baylor College of Medicine
Houston, TX

May 15th
The Kidney as a Window to Cardiovascular Morbidity and Mortality
Leopoldo Raij, M.D.
Professor of Medicine
University of Minnesota School of Medicine
Chief, Nephrology/Hypertension
Veterans Affairs Medical Center
Minneapolis, MN

May 22nd
New Pharmacotherapy for Allergic Rhinitis
Lanny Rosenwasser, M.D.
Professor of Medicine
University of Colorado Health Science Center
Head, Allergy Division
National Jewish Center for Immunology and Respiratory Medicine
Denver, CO

May 29th
No Grand Rounds

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Hypertension: Understanding the Controversies in the Treatment of Hypertension
Lecturers:
Franz Messerli, M.D.
Barry J. Materson, M.D.

APRIL 17, 1996
Treatment of HIV and Related Opportunistic Infections
Lecturer:
Martin S. Hirsch, M.D.

MAY 8, 1996
Prevention and Treatment of Complications of Diabetes Mellitus
Lecturers:
Allan J. Garber, M.D., Ph.D.
Harry Gottlieb, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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New Section Trustees Advocate Unity

Maria T. Montesano
Assistant Managing Editor

Joining the State Society's Board of Trustees this year are Jitendra M. Desai, MD, Robert R. Corrato, MD, and Kenneth S. Kurtz. Elected at the Society's annual business meeting in October, these new section leaders recognize the importance of involvement and unity in organized medicine.

Each year, the Society's House of Delegates elects a few new faces and voices to the Board of Trustees—to bring new perspectives and new issues before organized medicine. This year's new trustees—representing the Organized Medical Staff Section, the Resident Physician Section, and the Medical Student Section—take on the task of raising new concerns. Yet, one concern rings true for all: Involvement and unity are the keys to success for organized medicine.

A case for unity

"The State Society should provide a single voice to everybody outside of the medical field," says Jitendra M. Desai, MD, a Pittsburgh urologist elected to a three-year trustee term representing organized medical staffs. "The problem in our arena is that there is too much specialization...The interests of the specialties conflict with those of other specialties and generalists." The result, he says, is division. The cure? A common approach.

Dr. Desai is familiar with the dichotomy of special interests and the greater common cause. A native of East Africa and a graduate of G.S. Medical College in Bombay, India, he has spent a great deal of his energy within organized medicine fighting for the cause of the international medical graduate—but he has served the whole as well.

Jitendra M. Desai, MD, newly elected Organized Medical Staff Section trustee, believes unity underlies achievement.

Dr. Desai came to America in 1969 to a residency at Westmoreland Hospital, Greensburg—and looking for opportunity. He says it is because of his father that he is a doctor. "He always wanted me to be a doctor, and at that time, you did what your father said." Still, he admits an early interest in biology and the sciences, making his decision to enter medicine "very natural for me."

But in India, he says, the opportunities are limited due to the surplus of doctors. "To come over here, it's a good opportunity, and [international medical graduates] bring a fair degree of clinical knowledge."

A member of organized medicine since 1972, Dr. Desai has held several positions at all levels—county, state, and national. He formerly served as county delegate to the State Society House, a member of the State Society's Council for Medical Practice, and a delegate to the AMA Hospital Medical Staff Section.

More recently, he has focused his efforts on the plight of the international medical graduate, serving as chair of the Society's Ad Hoc Committee on International Medical Graduates. Affiliated with Allegheny General, Passavant, Mercy-Providence, and Sewickley hospitals, he serves the interests of organized medical staffs as well—through the section's governing council, delegation to the State Society House, and his newly elected trustee position.

When asked why he ran for trustee, Dr. Desai admits, "There are a lot of issues I feel are important. I felt committed to being involved...The more involved you get, the better view you get from the inside."

He cites the importance of "contributing a different viewpoint, a different flavor" to the Society. His involvement and that of other physicians—international medical graduates, organized medical staff members, young physicians, women physicians, medical residents and students—brings that flavor.

As a trustee, he plans to bring his viewpoint to the board. "If you don't get involved, you'll never get anything done...If you want to do something, you should get involved in it, walk in the trenches, see how things are being done, and then do something."

Most important, he says, is maintaining "the trust and confidence of all our patients...to let them know that we *do* care for them, and they are paramount in our minds. Yes, I know we do have our own economic issues, but most important are our patients."

Instead of hitting the ground running in his new board position, Dr. Desai says he would like "to get my feet wet a little bit...to listen." But down the road he anticipates working to get more organized medical staff members and international medical graduates involved in organized medicine.

"How can you do that?" he asks. "We have to give them good reasons to belong to the State Society. Physicians are staying away, and we want to turn them around and say, 'Hey, we can do something if we work together. *If* we work together, we can achieve a lot. It's all about unity."

Involvement is easy

Robert R. Corrato, MD, who joins the board for a two-year term as resident physician trustee, takes a similar, yet somewhat different approach: He advocates public involvement. "Physicians need to understand how very important and how very easy it is to get involved."

A native of Delaware County, Dr. Corrato is a graduate of LaSalle University and the Medical College of Pennsylvania. Just completing a residency in internal medicine at Abington Hospital, Montgomery County, he says, "I am definitely a state boy. I love Pennsylvania."

In choosing his specialty, he says, "I was looking for a specialty that would give me a wide and varied view of the different illnesses that people have. Internal medicine gives me the chance to treat a lot of different folks from a lot of different backgrounds with a lot of different problems, [and] I love the patient contact."

There are a multitude of facets to the care of today's patient, Dr. Corrato adds. "You have to consider the environment they live in, the obstacles that may be in the way of their ability to receive care, their social situation...In medicine, you really have the opportunity to organize those many facets and to be a coordinator of a patient's care."

It is both physicians and their patients who need an advocate in the public eye, he says—and that means involvement. "We can talk all we want, but unless we get physicians who show up in Harrisburg for tort reform [referencing the Society's May 7 rally], to protect medicine, to protect the rights of their patients...unless we get out of our offices and go out to our communities and have an impact and try to help our patients in that regard, the people who dictate how medicine is run really will have very little clinical expertise."

To make sure that doesn't happen, he cites the need to develop physicians who understand the business, clinical, and human sides of medicine, and who can blend those into an environment that assures cost effectiveness and quality. While the clinical practice of medicine is what he expected, Dr. Corrato says he is "a little surprised at the number of things on the business side of medicine that we were never really taught in our training...issues of cost-effective delivery of care...huge issues that are going to impact dramatically how we take care of our patients today and into the future."

This interest in the future and the direction of managed care has landed him a fellowship next year with David Nash, MD, director of health policy and clinical outcomes, Thomas Jefferson University, nationally known for his work in managed care. "Hopefully, somewhere down the line, I will be able to act as an advocate for patients in the managed care setting," Dr. Corrato says.

For now, though, as a member of the Society's board, he has the special interests of residents in mind. "Organized medicine has to represent all physicians and their patients," he says, including resident physicians. "There are many concerns specific to residents, [and the trustee position] gives me the opportunity to express the voice of residents as told to me by my peers."

The position also is an opportunity to bring younger members and fresh ideas to the Society. "Being part of the board helps me remind the board of the need to constantly bring new, young, enthusiastic, energetic physicians into organized medicine."

And from the rank-and-file member's point of view, involvement is the best way →

"What residents need to hear from me is how very easy it is to become involved [in organized medicine] and how very easy it is to help effect change."

—Robert R. Corrato, MD
Resident Section Trustee

to effect change, he says. "It's so easy to sit in your office or at home and complain about the way things are, but if you don't get up and you don't make an effort and you don't take a stand, then change can't occur. I think what residents need to hear from me is how very easy it is to become involved and how very easy it is to help effect change."

Dr. Corrato has been involved in organized medicine since 1986 in numerous positions on the county, state, and national levels. "If I can do it, anyone can do it," he concludes. "It is just a matter of asking and getting involved."

Lend your voice

One person taking such advice is Kenneth S. Kurtz, a second-year student at Jefferson Medical College of Thomas Jefferson University, Philadelphia, and the Society's medical student trustee. "I am very interested in being involved in organized medicine now and in the future. I believe that everyone who has a part in the medical profession should play a role in organized medicine."

Kenneth S. Kurtz, only in his second year of medical school, has quickly learned that "organized medicine speaks with the voices of the masses."

Kurtz comes to Pennsylvania from Boston, where he spent a good deal of time around medicine. "I have wanted to be a physician all my life," he says, crediting his physician father and physician grandfather for sharing their "enthusiasm" for medicine. Throughout high school, he worked and volunteered in Boston-area hospitals, and he says, "Every experience I had at Tufts University (he's a 1993 graduate) and Jefferson Medical College has served to heighten my love and excitement of the profession."

Though still "deciding" about his career track, Kurtz has an interest in surgical dermatology. "In my year off after college, I did research in molecular dermatology at the Massachusetts General Hospital. My work was published in the journal, *Genomics*. This was a terrific experience for me and was my first exposure in dermatology."

He is currently studying molecular dermatology at Jefferson. He says although the trend in medicine is not toward the specialties, skin cancer is "a problem that will be in America as long a we stay lovers of the sun. I am excited to enter a field where I will be needed and will improve the quality and longevity of peoples' lives."

As for involvement in organized medicine, he says his experience this year serving as president of the AMA-State Society Medical Student Section chapter at Jefferson has been terrific. "When I came [to Jefferson], the organization had no events planned and a paltry membership. Now we have a couple of hundred members and hold events such as a canned food drive for needy children in the Philadelphia area and voting drives to encourage students to vote in state and national elections. We have petitioned our state and national government with hundreds of petitions on tort reform, Medicare reform, tobacco regulations, and more, and we started a surgery observation program where first- and second-year students can observe surgery. [The chapter] is now one of the most active student organizations at Jefferson."

As medical student trustee, Kurtz will be asked to keep an eye out for Pennsylvania's students. His classmates confirm that foremost in their minds is the issue of medical student loans—about financing their medical education and handling the burden of debt after graduation. He intends to bring these concerns and related suggestions to the board this year. He also says he would like to see the Society "continue its mission of looking out for the welfare of our states' patients, physicians, and hospitals."

Kurtz believes in involvement in the State Society, because he believes in the organization itself: "We are very lucky in Pennsylvania to have such a strong state medical organization which looks out for the welfare of physicians and patients in this state in a much more efficient manner than could be accomplished by the individual. With so many organizations working against the interest of hospitals, physicians, and patients, medicine must be organized on both the state and national level."

The moral? Get involved. As Kurtz concludes, "The individual physician can shout, but organized medicine speaks with the voices of the masses."

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INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with light aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, rhaeyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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ACTIONS OF THE BOARD OF TRUSTEES, MARCH 5-6, 1996

SOCIETY PROCEEDING WITH CHALLENGE TO BLUES' MERGER

The Pennsylvania Medical Society and Philadelphia County Medical Society are proceeding with a regulatory challenge to the merger of Western Blue Cross and Pennsylvania Blue Shield. The challenge was directed by the board earlier this year and is consistent with action taken by the House of Delegates last year.

In an update to the board at its March 6 meeting, Society Executive Vice President Roger F. Mecum announced that former Insurance Commissioner Constance Foster, Esq., has been retained to serve as a consultant, working with the Society's legal and governmental departments. Among Society concerns:

- the diminished role of physicians in the governance of the new entity,
- potential improprieties in the internal Blue Shield approval process,
- the adverse impact on competition,
- the fulfillment of Blue Shield's social mission, and
- the possible inconsistencies with the Blue Shield enabling act.

The challenge is being pursued in several forums, including the Insurance Department, the Health Department, and the Attorney General's Office. Because the Blues need Insurance Department approval to move forward with the merger, as a first step the Society submitted a formal request for the department to hold a public hearing on the issue. Then, on March 1, Society representatives met with Insurance Commissioner Linda S. Kaiser to relay our concerns, and written comments were submitted to the commissioner.

The Society also met with representatives of the Attorney General's Office and the Department of Health. Look for updates in future Society publications.

COUNCIL RECOMMENDATIONS RECEIVE BOARD'S ATTENTION

Recommendations of the Society's newly reorganized councils—the Council on Health Policy and Advocacy, and the Council on Membership and Services—received much attention from the Society's board. Charged with dealing with socioeconomic and membership issues, the councils are challenged with long lists of current and future issues.

Health Policy and Advocacy

The Council on Health Policy and Advocacy took on several familiar issues at its first meeting in February. Of the six recommendations coming out of that meeting, four adopted by the board direct the Society to:

- seek assistance from the AMA in asking the Health Care Financing Administration to reexamine its current payment policy for home health agency visits, with a recommendation that the visits be reimbursed through the RBRVS payment system. The council believes such a change would address the Society's concern that physician reimbursement for home health care should properly reflect the relative differences in the training and skill of physicians and other home health care providers.
- establish a policy stating that third-party reimbursement for services rendered by physicians must at least cover the actual cost of providing those services plus a reasonable reimbursement for professional services. Such action will demonstrate the Society's support for fair and adequate reimbursement for physicians as health care funding is reduced.
- engage in discussions with the Department of Health on procedural matters related to privatization of local health care centers and lab services, and ask to review the draft proposal seeking bids to implement the proposal. As reported last month in PENNSYLVANIA MEDICINE (Medigram, page 4), the department hopes to consolidate the activities of 60 local health offices into six regional offices; privatize the immunization, treatment, and screening services provided in the local offices; and privatize the 15 percent of lab services performed in state-run facilities.
- cosponsor with the Department of Health and other interested organizations a statewide teleconference on issues surrounding HIV and pregnancy. At press time, the teleconference was tentatively scheduled for June 18, 1996. Issues to be addressed include counseling, testing, and drug treatments related to HIV and HIV-infected pregnant women. CME credit is also being sought for the teleconference.

The council will continue work on two other recommendations referred back by the board. The first seeks amendments to Pennsylvania's Workers' Compensation Act of 1993—the board suggested further clarification. The second is to adopt utilization review guidelines developed by the Philadelphia County Medical Society, the Hospital Association of Pennsylvania, and the Delaware Valley Hospital Council. The board expressed a number of concerns with the guidelines and asked the council to incorporate these concerns into the guidelines prior to endorsement.

In related action, the board approved the appointment of a commission under the Council on Health Policy and Advocacy to develop a Society initiative focused on quality of care issues. Particular emphasis will be placed on issues emerging as a result of the marketplace movement to managed care and integrated delivery systems.

Membership and Services

Two recommendations of the Council on Membership and Services, approved by the board, seek to improve the value of the Society to its members. They direct the Society to:

1) create a Centralized Credentials Verification Service. The service, which would be offered to managed care organizations for credentialing their physician networks, is expected to make credentialing less burdensome on physicians, while addressing their increasing concerns about confidentiality and control of physician information. Also, it would decrease duplicative efforts by physicians who join managed care organizations.

2) meet with representatives of Pennsylvania's six allopathic medical schools to redefine, through a collaborative approach, the Society's value to medical schools. The rapid growth of managed care in the commonwealth is necessitating the formation of alliances between academic centers and community physicians. The council believes the

State Society is in a unique position to effectively bridge these two groups and facilitate appropriate alliances. The board anticipates that new relationships with medical schools will present opportunities to extend the Society's corporate membership pilot program to faculty physicians.

Also at the recommendation of the council, the board authorized the Society to write a letter to the AMA requesting the organization to offer membership-enhancement pilot programs, such as young physician graduated dues and discounts for early payment of membership dues.

For more information about both councils' activities, see "Council Briefs" below.

OTHER ACTIONS ADDRESS TECHNOLOGY, MEMBERSHIP

In other action at the March meeting:

• The board approved recommendations of the Communications Technology Committee directing the Society to purchase hardware and software that could support the Society's Internet activities, and to consider financial implications of becoming an Internet access provider.

• At the recommendation of Medical Student Trustee Kenneth Kurtz, the board voted for the Society to send a letter to the Ridge administration protesting cuts in funding for medical schools in the governor's proposed budget for Fiscal Year 1996-97.

• The Priority Work Group on Managed Care Advocacy reported that it held its first meeting in January. Charged with setting organizational objectives on how the Society can serve the needs of members as they relate to managed care, the 11-member work group will deal with such issues as: antitrust, ERISA, risk sharing, credentialing, Medicare/Medicaid reform, workers' compensation managed care, physician extenders, utilization review/case management/ peer review, and HMO gag rules.

COUNCIL BRIEFS

NEW COUNCILS STREAMLINE SOCIETY EFFORTS

The Society's House of Delegates last October adopted a series of recommendations that changes the structure of Society councils and committees. The changes are being implemented to make the structure of the organization more flexible so the Society can more effectively and efficiently manage its priorities and resources.

Topping the list of changes is the consolidation of the Society's five former councils—Education and Science, Governmental Relations, Medical Economics, Medical Practice, and Membership—into two new councils: Health Policy and Advocacy, and Membership and Services. Both councils, whose charges have been expanded, hit the ground running with the new year.

Advocacy Council Tackles Familiar Issues

The 15 members of the Council on Health Policy and Advocacy have accepted the charge of dealing with the socioeconomic aspects of medical practice. Among these issues: regulatory, legislative, medical economic, and public health issues and concerns already familiar to organized medicine.

Led by Chair Richard T. Bell, MD, the council at its first meeting in February agreed:

• to construct a policy to deal with the issues created by telemedicine technology. Council members noted that while the policy should allow physicians to consult with out-of-state physicians at their discretion, it should prevent managed care companies from forcing physicians to use a facility or consultant with which they are unfamiliar or uncomfortable.

• not to adopt a Society position that would require Pennsylvania Blue Shield to recognize for separate reimbursement medically necessary ultrasounds performed by the attending obstetrician during the first trimester of a pregnancy regardless of whether the pregnancy resulted in a normal delivery.

• to ask the board to adopt utilization review (UR) guidelines outlined in the Philadelphia County Medical Society, Hospital Association of Pennsylvania, and Delaware Valley Hospital Council publication, "Utilization Review Guidelines."

• to direct the Society to send a letter to the AMA requesting its assistance in asking the Health Care Financing Administration (HCFA) to reexamine its current payment policy for home health agency visits. Currently, reimbursement is based on estimates of the per-visit costs of the services; the council recommends reimbursement through the RBRVS payment system.

Assisting Dr. Bell is Vice Chair Jeffrey H. Chaby, DO. Walter I. Hofman, MD, heads the council's Commission on Continuing Medical Education, while Donald E. Harrop, MD, chairs the Commission on Health Care Cost and Quality Data.

RBRVS changes

In other RBRVS news, the council reviewed 1996 changes to the Medicare RBRVS Final Rule. This is the second year of the two-year phase-in period for revision to the Geographic Practice Cost Indices (GPCIs). As a result, the four Medicare designated areas of Pennsylvania will realize the following adjustments:

PA Area 01 (Philadelphia, Pittsburgh, medical schools, hospitals): .1 percent increase;

PA Area 02 ("large" cities): 2.4 percent decrease;

PA Area 03 ("small" cities): 2.5 percent decrease; and

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PA Area 04 (all other areas): 2.7 percent decrease.

Overall, HCFA has projected payment amounts for 1996 to increase 3.8 percent for surgical services, decrease 2.3 percent for primary care services, and increase .4 percent for other non-surgery services.

Other changes include:

• HCFA will pay for only one interpretation of an x-ray or EKG procedure furnished to an emergency room patient. Payment may be made for a second interpretation under unusual circumstances.

• A new site-of-service list has been developed to include office-based services that are provided in ambulatory surgical centers. These services are reduced by approximately 21 percent. This affects approximately 400 procedures.

• Physical therapy services identified previously by codes M0005-M0008 and H5300 are no longer valid as an option to use. Relative value units have been redistributed to codes 97010-97799.

• The definition of diagnostic mammography has been expanded to include asymptomatic women with a personal history of breast cancer or a personal history of biopsy-proven benign breast disease as candidates for this service.

• Effective July 1, 1996, new payment policies for teaching physician services will be implemented.

Workers' comp status

The council also discussed the status of House Bill 2216 to reform workers' compensation.

The Society has been working to address outstanding problems with the implementation of the medical cost containment provisions of Act 44. Some were corrected or clarified by last year's regulations, but others will require added legislation.

Areas the Society seeks to correct include: downcoding the cost of review and reconsideration, limiting case management services, and limiting discounted fees beyond the established cap. The Society has drafted amendments to House Bill 2216 to address these issues, and plans to discuss them with representatives of the Department of Labor and Industry.

Membership Council Launches New Initiatives

Enhancing the value of your membership in the State Society is a top priority of Barbara Barnes, MD, chair of the newly reconstructed Council on Membership and Services. Calling to order the council's first meeting since its reorganization, Dr. Barnes in February set the group to work on an ambitious agenda for 1996 and beyond.

The council's new mission is redefined as:

• to coordinate membership recruitment and retention, including research of potential physician markets for recruitment and creation of strategies to enhance membership;

• to offer products and services that ensure that Society members have the information resources necessary to establish and maintain a practice in the setting of their choice;

• to develop new products to meet physicians' changing needs; and

• to manage the Society's non-dues-generating programs.

Dr. Barnes noted that she is a recent "newcomer" to academic medicine, as she has been director of the University of Pittsburgh's CME programs for the past year. Aiding her in her demanding new post as council chair is Arthur Stein, MD, vice chair, a plastic and reconstructive surgeon from Allentown.

Three important adjuncts of the council will steer the Society's efforts to develop new products and reach untapped membership markets.

1) The *Subcommittee on Physician Services*, chaired by Charles Cutler, MD, evaluates new ideas for seminars, practice management manuals, and other resource materials for physicians.

2) The newly created *Commission on Women Physicians*, chaired by Anne M. Woods, MD, will explore ways the Society can bring value to this rapidly growing segment of the physician community. Current Society membership for women physicians is 3,353, while 6,384 women physicians in Pennsylvania are nonmembers.

"There are many issues facing women in medicine today," Dr. Woods says in her report to the council. "Many of those issues are the same issues presently being addressed by the national, state, county, and specialty societies. There still remain unique issues that the Commission on Women Physicians will identify and begin to address in 1996."

3) The *Commission on International Medical Graduates (IMGs)*, developed several years ago and chaired by Mark S. Friedlander, MD, works on issues affecting IMGs. "Several priorities have been identified that appear to be 'hot-button' issues for the approximately 7,000 IMGs in Pennsylvania," Dr. Friedlander reports. "Licensure has remained the most important topic."

The former Advisory Committee on IMGs to the Society's board, which shared similar charges with the Commission on IMGs, participated in developing the Society's position regarding revisions to the Medical Practice Act, ensuring licensing equity for IMGs.

The commission's priorities will include: discrimination in licensing, disproportional deselection of IMGs from managed care provider panels, the need to groom more IMGs for leadership in organized medicine, and recruitment of IMGs into State Society membership.

New marketing plan

According to the Society's research, "More than half the physicians in Pennsylvania do not perceive the value of membership as equal to or greater than the actual dues." While realizing the difficulty of communicating this value, council members are excited about their new marketing plan, developed in late 1995 by a staff team, in concert with council members and the Society's board. The detailed plan uses demographics to target growing new segments of the physician community with the Society's new products, strategies, messages, and value.

Weighing the need to do more one-on-one recruitment, council members will encourage county societies to initiate a phone-calling campaign this spring. "A simple phone call sometimes works best," noted Dr. Cutler.

Other initiatives in the plan include enhanced liaison with group practices to implement group or "corporate" membership pilot programs, and the creation of a Centralized Credentials Verification Service. The proposed service would initially provide credentials verification to HMOs and physician groups and organizations.

BOARD ENDORSES NEW PACE STRATEGY

In an effort to increase enrollment without increasing funding, the state's Pharmaceutical Assistance Contract for the Elderly (PACE) program is instituting a new reimbursement "strategy."

Financed primarily by the Pennsylvania Lottery, PACE pays all but a small copayment amount for pharmaceuticals for almost 300,000 low-income, Pennsylvania residents age 65 and older.

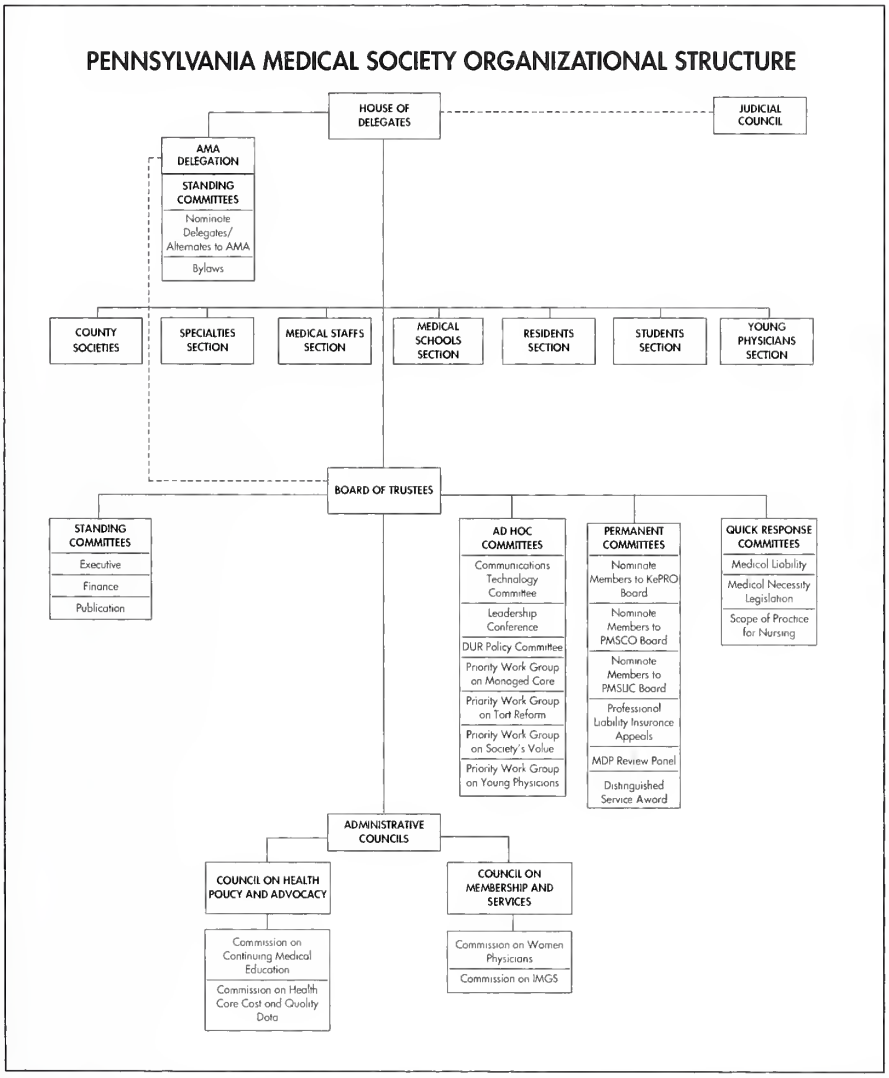
The new strategy includes three measures:

• *Mandate Generic Substitution*—Generic substitution is not currently mandated, but instead is required "only if the enrollee's prescriber has not written 'brand medically necessary' on the prescription form." Mandated generic substitution, which becomes effective July 1, 1996, offers a therapeutic equivalent with an average 50 percent savings, according to PACE.

• *Adopt an "Open Incentive Formulary"*—This type of formulary best controls product price, according to PACE. The formulary "would reimburse on the basis of the lowest paid therapeutic alternative within a therapeutically equivalent grouping of medications." Therapeutic classes affected include H_2 blockers, NSAIDS, SSRIs, ace inhibitors, lipid-lowering agents, and selected calcium channel blockers. The new formulary will become effective October 1, 1996.

• *Reduce Reimbursement Levels to Pharmacy Providers*—Currently, pharmacies are reimbursed the average wholesale price of the drug plus a $2.75 dispensing fee, or the pharmacy "usual and customary price" for the drug. Effective July 1, 1996, PACE will pay 90 percent of the average wholesale price, while increasing its dispensing fee 50 cents to $3.25.

The State Society Board of Trustees has endorsed this new program, which does allow exceptions for generic substitutions and the new formulary, given "valid reasons."



Your House of Delegates in October 1995 adopted a series of recommendations that changes the structure of Society councils and committees, making the structure more flexible so the Society can more effectively and efficiently manage its priorities and resources.

Revised Mission Reflects National Efforts

Since the Society's representation of physicians is not limited to activities within the commonwealth, but extends to the national level as well, the board approved a revised mission statement for the Society incorporating those efforts:

> *The mission of the Pennsylvania Medical Society is to represent physicians, support professional advancement in public health and public policy, as well as in medical science, education, practice, and ethics, and serve as patient advocates, both on the state and national levels.*

This representation is accomplished through the Society's Delegation to the AMA, and through legislative and regulatory advocacy efforts at the federal level.

Coming next month in PENNSYLVANIA MEDICINE...

- *Managed Care Tips and Updates*
- *Drug Education*
- *Legislative Late-Breaking News*
- *New Drugs of '95 (Part II)*

POs: Matching Structure to Market

Michael P. Lance

A well-structured and well-managed physician organization can permit physicians to survive and prosper in a mature managed care market.

What physician organization (PO) structure is most effective in a mature managed care market? To address this question, let me first define a "mature managed care market."

My definition for this level of managed care consists of two features: The first is that the market share penetration of health maintenance organization (HMO) products exceeds 30 percent of the insured market in a community; the other component involves physicians and hospitals beginning to take "risk" contracts.

This second element usually includes physicians taking capitation for the "total professional" (primary care and specialty care) component of the health care premium. In addition, the physicians develop contractual arrangements that permit them to share in the performance of hospital pools and pharmacy pools. For physicians to be able to assume risk, they need be an entity large enough and actuarially sound enough to take the risk.

The two most common entities used to accomplish appropriate risk taking are integrated multi-specialty groups or multi-specialty independent practice associations (IPAs). The group model usually requires physicians to work as employees and/or partners for a professional corporation under a single tax ID number. This can provide a very good vehicle for managing health care costs and assuming capitation.

Since the physicians are a closed panel and often salaried, they may be able to control specialty utilization, and manage hospital and pharmacy pool costs resulting in surpluses from these pools. The ability to track productivity of physicians is usually easier in this model. However, in my almost 30 years in health care, I do not believe I have encountered one of these groups that was not having some level of conflict about revenue distribution and allocation of overhead expenses.

Physicians who have spent considerable time in a group practice, or are just starting out in practice, seem to be able to adapt to this model fairly smoothly. However, physicians who have been in solo practice or small partnerships for most of their career seem to have great difficulty adapting to a group model. Probably the greatest difficulty is giving up their autonomy and their own tax ID number to a consolidated entity.

The multi-specialty group model

One of the key benefits that a multi-specialty group model offers to patients, and which needs to be appropriately addressed by the IPA model, is "one-stop shopping." This means patients can see their primary care physician (PCP) and the referral specialist, get their prescriptions filled, and have their lab tests and x-rays performed at the same location without getting in their car to drive or having to complete new paperwork for each service. This "patient convenience" aspect can be addressed by IPAs who are at least on the same medical campus if not in the same building.

Registration for the other professional services, however, still needs to be addressed, probably through computer capabilities. Improperly developed IPAs can actually create inconvenience for patients when HMOs or IPAs begin to capitate large labs and radiology groups, resulting in PCP reduction of these services in their offices. One of the key drawbacks of a group model that can easily be addressed by an IPA model is the limited panel of physicians within a community.

The IPA model of the future

The model which I feel most effectively addresses the elements of a mature managed care market is the multi-specialty IPA model. This is not the IPA model of the past, which has been predominantly a member educational, passive participant model. The IPA model of the future, in my opinion, is a shareholder model which becomes an active player in the mature market.

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Mr. Lance is chief executive officer of the PennMed Member Services Company.

This model incorporates HMO-type utilization control, quality assurance, and credentialing protocols. It also requires sophisticated computer systems and sophisticated management. Both group and solo practices are combined in the panel.

The shareholder model ensures that the board of directors have and maintain a "fiduciary" responsibility to protect the interests of all the physician shareholders, and does not permit self-interest decision making. It also provides the physicians a sense of ownership in the IPA and enhances their support of the entity in its efforts to optimize opportunities for the physicians.

Although, due to the make up of most medical communities, this model will have a mix of about 30 to 40 percent primary care physicians and 60 to 70 percent specialty physicians, we tell our clients it is essential that the governance or board mix be a majority of primary care physicians. This governance distribution illustrates to the payers that the IPA is prepared to place an emphasis on preventative primary care for its members, rather than become a specialty-dominated organization established to sustain fee-for-service medicine.

Why the multi-specialty approach?

On behalf of the specialists, we do encourage broad community shareholder participation in the IPA to minimize establishment of limited panels that exclude physicians, which could have a devastating impact on some specialty physician livelihoods.

This concept often draws criticism from other regional consultants who feel the panels should be limited. However, my tenure in a mature managed care market in California proved that this model has significant potential for success. We found patients benefited by including most of the physicians in a community—most will only give up choice of physician if forced to do so.

Also, the greatest opportunities to reduce health care costs are in the hospital and outpatient pharmacy pools; once a referral is made, the specialists control a large portion of the hospital costs and pharmacy costs. When specialists have been given rewards generated by appropriate management of hospital and outpatient pharmacy resources, pool performance has increased significantly. The capitated contracts will have specialist pool budgets that cannot be exceeded and are protected by withholds. Therefore, they cannot consume more than their allotted portion.

To limit the panel to receive these allocations will minimize the panel's marketability. For example, if the panel cost for general surgery is limited to $100,000 per month, why does it matter whether the panel has one or 10 general surgeons? In fact, if the panel has 10, it is clearly more marketable to the community. Capitation does not permit specialists to overconsume when properly structured and managed. Capitation does not guarantee success; the key element to successful models in managed care is the word "manage." All the models can fail without sophisticated and experienced management companies or personnel.

One other point worth mentioning is that 10 years into a mature managed care market with a 240 multi-specialty IPA in Riverside, California, at least 50 percent of the physicians were still in "solo" practice. A well-structured and well-managed IPA model can permit solo practitioners to survive and prosper in a mature managed care market.

To summarize, the multi-specialty IPA model allows participation of as many or all of the physicians within a community in the system. It allows:

1) physicians to maintain existing referral patterns with which they are comfortable, and minimizes risks of being forced to work with physicians with whom they may not have an established comfort level;

2) the entity to be more attractive and marketable to employers and patients, resulting in minimal disruption of existing patient-physician relationships;

3) the entity to be more attractive to the payers and more able to secure optimal contracts, because it permits patients the highest degree of physician selection and choice (this is critical as the Medicare HMO products proliferate, because the Medicare population is very loyal to their current physicians); and

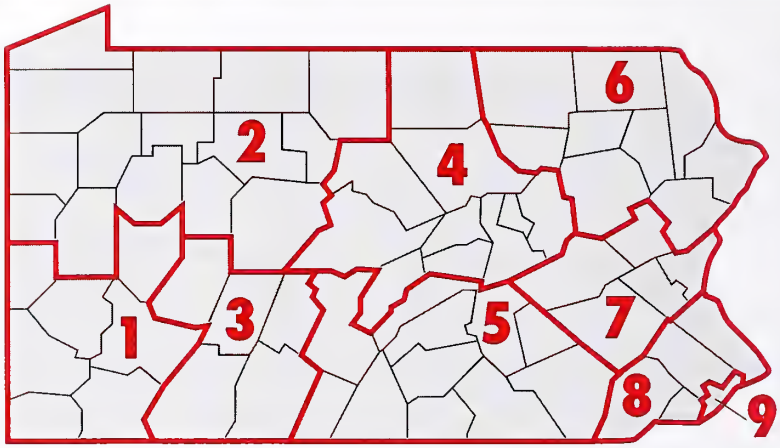
4) includes all levels of care within the utilization review strategies.

One of the key aspects that differentiates our organization from other consultants is that most consultants convey "despair" to physicians concerning the transition into a mature managed care market. But we convey *hope* that with the properly structured physician organization, your lives and your patients' health care do not have to become severely compromised. ✪

"Capitation does not guarantee success; the key element to successful models in managed care is the word 'manage.'"

Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

▶ HealthAmerica, adjusting its staffing after the loss last year of University of Pittsburgh and Pittsburgh Board of Education accounts, is laying off 68 people—including 11 physicians at Penn Group Medical Associates. Blue Cross of Western Pennsylvania won the two accounts and their combined 8,500 subscribers. This is the second layoff this past year for HealthAmerica, which laid off 88 staffers in July 1995. *[Pittsburgh Business Times]*

▶ HealthAmerica has also reportedly dropped two hospitals—St. Margaret Memorial Hospital and the Mercy Hospital of Pittsburgh—from its hospital network, effective June 1. The insurer says the move is "simply a casualty of our ongoing efforts to reduce medical expenses, create greater efficiencies, and our willingness to reconfigure our provider network." *[Pittsburgh Business Times]*

▶ In related news, the University of Pittsburgh Medical Center has revealed plans to merge with St. Margaret Memorial Hospital. *[Pittsburgh Post-Gazette]*

▶ PennCARE[sm] health partnership of physicians and hospitals, first organized in May 1995, has officially incorporated. The partnership is an integrated health system of eight hospitals in Eastern Pennsylvania and participating physicians on their medical staffs. Hospital members include: Doylestown Hospital; Gnaden Huetten Memorial Hospital, Lehighton; Grand View Hospital, Sellersville; Hazelton General Hospital; Hazelton-St. Joseph Medical Center; Lehigh Valley Hospital, Allentown; Muhlenberg Hospital Center, Bethlehem; and North Penn Hospital, Lansdale. Penn State's Milton S. Hershey Medical Center, Hershey, will participate through a contract for highly specialized medical services. *[PennCARE press release]*

▶ Keystone Health Plan East and Mercy Health Corporation are considering a joint venture to combine the Medicaid members of both companies, which would create the region's largest Medicaid managed care program. If formed, the new company would serve nearly 160,000 members in the Philadelphia region. *[Philadelphia Business Journal]*

Managed care moves, state by state

▶ A new Massachusetts law prohibits commercial insurers and managed care plans from enforcing gag clauses that prohibit physicians from communicating information to patients about treatment options, payment policies, or other plan provisions. The new law was a victory for Massachusetts Medical Society, which drafted the original House bill. *[Massachusetts Medical Society press release]*†

▶ Kaiser Foundation Health Plan of Georgia is experimenting with a "health care team" concept, whereby health care professionals are placed into teams of 11 members—including two primary care physicians, two allied health professionals, one registered nurse, five clinical assistants, and one clerk. Each team will be responsible for about 10,000 Kaiser members, and each team member will be offered financial incentives based on the plan's results, the team's performance, and individual performance. Kaiser's goal is to decentralize managed care and put medical decisions back into the hands of physicians. *[BNA's Managed Care Reporter]*†

▶ The Department of Justice (DOJ) has given the green light to Oklahoma Physicians-IPA, a 1,000-member physician network which will contract with PROklahoma Care, a physician-owned HMO spearheaded by the state medical society. DOJ does not intend to challenge the operations because the network is non-exclusive, because HMO coverage is needed in rural markets, and because the network is unlikely to erode competition. However, DOJ reserved the right to bring an enforcement action if the network has anti-competitive effects. *[BNA's Managed Care Reporter]*†

▶ The Medical and Chirugical Faculty of Maryland (MedChi) has reached an agreement with the state's largest HMO association on a legislative strategy. In exchange for MedChi's agreement to discontinue efforts to pass "any willing provider" legislation, the HMO association agreed to support anti-gag clause legislation. MedChi also agreed not to seek legislation that would close a loophole in the state's new 48-hour

maternity stay law that permits insurers to send a woman home after one day if the insurer pays for a home visit by a nurse. *[The Washington Post]*†

▶ In related news, nine Colorado insurers—including FHP of Colorado, Inc., CIGNA HealthCare of Colorado, Inc., and Blue Cross and Blue Shield of Colorado—have agreed to voluntarily comply with maternal length-of-stay standards set by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. In exchange for the agreement, a state representative withdrew a bill that would have required insurers to provide 48 hours of inpatient care. *[BNA's Managed Care Reporter]*†

▶ Trustees of the New Hampshire-based Dartmouth-Hitchcock Medical Center have turned down a bid by Harvard Pilgrim Health Care of Massachusetts to buy New Hampshire's second largest HMO, the Matthew Thornton Health Plan. Matthew Thornton has 136,000 members, 550 primary care doctors, and 1,800 specialists. The deal fell through less than three weeks after the state insurance commissioner approved it. *[American Medical News]*

▶ A California coalition led by the California Nurses Association and a well-known California consumer advocate is pushing a November ballot initiative that would forbid paying certain bonuses to physicians or nurses, lift gag clauses, and prohibit health plans from forcing members to give up the right to go to court to settle disputes. *[Los Angeles Times]*†

▶ The United Healthcare Corporation will acquire Healthwise of America, Inc., in a stock deal worth about $290 million. United, based in Minneapolis, said the purchase would give it access to largely unpenetrated managed care markets in Tennessee, Arkansas, Maryland, Virginia, Kentucky, and Washington, DC. *[New York Times]*

▶ Only weeks after a highly publicized merger with another managed care firm fell through, WellPoint Health Networks announced plans to buy the health unit of Massachusetts Mutual Life Insurance Company. *[American Medical News]*

▶ In California, Kaiser Permanente has taken a drastic departure from tradition by announcing that it will eliminate inpatient services at some Kaiser facilities and contract with community hospitals. The move is in response to an overcapacity of hospital beds in California. *[Modern Healthcare]*†

▶ MedPartners/Mullikin is acquiring the 23-physician Eaton Medical Group in Northern California. With the acquisition, MedPartners/Mullikin now has 90 physicians and 70,000 capitated lives in Northern California. *[Modern Healthcare]*†

▶ An Oregon HMO was fined $20,000 by the state Department of Consumer and Business Services for improper denial of emergency room claims. An investigation by the state revealed a pattern of denying payment of emergency room claims without proper documentation. Pacificare of Oregon has agreed to pay the fine and to improve emergency room claim payments. *[BNA's Health Law Reporter]*†

▶ Maxum Health Corporation, Dallas, which provides radiology and related management services, agreed to merge with American Health Services Corporation, Newport Beach, California, a provider of diagnostic imaging and treatment services. *[New York Times]*

Facts, figures, etc.

▶ HMOs and other managed care programs are cutting hospital costs without hurting the quality of care, according to a KPMG Peat Marwick study released in February. Compared with national averages, hospitals in cities with high use of managed care plans had 11.2 percent lower costs, 6.3 percent shorter stays, and 5.3 percent lower death rates. Studied were 1,400 hospitals in 50 cities nationwide during 1994. *[Patriot-News, Harrisburg]*

▶ According to the Center for Healthcare Industry Performance Studies, physician practice purchase prices are the highest in emerging managed care markets, with a purchase price of $134,000, compared to $106,000 in areas with high managed care penetration and $95,000 in areas with low managed care penetration. The report also found that non-compete clauses hike the price by $66,000. *[Medicine and Health]*†

▶ A Robert Wood Johnson Foundation-funded study by California's Center for Health Care Rights found that consumer protection laws on HMOs vary widely by state. The study reviewed grievance procedures, disclosure laws, laws relating to access to care, and penalties for violating the law. Minnesota and California were found to have the strongest and most comprehensive HMO consumer protection laws. New York and Massachusetts had no HMO consumer protection laws that focused on access to care. *[Hospitals and Health Networks]*†

▶ A recent Interstudy report found that 91 percent of total HMO enrollment was in metropolitan areas. The top four large consolidated markets were Los Angeles, Washington, Houston, and Boston. HMO penetration rates were 25 percent in large markets, 17.6 percent in medium markets, and 12 percent in small markets. *[Competitive Healthcare Market Reporter]*†

† *Excerpted from "AMA Market Trends"*

Keys to PO Success

Successful physician organizations (POs) share several qualities, according to a study profiling nine POs across the country. Sponsored by the American Medical Association, Indiana State Medical Association, and the Michigan State Medical Society, the study shows that successful POs:

- have a core of dedicated, clinically respected physician leaders who are aware the health care system is changing and who are developing proactive market-focused POs;
- are proactive and take risks in adapting to changes in the health care delivery environment; and
- comprise like-minded physicians who accept managed care, are willing to pay for professional advice and assistance, and are well capitalized.

Cardiovascular Studies by PHC4 and KePRO Are Very Different

Donald E. Harrop, MD

We've heard that some confusion has been generated by the fact that both the Keystone Peer Review Organization (KePRO) and the Pennsylvania Health Care Cost Containment Council (PHC4) are conducting studies on acute myocardial infarction (AMI). One reason may be my November 1995 column which described the national cooperative cardiovascular project (CCP). Probably the best way to clarify this issue is to point out the many differences in the origin, focus, and intended use of the results of each study.

Most physicians in the state are familiar with PHC4 studies which have been conducted for a number of years, especially because the results are published in the news media. Likewise, many physicians are already aware of the KePRO local (within Pennsylvania) cooperative projects which we have been conducting for about two years. However, the CCP is the first nationwide health care improvement project mandated by the Health Care Financing Administration (HCFA) and conducted by the peer review organizations (PROs).

In comparing the two studies, we immediately see obvious differences in that they involve diverse patient groups and time frames. PHC4 looked at the data for *all* hospital admissions for an initial episode of care with a principal diagnosis of AMI in calendar year 1993. The CCP involves 100 percent of each hospital's *Medicare* AMI patients for a specified eight-month period, according to hospital size, between February 1, 1994, and May 31, 1995.

PHC4 data is abstracted by the hospitals from Mediqual data, which is required by law, and from billings; these data are sent to PHC4. Hospitals and physicians are given the opportunity to examine the data, submit corrections or additional data, and confirm physician identify. For the CCP, medical records are requested from the hospitals by one of the two nationwide Clinical Data Abstraction Centers (CDACs), abstracted by the CDAC, and the raw data is sent to HCFA for refinement. Pennsylvania data are then sent to KePRO for further analysis and feedback to hospitals and physicians.

There is significant contrast in the focus of each study. PHC4, using its own research model and Mediqual information, concentrates on deriving a risk-adjusted mortality rating and average charges for hospitals and physicians with greater than 30 cases during the 1993 calendar year. The mortality rating is considered an indicator of treatment effectiveness. The final report is based on risk adjustment and outcomes.

For the CCP, KePRO directs its attention to five quality indicators: 1) use and timing of reperfusion, 2) use and timing of aspirin administration, 3) use of beta blockers, 4) management of poor left ventricular function, and 5) smoking-cessation advice. The CCP final report will be based on treatment processes and timing.

Probably the most important difference between the two studies is their final disposition. PHC4, as a state-funded entity, prepares its reports for release to the public through the media. Three public reports will be published: by hospital, by physician group, and by individual physicians in solo practice who have treated a minimum of 30 AMI cases. The hospital reports will be separated into community hospitals and tertiary care hospitals.

For the CCP, KePRO personnel are conducting a series of regional meetings to describe the project and share hospital-specific data only with the individual hospital. State and national data will also be provided for comparison. We will also assist hospitals in developing quality improvement plans where potential for improvement exists, to realize a quality improvement benefit from the study, and to help Medicare beneficiaries experience better outcomes.

As you can see, each study has its own merits and intended results, and they are not duplicative of each other. In fact, in our travels to the hospitals, we will clearly state that, because of the many differences, the results of one report should not be used to

PHC4 Report Update

At press time, PENNSYLVANIA MEDICINE learned that PHC4 is planning to release in mid-May its AMI report using 1993 data. The Society, in conjunction with the Hospital Association of Pennsylvania and the Pennsylvania Osteopathic Medical Association, conducted a series of seminars in March to explain the report format and content to providers. To discuss the report in detail, call the Society at (800) 228-7823, extension 1463.

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.

try to validate the other. We are not in competition with PHC4 and feel that each organization has its own purpose to serve: PHC4 to help the public make better informed choices about physicians and hospitals, and KePRO to assist in the improvement of health care.

Comparing AMI Studies

PHC4	HCFA
All admissions for an initial episode of care with a principal diagnosis of AMI in calendar year 1993 (identified by ICD-9-CM codes) will be used for the database.	100 percent of each acute care hospital's *Medicare* AMI discharges for an 8-month period (ranging from February 1-September 30, 1994, to October 1, 1994-April 31, 1995) will be used for the database.
Data abstraction will occur from hospitals' billing data and Mediqual data required by law to be sent to PHC4. Hospitals and physicians will be given the opportunity to examine data, submit corrections or additional data, and confirm attending physician identity.	Copies of complete medical records will be requested and forwarded by hospitals to a Clinical Data Abstraction Center (CDAC). For Pennsylvania, the CDAC is Forensic Medical Advisory Services, located in Maryland. Pennsylvania data will be sent to KePRO for further analysis and feedback to hospitals and physicians.
PHC4 will use its own research model, validated patient risk-adjustment factors—including demographic, administrative, systemic clinical, and cardiovascular-specific clinical factors, and Medisgrps severity information—to derive an in-hospital, risk-adjusted mortality rating for hospitals and physicians (those with greater than 30 cases). PHC4 uses mortality rating as an indicator of treatment effectiveness. Average charges will also be case mix adjusted and risk adjusted.	KePRO will focus its attention on: use and timing of reperfusion, use and timing of aspirin administration, use of beta blockers, management of poor left ventricular function, and smoking-cessation advice. Continuous refinement of quality indicators will occur throughout the study.
Basing report on risk adjustment and outcomes.	Basing report on treatment processes and timing.
Both have access to demographics, utilization, and charge data; however, KePRO has no plans to use charge data.	
Report prepared for public release, scheduled for Spring 1996.	KePRO will travel to hospitals and share hospital-specific data with comparison data for state and nation. KePRO will assist with development of quality improvement plans where potential for improvement exists. A generic report, which will not identify individual hospitals or physicians, may be produced at the conclusion of project visits in 1996.

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Directly Observed Therapy Improves Tuberculosis Care

Frederick L. Ruben, MD
William F. Barry

Actual cases show that directly observed therapy (DOT) works with tuberculosis patients—and while DOT may increase the short-term cost of care, in the long term DOT can deter other costs.

This is the third in a series of articles offered by the Advisory Committee to the Pennsylvania Department of Health on Chronic Respiratory Diseases.

One of the main factors contributing to the recent increase of drug-resistant tuberculosis in New York City was the failure of some patients to take their anti-tuberculosis medications.[1] In the past, such non-compliant patients were believed to be primarily alcoholics or sociopathic personality types. Today, it is believed that a patient who does not take his/her medications may be normal in other respects, with the reason(s) for non-adherence being multifaceted and complex.[2]

In the past, the approach to evaluating a patient was to consider the patient to be compliant until proven otherwise. Now, the recommended approach is to consider all TB patients for directly observed therapy (DOT).[3] The latter makes great sense, given the consequences, which include drug resistance, the need to use more toxic drugs, and the greater costs for treatment using second-line drugs.

This article describes the use of DOT in Pennsylvania to treat patients with TB and thus prevent patient non-compliance. Data are reported for the years 1993 through 1995, and are presented for Philadelphia County, Allegheny County, and the State Health Districts which care for persons not in those counties. During this three-year period, more than 2,000 patients were being treated for TB.

The table on the next page summarizes the use of DOT in Pennsylvania for the period 1993 through 1995, when 2,051 patients were reported as having TB. The type of treatment, including method of drug delivery—i.e., self-administered, DOT, or a combination of self-administered and DOT—can only be assessed for the 1,418 cases that are reported to have completed their therapy. These 1,418 patients (69 percent) may or may not be representative of the entire tuberculosis patient population of 2,051.

For the State Health Districts, 22 percent of cases that completed therapy received DOT, and an additional seven percent had DOT combined with self-administered therapy, usually meaning medication was self-administered before DOT was initiated, or on weekends. For Philadelphia County, 25 percent of cases were on DOT, and nine percent were on DOT combined with self-administered treatment.

In Allegheny County, those patients on DOT were under the direct care of the Health Department, whereas other TB patients were under private care. DOT was only used for patients treated by the Health Department, and 39.5 percent of the 43 cases under Health Department care were on DOT.

Overall, 22 percent to 39.5 percent of patients we could evaluate throughout the state with tuberculosis, and for whom DOT was considered, were treated with DOT in this three-year time period.

Given the use described above, DOT has become an important approach for treating patients with TB in our state. DOT can be given daily, or two or three times weekly. Because it adds the cost of the time required for the provider, a nurse, or outreach worker to administer the medications to the patient, DOT increases the cost for treating TB. The benefit is to know that drugs are being taken properly.

Positive aspects of DOT

One actual case, modified to avoid identification, illustrates the positive aspects of DOT. AB is a 41-year-old male who is an alcoholic and lives in an abandoned automobile. He drinks daily at a local bar. He developed a cough, weight loss, and fever over a four- to six-month period, and was admitted to a local hospital where chest x-ray showed cavitation. His sputum showed numerous acid fast bacilli later confirmed as *M. tuberculosis*, sensitive to all drugs.

Dr. Ruben is affiliated with the University of Pittsburgh Medical Center and the Tuberculosis Program, Allegheny County Health Department, Pittsburgh. Mr. Barry is program coordinator, Tuberculosis Control Program, Department of Health, Commonwealth of Pennsylvania, Harrisburg.

He signed himself out of the hospital, but was located soon by the TB clinic personnel. He refused TB medications initially, but when he was told that the medications would be brought to him daily, and that there might also be some incentives for him, such as food, cigarettes, or like, he agreed to take the medications.

The nurse taking him the medications would find him at his car, at the neighborhood bar, or in the area, and would watch him take his medications. The patient soon developed a bond with the nurse and also to the tuberculosis clinic. Despite continued heavy alcohol consumption, he completed the six-month course of medications.

This case illustrates that a patient, who at first was considered to be incorrigible and a menace, when given the opportunity to receive DOT somewhat under his terms, became cooperative and visibly grateful for the care being given to him. If left to his own devices, he would most likely not have finished his course of treatment. In the past, he would have been considered for a "lock up" after a court order. This would have caused both great delay and cost, and would have denied the patient his rights. With DOT now available, fewer patients like this one will need court orders.

On a superficial level, DOT appears to be coercive of the patient. In a real sense, DOT can and usually does meet the patient on the patient's terms, while accomplishing the desired objective of monitored treatment. In the past, indirect monitoring of treatment such as testing the urine for INH metabolites was used; however, it could easily be circumvented by the patient.

The goal of TB therapy is to eradicate the disease in the shortest time possible. Using DOT increases the likelihood that the currently recommended six-month, short-course regimen will be successful in any given patient. DOT also greatly reduces the chance for drug resistance to develop. Although DOT is labor intensive, in the balance it is very likely to be cost effective.

One may anticipate that the use of DOT will increase because DOT assures that patients are followed more closely, it avoids lapses in treatment, it affords earlier conversion of sputum to negativity,[4] and it reduces the duration of therapy by avoiding the above pitfalls.

It is a fact that we do not understand why patients do not or will not take their medications for a serious disease like tuberculosis. Recognizing that any patient is potentially non-compliant is very important. DOT is currently the best method we have to avoid non-compliance. Until a better method is developed, we should use DOT as often as necessary. Most patients seem to accept DOT and are grateful for this effort.

"DOT is currently the best method we have to avoid non-compliance."

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The authors gratefully acknowledge David Lynch for statistical data, Tammi Stuck for clinical information, and Patti Fern for preparing the manuscript.

Directly Observed Therapy (DOT) for Tuberculosis in Pennsylvania, 1993-1995

Area	Number of Cases	"Completed" Cases*	Number of DOT (%)	Number of DOT Plus Self-Administered Therapy (%)	Total with DOT (%)
State Health Districts	973	597	133 (22%)	41 (7%)	174 (29%)
Philadelphia County	891	634	158 (25%)	55 (9%)	213 (34%)
Allegheny County	187	187	17 (9%)**	0	17 (9%)

* *Indicates cases that completed therapy and records have been closed.*

** *Represents number (17) and percentage (9) of 187 total county tuberculosis patients for the three years. Only 43 cases were followed by the Health Department and were considered for DOT; thus, 17 of 43 (or 39.5%) of Health Department-treated patients in Allegheny County were on DOT.*

Physician Leaders Testify on Tort Reform

On March 14 State Society President Jonathan E. Rhoads Jr., MD, and Pennsylvania Medical Society Liability Insurance Company Chairman of the Board Betty L. Cottle, MD, testified before the state House Judiciary Committee. The hearing was the result of the Society's aggressive strategy to place our tort reform proposal on the forefront of the legislative agenda for this year. Excerpted here are Dr. Rhoads's and Dr. Cottle's testimonies.

Testimony of Jonathan E. Rhoads Jr., MD

State Society President Jonathan E. Rhoads Jr., MD

This hearing starts a process to fix a problem which physicians across our commonwealth tell us is of great concern in the practice of medicine—and that's the current medical liability situation in Pennsylvania.

Medical liability has been governed by Act III since the mid-70s. Initially, it required all cases to go through arbitration panels, and the catastrophic loss fund was to be funded by a 10 percent surcharge on the basic premium. The arbitration panels were struck down by the courts, and the requirement to carry insurance as a condition of licensure and the CAT Fund remained without the protection that arbitration panels afforded physicians. Since that time, the amount of basic insurance required has doubled, the surcharge for the CAT Fund in 1995 was 170 percent of basic premium, and in 1996 it is 164 percent. The magnitude of settlement and awards has grown dramatically.

I have no doubt that the CAT Fund surcharge is what got us to this point today, but the CAT Fund itself isn't the whole problem. It's just a funding mechanism that camouflages a very serious problem—the current medical liability system.

The rewards of medical practices and legal risks are seriously out of balance: A physician may expect to receive $40 or $50 for a service such as an office visit, but is required to carry insurance up to $1.2 million per dependent for liability arising from that office visit.

I know a dermatologist who saw a patient for athlete's foot and was later sued for failing to diagnose an intra-abdominal cancer. Physicians have been deeply concerned about liability for many years and several times have proposed legislation to reform the current system.

According to a Rand Institute study, 57 percent of the premium goes for legal and administrative expenses, and only 43 percent to the allegedly injured party. I don't think anyone would disagree that a system in which only 43 cents out of every dollar collected goes to injured patients is a system which is broken...

Of course, this doesn't even scratch the surface on the subject of defensive medicine. I know what the trial attorneys are going to say about the issue of defensive medicine—they will say what we are practicing isn't defensive medicine, it's good medicine. But I think that only a physician can know what's happening out there, and I can tell you with complete certainty that we are doing tests and procedures now to cover ourselves in the event of a malpractice suit—procedures and tests which have little or nothing to do with improving the care we give patients and which sometimes have their own risks. One of my colleagues says that if he orders a test, the patient's insurance pays for it. If he fails to order it, his liability insurance may pay for it. He orders a lot of tests.

Let me emphasize right away that House Bill 2122 will not fix all the problems with the medical liability system, but it is a moderate first step to leveling the playing field for patients and for physicians.

It does not contain caps on awards for pain and suffering, a provision which has worked well in other states to help contain the ever-increasing cost of health care. We know that the cap has been a stumbling block in past negotiations in this process, so although we believe it would help, we are not advocating its inclusion in House Bill 2122 at this time.

Let me review a few features of the bill which would help to fix the current broken system:

House Bill 2122 would impose sanctions on attorneys who file frivolous lawsuits. Sanctions like this aren't new. The provision in House Bill 2122 mirrors federal Rule 11. The principle is very clear. Litigation is extremely costly and time consuming. The court's time is too precious to be wasted by foolish lawsuits. Nationally some 80 percent of all cases are closed without payment.

The trial lawyers use this as an example to show the system is working. They say the system culls out unfounded cases. We say that this very fact is a disgrace and is a reflection of a system that needs to be fixed. It is very expensive to defend a non-meritorious suit. The 80 percent represents time and money that is wasted and could well be used to provide more health care for our patients.

The frivolous lawsuit portion of this bill will simply require attorneys practicing in the state courts to perform to the same standard as they do in federal court. The courts will be allowed to impose sanctions against attorneys who file frivolous lawsuits, including paying defendants' reasonable expenses such as court filing fees and attorneys' fees. This hardly seems unfair. In fact, the current system is one that seems unfair.

House Bill 2122 would require certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf. This requirement would help eliminate frivolous suits early in the process.

House Bill 2122 would require that an individual testifying as an expert witness must have a similar medical license or board certification as the defendant. In today's legal environment, there seems to be no shortage of medical experts. This bill would require the expert be licensed and have been actively engaged in the direct patient care in the same medical specialty. In addition, if the defendant is board certified, the expert must also have that designation.

House Bill 2122 would eliminate duplicate payments for the same injury. Under present law it is not possible for defense attorneys to inform the jury of all the sources of compensation available to the plaintiff. The result is that frequently plaintiffs are compensated a second time for expenses already paid under some form of insurance.

This bill would allow defense attorneys to inform the jury of compensation already received by the plaintiff. Benefits from life insurance, a pension, or a profit-sharing plan could not be considered duplicate payments.

Approving this provision will actually translate into an important policy decision. It would show whether the legislature wishes to compensate a plaintiff twice for expenses incurred or whether once is enough.

House Bill 2122 will clarify informed consent requirements. Physicians will continue to be required to obtain informed consent prior to a "major invasive procedure" except in an emergency or where the court deems inappropriate. Otherwise, the patient must be given a description of the procedure along with the risks and alternatives. A written signed consent presumes informed consent.

Patient consent is always necessary, but the question centers around when we need to give detailed information on treatment risks and alternatives. We must have a clear description to help resolve if appropriate consent has been given.

House Bill 2122 places reasonable limits on punitive damages. Currently, punitive damages are intended to be a deterrent and punishment for outrageous conduct, and they are unlimited. Instead, they are used by attorneys to intimidate defendants. This tactic is abusive since punitive damages cannot, by law, be covered by insurance or the CAT Fund.

House Bill 2122 says that punitive damages can only be awarded if there is clear and convincing evidence that the defendant acted with an evil motive or ignored a high degree of risk. It further limits the damages to not more than 200 percent of compensatory damages. It does not eliminate punitive damages, but it does limit the opportunity of the attorneys to demand punitive damages without sufficient grounds.

House Bill 2122 strengthens the definition of statute of limitations. Under current law, an action can be brought within two years of discovery, regardless of when treatment occurred. This means that the "tail" which must be insured is indeterminable.

This bill would require medical negligence claims to be filed within two years of discovery or four years from the act which caused the injury, whichever is earlier. The four-year limit would not apply to injury caused by foreign objects left in the body. And cases involving children under age eight would have to be filed within four years after the parent or guardian knew or should have known of the injury, or within four years of the child's eighth birthday, whichever is earlier.

"We think this bill is a moderate step to achieving some sort of parity in a system that is tilted against the majority of patients and physicians."

The main purpose of these provisions is to reduce the very long tail for medical liability which complicates reserving for possible claims. A shorter tail would allow more accurate reserving and reduce guesswork in setting rates.

House Bill 2122 would permit periodic payment of future damages. Under present law it is possible, in the case of large lump sums, for the plaintiffs to receive a windfall because all future damages are received before they are incurred. This bill would allow awards with future payments exceeding $200,000 to be paid in periodic or installment payments. This would assure that money is there in the future when expenses arise.

House Bill 2122 will allow patients to arbitrate medical malpractice claims. Many patients and physicians would prefer the simplicity and less adversarial nature of the arbitration process. This provision would give them the option while putting safeguards in place to assure that patients aren't coerced into signing such agreements. It even guarantees patients the opportunity to reconsider such agreements after receiving treatment, and would require the CAT Fund to be bound by such agreements. Those who take advantage of this option should be able to receive more of the award more quickly.

These are the highlights of the bill you are considering today. I don't think they can be considered radical by any means. We think this bill is a moderate step to achieving some sort of parity in a system that is tilted against the majority of patients and physicians.

It is also a system which seems to be synonymous with the lottery. It is a system where people with injuries may or may not be compensated. Two people with identical injuries may come out of the system with completely different awards, or worse, one of them with no award at all...At best, this system is inefficient and expensive, and in addition, is not guaranteed to be fair to those with alleged injuries...

Medical liability tort reform is a contentious issue to be sure, and one with a long and sometimes ugly history. Everyone in this room knows that it has historically been categorized as the trial lawyers against the doctors, with both of us claiming to have the patients on our side, and honestly, that is correct. I can't speak for the trial bar, but I'm sure that they agree with us that injured patients deserve to be compensated, so we both agree with the basic premise. But it is beyond that premise that the disagreements begin.

We've been at this long enough to know that it will be said that this is a pocketbook issue for physicians. And I would be less than honest if I didn't admit that cost is a piece of our concern. But I must also tell you that we are to the point that if we had a commitment from you that nothing would be done to make the cost of malpractice insurance more reasonable, but that in return a fair portion of the money collected would go to injured patients instead of to lawyers on both sides and administrators, we would support it wholeheartedly...We are glad you are willing to hear both sides of a contentious issue.

Testimony of Betty L. Cottle, MD

PMSLIC Chairman of the Board Betty L. Cottle, MD

I come before you today as a veteran of the battle for meaningful tort reform. I was involved in this 20 years ago when the issue was last debated at this level. Act 111 as originally enacted contained a good faith balance of insurance and legal reform. Sadly, essentially all of what you did regarding tort reform was gutted by the courts because of lawsuits from the trial bar.

Gone are provisions in Act 111 that prevented claimants from receiving a double recovery (the collateral source rule). Gone are reasonable limits on plaintiff attorney fees. Gone is an arbitration process that, while admittedly not perfect, had the promise to reduce the costs associated with getting injured persons a reasonable recovery for their injuries. Gone is a relatively clear standard for informed consent.

What physicians were left with is mandatory insurance and required limits of insurance above the national norm of $1 million per occurrence and $3 million annual aggregate. Also remaining is the authority for the Medical Board to investigate claims of physician misconduct. We support the efforts to discipline physicians who practice in an inappropriate manner.

I note, however, that attempts to discipline physicians usually result in the parties getting lawyers and going to court! This is an example of legislative judgment being eviscerated by the *courts*. It is time for the patients and physicians of this commonwealth to get some relief. This is a plea for sanity in a system that has gone awry.

From the first day of medical school until the very last day of our residency when we enter practice, we are taught to do no harm. This becomes an integral part of the physician's present and future actions, so if a patient has been truly injured, we believe there should be a system to make sure that the costs are covered.

Now, I am concerned about patients, and I am concerned about my young counterparts.

Let me focus for a moment on the young physician who probably will be practicing within the world of managed care. The young physician will be told that decisions with respect to treatment opportunities will be made by others, most often not other health care providers. In fact, in many cases they will be told that they are not permitted to discuss with their patient other treatment options or alternatives outside the managed care system—the so-called gag rule. Yet, at the same time they will be told that they will be personally held liable for any injury to the patient, even though the physician was constrained in the treatment decision.

"I know that plaintiff trial lawyers are practically drooling with glee and anticipation at the liability prospects which are open to them now."

I know that plaintiff trial lawyers are practically drooling with glee and anticipation at the liability prospects which are open to them now. This will be a big money maker for the legal profession. Therefore, the reforms which we reference here become all the more important. They are reasonable, thoughtful reforms which adjust the system to enable physicians to practice medicine without constant fear of unreasonable litigation coloring their judgment.

All we ask now is that the basic tort system be adjusted to reflect a more thoughtful and meaningful approach to professional liability litigation, protecting the rights of patients and assuring that physicians will be available to provide the care which patients need.

Again, though, I return to the observation that patients suffer under this current system. Your constituents, be they physicians or patients, are not helped. The public agrees that the legal system needs to be changed. In a recent poll, more than 80 percent of Pennsylvania voters said the legal system needs to be changed. Seventy-seven percent said that "too many people are abusing the legal system by suing in order to get large damage awards."

We have said it before, and it has to be said again—the constituents who benefit most from the current system are plaintiff and defense attorneys. Yet, this is not a physician and consumer versus lawyer issue. Within the legal community voices are crying out for change. When there is such unanimity that change must occur, and given the leadership role that this legislature has demonstrated in the past, I believe it is time to step to the plate and make the kinds of changes that will enable health care to be provided in a meaningful way by dedicated professionals, unhampered by irrational threats of litigation.

When I refer to irrational legislation, let me clarify: We have a system in which physicians successfully defend over 80 percent of the professional liability cases brought against them—but the costs are extraordinary. On top of the psychological stress for patient and physician, there are court costs, loss of income and, of course, defensive medicine, to say nothing of insurance costs. I will share with you PMSLIC's experience.

From 1978 through 1995, PMSLIC has spent an average of over $8,000 per case to defend over 9,000 claims that were closed without any payment to the party bringing the lawsuit. This means that we have spent over $72 million—and not one cent to an injured patient. It went to lawyers, witnesses, and the system. With a more reasonable litigation system, more of this money can be used to provide patient care and compensate for truly injured patients.

Also, the reforms in House Bill 2122 will speed up the resolution of claims...Time has come to demand that the investigation, evaluation, and resolution of claims be done as expeditiously as possible to afford timely payment to the patient when appropriate and closure for all involved...Ultimately, the current system will affect access to care, especially for residents in underserved rural and urban areas of Pennsylvania.

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20006	Sponsors of HB 2122
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20008	Rally Updates
20009	Talking Points on Tort Reform
20010	Resolution for Reform

In this issue...

Are you ready for the Rally for Change?— 1-3

Keeping an eye on other legislation—3

KePRO gears up for stroke prevention—4

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RALLY FOR CHANGE

ON MAY 7, 1996

AT THE CAPITOL

WHO:

You, your colleagues, family, and friends are urgently needed in Harrisburg to carry tort reform forward in Pennsylvania.

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The State Farm Show Arena will be the arrival site for participants in the "Rally for Change" in Harrisburg on May 7. The only area facility large enough to handle the expected turnout from across the state, the Farm Show will house the pre-rally program, and the Farm Show parking lot will provide ample space for those arriving by bus and car.

WHEN:

Plan to arrive at the Farm Show by about 10 a.m., and attend the important pre-rally briefing at 11 a.m. to learn the latest legislative strategies and rally agenda.

Immediately after the pre-rally, we'll board buses for the short trip to downtown Harrisburg. We will march a parade route leading to a central rally staging site at the Capitol.

WHAT:

The rally will begin at about 1 p.m., or as soon as all marchers are assembled. Speakers will include legislators, physician leaders, and others. Following the rally, and before buses depart, physicians are encouraged to visit their legislators.

HOW:

Buses are being reserved by medical staffs, county medical societies, specialty societies, and other organizations throughout the state. If you are unable to obtain transportation information from groups in your area, call the Society's tort reform hotline:

(800) 566-TORT

Sound Bites

Heard during testimony at the March 14 hearing on House Bill 2122:

"I propose to you today that the problem is not with the health care delivery system, but with the legal system, which allows and even encourages lawsuits to spiral out of control."

—E. Michael Okin, MD, President Pennsylvania Orthopaedic Society

"The young physician will be told that decisions with respect to treatment opportunities will be made by others, most often not other health care providers. In fact, in many cases they will be told that they are not permitted to discuss with their patient other treatment options or alternatives outside the managed care system...Yet, they will be held liable for any injury to the patient..."

—Betty L.Cottle, MD Chair of the Board Pennsylvania Medical Society Liability Insurance Company

"THE SYSTEM IS BROKEN," PHYSICIANS TELL LEGISLATORS

At a March public hearing, physician leaders told members of the state House Judiciary Committee of the frustration, unfairness, and stress that Pennsylvania citizens and their physicians suffer under the state's current medical liability system.

"I don't think anyone would disagree that a system in which only 43 cents out of every dollar collected goes to injured patients is a system which is broken," State Society President Jonathan E. Rhoads Jr., MD, told members of the House Judiciary Committee March 14 in Harrisburg.

He cited the provisions of House Bill 2122 which would help return balance to the state's medical liability system, and gave examples of frivolous lawsuits faced by physicians. (*See testimony by Dr. Rhoads and Dr. Cottle in this issue of* PENNSYLVANIA MEDICINE, *pages 28-29*).

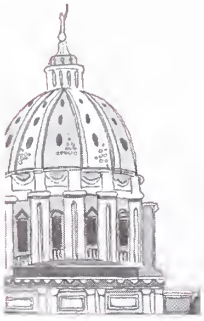
The hearing, the result of strategy by Representative J. Scot Chadwick (R-Bradford) and supported by the Society, provided a forum for our arguments regarding tort reform before the legislators, media, and the public.

As anticipated, the Pennsylvania Bar Association and Pennsylvania Trial Lawyers presented extensive testimony criticizing the tort reform measure as "self-serving" and "an attempt to whittle away at the legal system."

Representative Chadwick countered by asking why, if the bar so vehmently wishes to protect the rights of the "little guy," the bar opposes caps on contingency fees, the use of voluntary arbitration, and limitations on frivolous lawsuits.

Betty L. Cottle, MD, chairman of the board of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), told the panel "From 1978 through 1995, PMSLIC has spent an average of over $8,000 per case to defend over 9,000 claims that were closed without payment to the party bringing lawsuit. This means that we have spent over $72 million—and not one cent to an injured patient." A second hearing is expected before a vote is held in the House.

Members of the House Judiciary Committee considered physicians' arguments for the need for tort reform at a March 14 public hearing in Harrisburg. Testimony was given by State Society President Jonathan E. Rhoads Jr., MD, (lower center) and Betty L. Cottle, MD, chair of the board of the Pennsylvania Medical Society Liability Insurance Company (lower right).



Key Provisions of House Bill 2122

- Eliminates public or group collateral sources
- Places reasonable limits on punitive damages
- Strengthens definition of "expert" witness
- Permits periodic payment of future damages
- Attacks frivolous lawsuits
- Allows pre-treatment agreement to arbitrate
- Strengthens and clarifies informed consent
- Strengthens definition of statute of limitations

BILL TO CREATE PHYSICIAN GENERAL PASSES HOUSE

House Bill 216, removing from law the requirement that the Secretary of Health be a physician and creating the Office of Physician General, was passed 197-1 by the House in late March. The bill now goes to the Senate.

The language creating the physician general position, initially proposed by the Society, was retained in the bill. However, three amendments were added:

- to require in the statute the continuation of the community health centers and the state laboratories which were privatized in this year's budget proposal;
- to require the Health Department to have a Public Health Dentist; and
- to remove a Society-supported requirement that the non-physician secretary of health have a graduate degree in public health.

OTHER LEGISLATION

House Bill 1468—Medical Savings Accounts

The Senate Banking and Insurance Committee, over the objections of the Insurance Federation, approved this bill to permit the creation of employee-funded medical savings accounts. Sponsored by Representative Nicholas Micozzie (R-Delaware), the bill would permit a person or an employer, for the benefit of an employee, to deposit up to $2,500 in a medical savings account for an individual and up to $5,000 for an employee with dependents. The amounts would be adjusted each year based on the change in the medical component of the national consumer price index. The Insurance Federation objected to the tax exempt provision in the bill, prefering that Pennsylvania wait until there is federal law clearly providing the exemption.

House Bill 1100—Domestic Violence Victim Discrimination

The Senate Banking and Insurance Committee also approved House Bill 1100 in March, prohibiting insurance companies from discriminating against victims of domestic violence. The bill, passed in the House in October by unanimous vote, is supported by the Society.

House Bill 630—Rural Managed Care Safeguards

This bill to assure protections for both physicians and patients was defeated by a 4-20 vote in the House Insurance Committee. The Society continues talks with interested legislators.

House Bill 1415—Emergency Services "Prudent Layperson"

The Pennsylvania Chapter of the Academy of Emergency Physicians secured approval by the full House for this bill setting the "prudent layperson" standard to determine necessity, and subsequent payment, of emergency room services. The bill passed 199-0 on March 11, and was referred to the Senate Banking and Insurance Committee. The State Society strongly supports this bill.

House Bill 2210—CAT Fund Payments

In February, the House approved this bill to permit those covered under Act 111 to make installment CAT Fund payments in 1996. It is now in the Senate Banking and Insurance Committee.

House Bill 2294—CAT Fund Privatization

Rep. Nicholas Micozzie (R-Delaware) introduced this bill shifting the CAT Fund coverage to those under Act 111 to the private sector over a period of five years. The bill does not repeal the CAT Fund, but simply moves it from government control to the commercial market. The Society opposes this bill, and advocates comprehensive CAT Fund and tort reform.

Senate Bill 1122—CAT Fund Reforms

The Society supports this bill aimed at reforming the CAT Fund by shifting powers to the basic carrier, by using prevailing primary rates as the basis for surcharge calculations, and by foreclosing the need for future "emergency" surcharges. It has been re-referred back to the Senate Banking and Insurance Committee for study.

Send Us Your "Gag Rules"

Physicians are encouraged to mail or fax to the State Society any third party payor contracts that include language you believe to be a "gag rule." The Society's Managed Care Priority Work Group is collecting examples and will work with insurers to remove gag rules from physician contracts.

A gag rule is defined as contract language that prevents physicians from giving patients information about treatment options that may or may not be covered by their health plans, even if these alternative treatments are safe, effective, and necessary.

Send contracts to:

Sharon Orlowski
Pennsylvania Medical Society
777 East Park Drive
Harrisburg, PA 17105-8820

or fax:
(717) 558-7840

or phone:
(800) 228-7823, ext. 1495.

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Anesthesiology Refresher Course in May

The Pennsylvania Society of Anesthesiologists (PSA) and the Pennsylvania Society of Post Anesthesia Nurses will hold their Annual Scientific Meeting on May 3-5, 1996, at the Hershey Lodge and Convention Center, Hershey.

The topic will be: Patient Safety and Pain Management. This meeting offers an ACLS Refresher Course, hands-on workshops, as well as 10.0 CME credit hours.

For more information, contact Jeanmarie Staufenberg, CMP, at the PSA office, (800) 228-7823 or (717) 558-7750.

Medical Manager Certification Offered in June

The Montgomery/Bucks local chapter of the Professional Association of Health Care Office Managers is offering an exam to become a certified medical manager on June 28 and 29, 1996. May 1 is the registration deadline.

The written exam, in King of Prussia on the 29th, will consist of 160 multiple choice questions on 16 areas of practice management, including billing, coding, accounting, health care law and systems analysis, plus two case study scenarios. A six-hour review is offered June 28.

For more details, contact Helen Morris, CMM, Surgical Care Specialists, Inc., 1245 Highland Ave., Suite 600, Abington, PA 19001, (215) 886-1020.

KEPRO SPEARHEADS STATEWIDE STROKE PREVENTION AWARENESS AND RECOGNITION CAMPAIGN (SPARC)

Kick-off is May 1 for an ambitious statewide campaign involving an impressive roster of major health care and community service organizations, with the governor's endorsement and Joe Paterno as honorary chair.

One of the most publicly visible projects yet undertaken by the Keystone Peer Review Organization (KePRO), "SPARC" will be launched in May, National Stroke Awareness Month. The campaign will provide free public stroke risk screenings for persons 60 years of age and older in locations throughout Pennsylvania.

Volunteer health professionals will conduct simple screenings, based on American Heart Association assessments, in churches, malls, senior centers, many Rite Aid pharmacies, hospitals, health fairs, and other public sites. Because of tremendous initial response to the program, more volunteers are needed: retired physicians, medical students, nurses, and other health care professionals capable of providing such screenings should contact Leona Wickenheiser, RN, at (800) 618-2887.

The goals of the program are to:

- increase physician/provider awareness of the use of anticoagulants in patients with atrial fibrillation for whom contraindication or relative risk doesn't exist; and
- to increase public awareness of the risks of stroke and the steps older Pennsylvanians can take to reduce such risks.

The Society's Educational and Scientific Trust, through a $50,000 grant from DuPont Pharma, will be developing educational materials related to SPARC. A monograph and associated learning system about atrial fibrillation and warfarin, developed by the Temple University School of Medicine, was mailed to nearly 13,000 Pennsylvania primary care physicians and cardiologists in late March.

STATE SOCIETY OPPOSES CUTS IN MEDICAL BENEFITS

The Society urges "no vote" on governor's proposed budget cuts.

The Society in late March asked legislators to reconsider proposed cuts in the number of persons eligible for health benefits under the Welfare budget. The legislation, Senate Bill 1441, would eliminate health coverage for over 260,000 single adults bewteen ages 21 and 65, many low-wage earners or recently unemployed.

"Removing the safety net of some health care coverage, especially for emergencies, severe illness and injuries, and care of chronic conditions, may ultimately force many back into Medical Assistance and other programs with no hope of return," Society President Johnathan E. Rhoads Jr., MD, stated in a March letter.

The Society recommended reasonable limits on health care services rather than eliminating them altogether, and offered to help work through this propoal.

MEDICAID INCREASES PEDIATRIC REIMBURSEMENT RATES

DPW publishes rate changes for pediatric office visits.

The pediatric office visit rates are applicable to Medical Assistance (MA) eligible persons under 21 years of age. For billing purposes, to distinguish these visits from other types, MA has added a new type of service code (35), which must be used to receive the increased reimbursement. The office visit codes with rate increases that were effective April 1, 1995, are:

Procedure Code	MA Rate
99212	$22.50
99213	$25.00
99214	$30.00
99215	$45.00

Procedure code 99211 will be paid $16.50, and was effective December 1, 1995. Physicians will not be required to resubmit any claims or request adjustments; DPW will automatically make retroactive adjustments. Direct questions to: Department of Medical Economics at (800) 228-7823.

OBITUARIES

John W. Arbogast Sr., MD, *Lewisburg*
Temple University School of Medicine, 1921; age 98, died January 10, 1996. Dr. Arbogast was a general surgeon.•

Agapito V. Bulatao, MD, *Towanda*
University of Santo Thomas College of Medicine, Manila, Philippines, 1954; age 69, died January 12, 1996. Dr. Bulatao was a general surgeon.•

Donald K. Coleman, MD, *Pittsburgh*
Jefferson Medical College of Thomas Jefferson University, 1935; died December 8, 1995. Dr. Coleman was a neurologist.•

Harold L. Dixon, MD, *Philadelphia*
Howard University College of Medicine, District of Columbia, 1961; age 68, died December 20, 1995. Dr. Dixon was an internist.•

John M. Edington, MD, *Furlong*
University of Edinburgh, Scotland, 1951; age 68, died December 9, 1995. Dr. Edington specialized in occupational medicine.•

H. Keith Fischer, MD, *Flourtown*
Temple University School of Medicine, 1943; age 79, died December 10, 1995. Dr. Fischer specialized in psychiatry.•

Duncan S. Hatton, MD, *Edgmont*
University of Pennsylvania School of Medicine, 1929; age 91, died January 19, 1996. Dr. Hatton was an otolaryngologist.•

Marquis W. Hineman, MD, *Industry*
University of Nebraska College of Medicine, 1952; age 81, died January 14, 1996. Dr. Hineman was a general practitioner.•

George A. Jacques Sr., MD, *Brackenridge*
University of Pittsburgh School of Medicine, 1935; age 83, died December 10, 1995. Dr. Jacques was an anesthesiologist.•

Florence S. Jenney, MD, *Las Cruces, NM*
University of Pittsburgh School of Medicine, 1934; age 86, died December 4, 1995. Dr. Jenney was a pathologist.•

Marcell-Bernh Nadel, MD, *Philadelphia*
Inst de Med SI Farm, Iasi, Romania; age 78, died December 10, 1995. Dr. Nadel was a family practitioner.•

Gennaro C. Nicastro, MD, *Philadelphia*
Temple University School of Medicine, 1938; died January 22, 1996. Dr. Nicastro was an otolaryngologist.•

Macy B. Solomon, MD, *Phoenixville*
Jefferson Medical College of Thomas Jefferson University, 1954; age 71, died December 10, 1995. Dr. Solomon was a general practitioner.•

Solomon D. Solomon, MD,
Winter Haven, FL
Loyola University Chicago Stritch School of Medicine, 1932; age 89, died January 13, 1996. Dr. Solomon was an obstetrician/gynecologist.•

Mary L. Smith, MD, *Jenkintown*
Penn State's College of Medicine, 1978; age 44, died January 9, 1996. Dr. Smith specialized in physical medicine/head trauma.•

Hrant H. Stone, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1943; age 78, died February 11, 1996. Dr. Stone was an anesthesiologist.•

Paul Thomas, MD, *Venice, FL*
Temple University School of Medicine; age 87, died January 26, 1996. Dr. Thomas was a general surgeon.•

R. Marshall Truitt Jr., MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1931; age 90, died December 17, 1995. Dr. Truitt was an internist.•

John R. Vastine, MD, *Solana Beach, CA*
Jefferson Medical College of Thomas Jefferson University, 1932; age 89, died December 16, 1995. Dr. Vastine was an internist.•

J. David Weinberg, MD, *Columbia*
Temple University School of Medicine, 1939; age 81, died December 28, 1995. Dr. Weinberg was a family practitioner.•

John A. Bauer, MD, *Riverview Parks*
University of Pittsburgh School of Medicine, 1957; age 70, died December 1, 1995. Dr. Bauer was an anesthesiologist.

Peter J. Campisano, DO, *Lancaster*
Philadelphia College of Osteopathic Medicine, 1953; age 74, died January 8, 1996. Dr. Campisano was a general practitioner.

Nicholas Cipolla, DO, *Erie*
University of Health Science, College of Osteopathic Medicine, Kansas City, MO, 1958; age 63, died December 24, 1995. Dr. Cipolla was a dermatologist.

John V. Flanagan, MD, *Shamokin*
Georgetown University School of Medicine; age 91, died January 2, 1996. Dr. Flanagan was a general practitioner.

Lawrence J. Kopf, MD, *Northumberland*
Hahnemann University School of Medicine, 1939; age 80, died December 13, 1995. Dr. Kopf specialized in internal medicine and cardiology.

Rodney D. Mallery, DO, *Hermitage*
Kirksville Osteopathic Medical College, Missouri, 1940; age 81, died January 2, 1996. Dr. Mallery was a general practitioner.

Thomas B. Mervine, MD, *Philadelphia*
Jefferson Medical College of Thomas Jefferson University, 1940; age 81, died December 12, 1995. Dr. Mervine was a general surgeon.

Paul G. Panas, MD, *Allentown*
University of Athens, Greece; age 74, died December 23, 1995. Dr. Panas was a pathologist.

Glen T. Smith, MD, *Willow Valley*
University of Illinois College of Medicine, 1936; age 84, died December 31, 1996. Dr. Smith was an internist.

Carl Staub Jr., MD, *Newtown Square*
Jefferson Medical College of Thomas Jefferson University; age 71, died December 22, 1995. Dr. Staub was a family practitioner.

Clarence E. Terwilliger, DO, *Liverpool*
School of Osteopathic Medicine and Surgery at Kansas City, MO, 1959; age 70, died January 12, 1996. Dr. Terwilliger was a general practitioner.

Edward B. Winheld, MD, *Philadelphia*
University of Pennsylvania School of Medicine, 1933; age 86, died December 30, 1995. Dr. Winheld was a gynecologist.

Myrtle Vigilante, MD, *South Whitehall Twp.*
George Washintgon University School of Medicine and Health Sciences, District of Columbia; age 81, died January 21, 1996. Dr. Vigilante was a general practitioner.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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(See pages 32-33 of this issue of PENNSYLVANIA MEDICINE *for the Trust's annual listing of contributors and supporters.)*

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"We make a living by what we get, but we make a life by what we give."

—Winston Churchill

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Harrisburg Hospital
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Computers Help Reprogram Injured Brains

Maureen Hoepfer

Cognitive prosthetics is a new frontier. It seeks to find an artificial substitute for injured brain processes by using computers and other technologies. In recent years, the Physicians' Health Programs of The Educational and Scientific Trust of the Pennsylvania Medical Society has been working with the Institute for Cognitive Prosthetics to develop innovative therapies to help physicians with brain injuries return to a productive life.

A cognitive deficit is no longer the "kiss of death" for a physician's career, according to Penelope Ziegler, MD, medical director of the Physicians' Health Programs (PHP). Creative technologies, designed to assist people with cognitive disabilities, have helped several physicians "bridge" their deficits and return to medical practice.

"Of those physicians with physical problems who we [the PHP] have worked with, the most challenging have been the cognitively impaired," says Dr. Ziegler. "Most of the doctors who call us about their cognitive problems have consulted two or three other sources, and have been told to forget practicing and just retire. Unfortunately, we must also give that same advice to some physicians, but there have been several who were excellent candidates for rehabilitation. These have been able to return to practice."

Building bridges

Dr. Ziegler credits the Institute for Cognitive Prosthetics (ICP), based in Bala Cynwyd, for the PHP's success in getting these cognitively impaired physicians back to work. The institute develops customized computer programs to help brain-injury patients overcome specific problems. Conventional cognitive rehabilitation tries to correct a cluster of individual cognitive deficits, e.g., problems with memory and language skills. In contrast, the institute uses technology to build a bridge across the deficits. "In every case, the impact on the physician has been profound," Dr. Ziegler says.

This innovative treatment modality, called computer-based cognitive prosthetics (CBCP), is fundamentally different from traditional cognitive rehabilitation modalities in that it immediately assists the patient in performing targeted activities important to the patient. It attempts to find an artificial substitute for malfunctioning brain processes, thus reducing the impact of the deficits, Dr. Ziegler explains. For example, ICP has developed customized interventions, such as word processing software, schedulers, and other personal productivity tools for desktop or notebook PCs, to help patients compensate for cognitive impairments.

Dr. Ziegler cites the case of Dr. T, a physician in his mid-50s, who was practicing in a demanding, hospital-based specialty when his colleagues noticed he was having memory problems. Initial neurological examinations substantiated Dr. T's memory dysfunction. After a series of tests and therapies, the neurological assessment indicated profound deficits in immediate and short-term memory for both verbal and non-verbal material. He was unable to retain newly learned information after one-half hour. However, his long-term memory, including what he learned in medical school, remained intact. Dr. T's cognitive dysfunction resulted in several crises, and he was counseled to turn to the PHP.

The PHP, working with ICP, designed a contract that protected Dr. T's medical license while he was undergoing treatment. Knowing he was not capable of practicing at that time, Dr. T willingly gave up his right to practice independently. Dr. T's first CBCP intervention helped him with his daily schedule. Regaining control over this part of his life was important to him.

Evaluations showed that Dr. T was capable of executing tasks on his own, but he needed to be reminded. ICP staff designed a system where Dr. T would plan each day on a personal computer and then send himself reminders, via beeper, at specific

Ms. Hoepfer is a marketing associate with the State Society's Educational and Scientific Trust.

Elliot Cole, PhD (left), founded the Institute of Cognitive Prosthetics in 1989 to offer highly specialized, computer-based rehabilitation services to brain-injured patients. Pictured with Dr. Cole are Linda Petti, PhD (center), a cognitive psychologist employed by the institute, and Michael K. Matthews Jr., MD, PhD (right), a Philadelphia neurologist who works on clinical and research projects at the institute.

times during the day, to review the schedule.

After a while, Dr. T began practicing part time in a less demanding specialty at a local hospital under close supervision. He demonstrated that his medical knowledge and technique were intact, and his memory deficit did not impair his ability to record necessary information. He succeeded in his work trial, and his hours were gradually expanded. Dr. T now practices full time, still under supervision; but more importantly, Dr. Ziegler says, his professional dignity and personal satisfaction have been restored.

Using business tactics

Dr. T's case is only one of the institute's many success stories. Established in 1989 by a computer scientist, Elliot Cole, PhD, the institute takes on the "impossible cases"—patients who have stopped improving using traditional therapy. Most of ICP's patients are at least one year post-injury and are confronting the impact of their disabilities, Dr. Cole explains. Because no two brain injuries are alike, each rehabilitation plan and intervention package is customized to the patient.

He explains that in developing these individualized plans, ICP follows some basic tenets used in successful businesses:

• *Customer-driven*—With each new patient, staff first ask the patient what he or she wants to accomplish. "We have a much more patient-driven approach than traditional health care. The interventions and treatments are built around what the patient tells us are his or her needs and the needs of family members," Dr. Cole explains.

• *Participatory design*—Staff work with each patient to develop the rehabilitation plan and, if appropriate, the needed computer software. Staff members visit the patient's home, talk to the patient and the family, and see how the patient functions in his or her environment. "The patient is involved in every step of the process. Participatory design works so well because users understand all the small details that create their work or environment," Dr. Cole says. "It's the small details that are so important to making a process work."

• *Cost-effective*—Dr. Cole contends that ICP offers treatment that is less expensive, takes less time, and delivers greater recovery than many traditional rehabilitation methods. The overall cost per patient is substantially lower because a patient usually spends less time in a hospital or rehabilitation center. Also, because CBCP assists the patient in performing activities they could not do after suffering a brain injury, many patients derive success from a relatively short course of treatment. They are able to return to work more quickly, thus saving on disability costs. Most insurance companies cover ICP services, he adds.

• *Easy access*—Because of technology, Dr. Cole says, the institute can provide services to patients anywhere in the United States and Canada from its office in Bala Cynwyd. Also, patients have 24-hour access to ICP staff.

→

"Participatory design works so well because users understand all the small details that create their work or environment."

Research potential

Michael K. Matthews Jr., MD, PhD, associate professor of neurology and chief of the Division of Behavioral Neurology at Medical College of Pennsylvania and Hahnemann University, has worked with Dr. Cole and ICP staff for more than two years on clinical and research projects. He shares the institute's philosophy of "finding practical ways to help brain-injured patients do what they want to do."

Cognitive prosthetics is a new frontier offering a potential breakthrough not only in cognitive rehabilitation, but also in research, Dr. Matthews says. Because CBCP is technology based, it lends itself to quantitative research. ICP staff are able to record and analyze a substantial amount of data about each patient's everyday performance and progress. "These data may help tell us more about how the cognitive system works as a whole. ICP techniques provide a 'window' for studying cognition at the level of goal-directed behavior."

"Cognitive prosthetics is a new frontier offering a potential breakthrough not only in cognitive rehabilitation, but also in research, Dr. Matthews says."

Success with high achievers

The ICP staff is particularly proud of what has been accomplished with patients described as "high achievers," says Linda Petti, PhD, a cognitive psychologist at the institute. Dr. Petti explains that high achievers, such as physicians, make excellent progress with CBCP because they are very involved in the development of their prosthetic interventions.

"Many rehabilitation programs treat high achievers like all other patients, and a therapist designs a rehabilitation plan that he or she thinks is best for the patient," Dr. Petti says. In contrast, ICP takes advantage of the fact that high achievers are used to exercising considerable control over various facets of their lives. Before suffering a brain injury, they routinely faced and solved challenges presented to them. "We give them back that element of control, which in turn significantly impacts on their motivation, and ultimately, their progress," she explains. "ICP lets the patient take the lead in identifying the challenges and developing a plan to master them."

Although PHP has worked with the institute on only a small number of cases, Dr. Ziegler says the experience has been gratifying. "It's been a win-win situation for all. The physician regains control over his or her life and gets back to work, while we [PHP and ICP] get satisfaction from helping the physician. Most importantly, society regains a competent physician."

Resources

The Institute for Cognitive Prosthetics (ICP) offers highly specialized neuro-rehabilitation services to patients suffering from an acquired cognitive deficit. ICP has the nation's only neuro-rehabilitation program focusing on the special medical, social, and emotional needs of physicians and their families. Using telemedicine techniques, services are provided to the patient's home and office anywhere in the United States. For more information, call (610) 664-3585.

The Physicians' Health Programs (PHP) provides support and advocacy to physicians who are impaired by addiction, suffering from physical or mental disabilities, or experiencing stress related to professional liability litigation and other aspects of medical practice. The program also offers information and support to physicians' families. PHP accepts referrals from colleagues, hospital and office staff, insurance carriers, licensure boards, family members, or any person who is concerned about a physician's well-being. For more information, call (800) 228-7823. In the evenings and on weekends, call the PHP's message line, (717) 558-7817, and a staff member will promptly return your call. *All communications are confidential.*

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AMAAD96

A Conversation with Gary Gurian

Robert B. Sklaroff, MD

Gary Gurian, MPH, the newly appointed deputy director of the Pennsylvania Department of Health (DOH), and former head of public health departments in Montgomery County and in Allentown, has a nationally recognized reputation in tobacco control. With the recent resignation of DOH Director Peter J. Jannetta, MD, Gurian's vision of DOH may be viewed as the way it is currently being reorganized.

I had an opportunity to explore Gurian's views following a recent meeting of the Executive Committee of the Coalition for a Tobacco-Free Pennsylvania, at which he discussed legislation pending before the Senate Finance Committee intended to restrict youth access to tobacco (Senate Bill 1008). The goal of this meeting was to rectify residual policy differences between DOH and the coalition. The policies of the State Society and those of the coalition are identical, pursuant to actions taken by the House of Delegates during the past half-decade generated by this author.

Because most readers are probably more interested in the direction of DOH than in the details of this bill, I've focused here on the former and employed details related to the latter only to illustrate how two arms of the administration—the Governor's Policy Office and DOH—interact. Gurian's explanation of how this statewide coalition—the goals of which he shares—is to dovetail with ongoing DOH activities is illustrative of his candid review of the political environment in which he is functioning.

Gurian hopes to restructure DOH to ensure that no one functions in isolation. His "issue" remains smoking among youth, but he will not allow it to subsume the charge he has been given by his colleagues. Specifically, he wants to "mainstream" as much of the department's agenda as is possible. DOH will be able to maintain active membership in this particular coalition, although it will recuse itself from voting on any issue that represents a potential conflict of interest.

Nevertheless, Gurian indicated that DOH will probably not be able to fund coalition activities directly—nor will it be able to provide administrative support—due to its intent to decrease "categorical" spending. On the other hand, DOH will still be able to file conjoint grant applications if an innovative/creative project emerges. An example of such a project might be the Robert Wood Johnson Foundation's "SmokeLess States" program, which necessitates a linkage between DOH and a statewide anti-tobacco coalition.

This is ultimately to be viewed as the exception rather than the rule in day-to-day work. Because he recognizes that federally mandated support is provided to AIDS coalitions, he intends to define the mechanisms by which others could mirror this funding pathway.

In his overall view of DOH, he said organizations shouldn't "bump against each other"—they all must be talking with each other. Four state contractors shouldn't be doing the same thing in the same county, as he recently discovered to his dismay. He said DOH currently has too many contracts which have been provided in too diffuse a fashion; it will now provide "comprehensive" funding through performance-partnership block grants.

State-level disbursements will be viewed as investments, he said, and he will expect outcomes to be defined and provided, much as "deliverables" are mandated by foundations. According to Gurian, the goal of DOH is "healthy communities across the commonwealth, to be achieved by consolidated contracting directly to the locality." He wants to be proactive and have major funding channels in place before federal block grants start arriving.

Gurian intends that DOH address four programmatic areas: communicable diseases (HIV, TB, STD, and—if President Clinton prevails—all immunizations); maternal-child health (Title V); drug-alcohol (which includes tobacco—to some degree—courtesy of the late U.S. Representative Mike Synar); and chronic diseases

Dr. Sklaroff, an oncologist, is president of the John F. Kennedy Memorial Hospital medical staff, Philadelphia.

prevention in the realms of cardiology, ancer, diabetes, accidents, etc.). Gurian elieves it necessary to involve tobacco buse prevention in as many other areas f DOH activity as possible, such as maernal-child health.

He hopes his system is up and running vithin two years, but realizes that state nd local conjoint funds will be necessary n the implementation process. He sees his model also applying to coalitions, vhich local entities might then employ as onsultative resources as part of their implementation efforts. By this method, lo-al entities will be *required* to become nvolved in tobacco-related activities as top-to-bottom" is converted to "bottomip" government.

To avoid comment that might influence he legislative process, DOH will not fornally critique Senate Bill 1008. According o Gurian, the only specific decision made n this regard by the Governor's Policy Office was that the minimum age for igarette sales should be 18 years. This onflicts with coalition/State Society poliy, which equates tobacco purchases with he age of majority for alcohol: 21 years. Gurian's view is based upon the age cut-off or voting and military service, arguing hat most children who start smoking have nitiated this behavior by age 18.

He recognizes that this controversy ould be obviated by establishing stateevel policy and by allowing localities to restrict this criterion further. The Tobacco nstitute opposes this concept, perhaps ecause its lobbying power is undoubtedy weaker in local communities. It calls for local preemption clause, an action which he coalition adamantly opposes. Gurian eels that a good state law would preclude his concern and facilitate enforcement, ut he recognizes that all the "players" see his as the major political battle ground on vhich the fate of Senate Bill 1008 may be determined.

Gurian attempted to alleviate fears that estricting such initiative would douse lo-ally generated pressure, which is then exerted statewide. He didn't address the onflict between this view and his previous emphasis on local control of tobacco-related—and DOH-supported—expenditures. nstead of invoking any underlying philosophy, he cited a simple goal: to do what vas practical and practicable. For example, he supports posting a toll-free phone umber at check-out counters as a way to encourage citizens to report alleged law violations.

Pragmatism dictates, also, how he interprets what transpired in a local township—Lower Merion in Montgomery County—which attempted to ban tobacco vending machines. "We lost," he said, when the blocking injunction acquired by tobacco interests went unopposed. Gurian refused, however, to accept the premise that an explicit state law would matter, because he noted that other local governments hadn't adopted similar ordinances. In this regard, he failed to accept the argument that the Lower Merion experience had "chilled" such initiatives. Ultimately, he said, state law should predominate to allow creation of standardized DOH activities, even if such law is recognized as suboptimal (e.g., mandating compliance checks be performed less than once annually).

He envisions inspections of the 47,000 licensed retailers to be performed by one or more of the following mechanisms: Single-county authorities previously focused on drug-alcohol, networking city/county entities, and/or the 344 DOH employees now working in community health bureaus in six districts and 64 other counties. Essentially, he feels current manpower levels are sufficient to perform this task, with proper training.

Gurian says the key problem with compliance checks is lack of "will" to do them and does not agree that mandating a dedicated funding source for them could impact whether they're done. He recalled that he was able to get his local Allentown police department to become involved in this process only via personal contacts, but that such help had proven implausible when dealing with multiple entities within Montgomery County. He would have the Agriculture Department's food inspectors expand the number of items checked during each site visit, obviating the need to finance exclusively tobacco-oriented inspections.

He recognizes that training these inspectors could take as long as five years, but he would demand this level of efficiency be both governmental and maintained locally.

Compliance checks—performed for both location and performance—wouldn't criminalize youth and would penalize all drug pushers: the vending machine lessee and its owner. He wants district magistrates to be empowered to levy non-trivial fines.

This approach characterizes his DOH agenda: Do what's doable. ✪

"Gurian believes it necessary to involve tobacco abuse prevention in as many other areas of DOH activity as possible, such as maternal-child health."

An Endangered Ethic— The Capacity for Caring

Martin A. Adson, MD

I listened to Carlos E. Harrison Jr. during a series of days when he was trying not to die. He was so involved in and dedicated to the goodness of the Mayo Institution—as a physician, and then, for too long, as a patient—as to be deeply concerned about the forces of change. He wanted Mayo to adapt to global change without altering its basic nature and identity, and he hoped I would communicate concerns we shared...

More than 75 years ago, Mayo founders understood that good medical care involved a capacity for caring—a personal energy invested in relationships with patients. This institution grew, in large part, because the issue of ethics was considered inherent to the relationships with each patient and among medical colleagues. The institution thrived because science was acknowledged as a part of our humanity. Unfortunately, now both our science and our humanity are threatened by social change.

The elements of change are understandable but are misunderstood by the social planners, regulators, and insurers of today. The complexities of caring, medical care, and healing are simplified by these third parties to make price-fixing a more convenient art. Unfortunately, this maneuver denies the physician's art. This process of accounting separates our science from our humanity and recognizes only the elements of sickness that can be easily measured. The unmeasurable essentials of patient need and care are relegated to a residual category that can be ignored in this increasingly popular method of cost accounting.

This misunderstanding brings to mind the fact that Studs Terkel excluded physicians from his book *Working*[1] because, he said, "Physicians work not for daily bread—but for daily meaning and astonishment." Our motivation to do good work certainly will be destroyed if daily meaning is taken from us and if our astonishment involves only the increasing unrealities and frustrations of a changing system.

As health-related costs increase, along with uncontrolled demand for services, greater efficiency—as well as cost-containment—becomes necessary. Nevertheless, regulation is tolerable only to a point—the point at which controls dominate the practice of medicine and interfere with our capacity to provide complex services in a simple and direct relationship. Unfortunately, we are at this point. We cannot allow ourselves to be forced into the morally untenable position of being both suppliers and rationers of service, and we must convince our legislators and bureaucratic regulators that we cannot be held responsible for their lack of understanding.

> ***"Physicians work not for daily bread—but for daily meaning and astonishment."***
>
> —*Studs Terkel in* Working

The differing attitudes of politicians and physicians were considered by my friend J. Miles Little[2]—an Australian surgeon, poet, and educator—who reflected on the tendency of politicians to think in terms of large groups made uniform by mathematics. In contrast, clinicians and nurses daily relate to unique individual patients (N=1). Each relationship in this smallest unit of health care is an important transaction. Within each unit, some of the scientific aspects of disease can be measured and allotted time, but the unmeasurable aspects of illness—the pain, fear, and loss—are so variable as to involve unpredictable amounts of time. We must find a new arithmetic for the management of illness as our health system is revised...

As I have thought about the future of Mayo and of medicine, I have tried to understand the current situation. In retirement, I am separated from the interpersonal dynamics of patient care and am not part of a daily experience of morale,

Excerpted with permission from Mayo Clinic Proceedings *70:495-500, 1995.*

Dr. Adson is emeritus consultant, Department of Surgery, Mayo Clinic Rochester, Rochester, Minnesota.

ut I believe that something is amiss with he mainspring identified by Dr. William Mayo. I sense a pervasive uneasiness, a estlessness, and a concern about the hreat of rules and regulations that con- ume much-needed time. The need for locumentation has replaced the need for rust. Medical personnel seem harried, urried, and worried about externally im- osed changes, and as a patient, I have be- come much more aware of the ticking of he clock.

I am not always able to distinguish the ound of genuine, justifiable complaints nd true concerns from the background oise that I have lived with, and probably contributed to, for nu- merous years. When ome people really do not ike to work and others do ot know how to care, we will always hear both sounds. What I am hear- ing now seems to be a dif- ferent sound. It is the sound of people being asked to be something that they are not; the sound of being misjudged and misun- derstood.

"...purpose is being replaced by process."

One good friend of Carlos Harrison considered the cause of this collective un- rest to be the prevailing perception of what is now referred to as "the bottom line." She observed that the change now involves more orientation to *task* than orientation to people. This insight into the change in emphasis that is eroding the spirit of caregivers identifies clearly a rending of the *purpose* of healing. Physi- cians and nurses have experienced and do understand the complexity, sensitivi- ty, and fragility of the relationship be- tween those who give and those who receive medical care. Administrators, who have not experienced that relation- ship, do not have that understanding. Therefore, purpose is being replaced by process.

With comodification of medical practice has come a widening of the gap between humanistic intent and humanitarian goals. This gap now contains changing ad- ministrative attitudes, new processes, new administrative powers, and a new orienta- tion. Although a need exists for attention to and understanding of the practices of or- dinary businesses, medical practice must guard against becoming ordinary. We may need to borrow some concepts from the corporate world to improve efficiencies and must understand the conceptual vo- cabulary of another world, but we must *not* be overcome by, or lose our identify through, the conceptual misunderstand- ings inherent in business language.

Recently, I heard two bits of jargon that have emerged from an imperfect admini- strative translation of our humanitarian intent. I learned that patients were to be- come "customers" and then heard that ac- ceptance of some plans for change were contingent on "physician buy-in." I hope that, along with concern about the risk of losing market shares, we do not lose our profession. These concepts are derived from the lack of understanding that W. J. Mayo[3] feared. The misunderstandings represent the thinking of those who do not know how much energy is needed to sustain a healing relationship and have not consid- ered the source of that energy...

Today, two ethically incompatible cul- tures exist in medicine. The traditional culture is now dominated by a business culture that is eroding the essence of heal- ing relationships. Our challenge is the synthesis of these two cultures. If the edu- cational experience of young physicians involves transition from the scientific model to an administrative model, with- out the freedom and the time needed for relationships with good clinical role mod- els, the practice of "caring" medicine will simply disappear.

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2. Little JM. Communication and the hu- manities: the nature of the nexus. *Mayo Clin Proc* 68:921-924, 1993.
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Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: I see Children's Motrin is now available over-the-counter. How does it compare with the prescription product, and how should it be dosed in children?

A: Children's Motrin Suspension is now available over-the-counter in the same strength as the prescription product, Motrin Suspension, 100 mg/5 ml. Motrin pediatric caplets and chewable tablets will remain prescription-only products.

An FDA advisory committee decided, after reviewing a safety study of more than 80,000 children, to approve Children's Motrin Suspension as a nonprescription agent for fever and pain relief. Occasional ibuprofen use in children was determined to be nearly as safe as acetaminophen use. No significant increases in the incidence of gastrointestinal bleeding, renal failure, or Reye's syndrome were noted in children who took ibuprofen.[1] Ibuprofen also has a longer duration of action (eight hours) than acetaminophen (four to six hours). Children's Motrin Oral Suspension was approved by the FDA in June 1995 for nonprescription use.

In pediatrics, ibuprofen suspension is indicated for the temporary (up to three days) relief of fever and minor aches and pain due to colds, flu, sore throats, headaches, and toothaches.[2] The recommended dosage for pediatric patients is 7.5 mg/kg every six to eight hours, maximum 30 mg/kg or four doses in a 24-hour period. Age parameters are also cited on the package labeling with corresponding doses given in teaspoon amounts. For example, children ages 2-3 years should be given one teaspoonful/dose; 4-5 years, one-and-a-half teaspoonsful; 6-8 years, two teaspoonsful; 9-10 years, two-and-a-half teaspoonsful; and three teaspoonsful for children age 11.

Adverse effects in the febrile child have included abdominal pain, agitation, diarrhea, irritability, rash, and vomiting. This product should not be used in patients with an allergy to aspirin or sensitivity to other NSAIDs, patients with bleeding disorders, or those who are severely dehydrated from vomiting, diarrhea, or lack of fluid intake because of a risk of renal toxicity occurring. The parent should be counseled to give the medication for only three days maximum, and then should consult the physician for further action.

Children's Motrin Suspension is a berry-flavored, alcohol-free suspension available in 60- and 120-ml unbreakable, child-resistant bottles. It should be shaken well before each dose and stored at room temperature.

References

1. Children's Motrin goes OTC, *FDA Consumer* 29(7):1, 1995.
2. McNeil Consumer Products Co. Children's Motrin® (Ibuprofen Oral Suspension 100 mg/5 ml) product labeling. Fort Washington, PA: 1995.

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MEDICATION UPDATE

New indications

Famvir® (famciclovir)—Newly indicated for the treatment of recurrent herpes simplex (genital herpes) in immunocompetent patients.

Intron A® (interferon alfa-2a)—Newly indicated as an adjuvant therapy to surgery for primary or recurrent malignant melanoma in patients aged 18 years or older who are at a high risk for systemic relapse even if they are free of disease.

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For more information about materials available from the Society's Center for Professional Drug Education and Information, call (800) 228-7823 or (717) 558-7750.

New Therapeutic Agents Marketed in 1995

Daniel A. Hussar, PhD

This first in a series of articles overviewing new drugs approved and marketed in the U.S. in 1995 overviews drugs used to treat cardiac-related illness.

In 1995, the Food and Drug Administration (FDA) approved 28 new molecular entities (NMEs), 26 of which are for therapeutic use and two of which are diagnostic agents. Fourteen of the NMEs for therapeutic use were both approved and marketed in the United States in 1995. In addition, eight other NMEs and a biological agent for therapeutic use that the FDA approved before 1995 (most in late 1994) were marketed during the year. Thus, a total of 23 therapeutic agents reached the U.S. market for the first time in 1995. Many of the 12 therapeutic agents approved in 1995, but not marketed before the end of the year, were available in early 1996.

This review considers the drugs' most important properties and compares them with other available agents with similar properties. This discussion is not intended to be all inclusive; when additional information is needed, more comprehensive references and the product literature should be consulted.

Adjunct to Coronary Angioplasty

Each year in the United States, more than 400,000 coronary revascularization procedures are performed to dilate coronary arteries (coronary angioplasty, also known as percutaneous transluminal coronary angioplasty [PTCA]), or to remove soft atherosclerotic plaque from coronary arteries (atherectomy). Although these procedures provide a reduction in symptoms and improvement in the quality of life for most patients, approximately 30 percent of patients are considered to be at high risk for abrupt closure of the treated coronary vessel because of the formation of blood clots.

When platelets encounter an injured site, such as one produced by angioplasty, they adhere to it, become activated, and expose certain binding sites known as glycoprotein GPIIb/IIIa receptors on the surface of the platelets. Fibrinogen and other adhesive molecules bind to these receptors, resulting in platelet aggregation and possibly the development of a clot.

Abciximab (ReoPro-Centocor; Lilly) is the Fab (fragment antigen binding) fragment of the chimeric (possessing components of two differing species) human-murine monoclonal antibody 7E3 (also designated as c7E3 Fab) and has been developed using recombinant DNA techniques. The new agent binds to the intact GPIIb/IIIa receptors and inhibits platelet aggregation by preventing the binding of fibrinogen and other adhesive molecules to these receptor sites on activated platelets. It is indicated as an adjunct to percutaneous transluminal coronary angioplasty or atherectomy (PTCA) for the prevention of acute cardiac ischemic complications in patients at high risk for abrupt closure of the treated coronary vessel. Patients considered to be at high risk for abrupt closure include those with unstable angina or a non-Q-wave myocardial infarction, acute Q-wave myocardial infarction within 12 hours of the onset of symptoms, and certain other types of coronary lesions. Abciximab is used in conjunction with heparin and aspirin.

The comprehensive study in which abciximab was evaluated is known as the EPIC (Evaluation of 7E3 for the Prevention of Ischemic Complications) trial that involved 2,099 patients who were at high risk for abrupt closure of the treated coronary vessel. As compared with placebo, the use of abciximab (as an intravenous bolus followed by an infusion for 12 hours) resulted in a 35 percent reduction (12.8 percent versus 8.3 percent) in the rate of the primary endpoint (death, myocardial infarction, or the need for urgent intervention for recurrent ischemia) in the first 30 days after the procedure. The reduction in the occurrence of complications was primarily in the rate of nonfatal myocardial infarction and the need for urgent intervention. Mortality rates (1.7 percent) were similar in these groups of patients.

The use of abciximab is also being evaluated in other studies that involve not only patients at high risk, but also patients considered to be at low risk of complications. A December 1995 announcement indicated that certain of these studies were being stopped because of positive interim results that were better than anticipated—and the inappropriateness of having other study patients continue to receive the less beneficial treatments to which abciximab was being compared.

The marketing of abciximab represents an important advance that allows many patients who otherwise would be at too great a risk to have angioplasty procedures performed. However, its benefits must be evaluated in the context of significantly increased rates of bleeding events and transfusions. In the patients treated with abciximab (bolus plus infusion) in the EPIC study, 14 percent (versus seven percent with placebo) experienced major bleeding events (e.g., intracranial hemorrhage), 17 percent (versus 10 percent with placebo) experienced minor bleeding events (e.g., spontaneous gross hematuria), and 17 percent (versus eight percent with placebo) required transfusions.

Treatment with abciximab requires careful attention to all potential bleeding sites. Arterial and venous punctures, intramuscular injections, and use of urinary catheters, nasotracheal intubation, nasogastric tubes, and automatic blood pressure cuffs should be minimized. Saline or heparin locks should be considered for blood drawing.

Abciximab is contraindicated in situations in which a significant risk of bleeding complications exists such as active internal bleeding, recent major surgery or trauma, and administration of oral anticoagulants within seven days unless the prothrombin time is less than or equal to 1.2 times control. Caution must be exercised when abciximab is used concurrently with other drugs that affect hemostasis, including thrombolytic agents, oral anticoagulants, nonsteroidal anti-inflammatory drugs, dipyridamole (Persantine), and ticlopidine (Ticlid). In the limited experience in patients who received low molecular weight dextran with abciximab, a number of bleeding events were experienced. Abciximab is contraindicated in situations in which intravenous dextran is used before or during PTCA.

Other adverse reactions experienced with the use of abciximab include thrombocytopenia (five percent), hypotension (21 percent), bradycardia (five percent), nausea (18 percent), and vomiting (11 percent). It should be anticipated that hypersensitivity reactions, including anaphylaxis, may be associated with the use of proteins such as abciximab; epinephrine, dopamine, theophylline, antihistamines, and corticosteroids should be available for immediate use. There are no data regarding readministration of abciximab.

The recommended dosage of abciximab is an intravenous bolus of 0.25 mg/kg administered 10-60 minutes before the start of PTCA, followed by a continuous intravenous infusion of 10 ug/minute for 12 hours. Abciximab should be administered in a separate intravenous line, and no other medication should be added to the intravenous solution.

Patients also initially receive an intravenous heparin bolus of 10,000 to 12,000 units, and boluses of up to 3,000 units thereafter to a maximum of 20,000 units during PTCA. Heparin infusion is continued for 12 hours to maintain a therapeutic elevation of APTT (1.5 to 2.5 times normal). Unless contraindicated, aspirin (325 mg) is administered orally two hours prior to the planned procedure and then once daily.

Abciximab is supplied in 5 ml vials containing 2 mg of the drug in each ml. The vials should be stored in the refrigerator, but should not be frozen or shaken.

Cardioprotective Agent

The anthracycline antineoplastic agents (doxorubicin [Adriamycin], daunorubicin [Cerubidine], idarubicin [Idamycin]) are associated with the development of dose-dependent irreversible myocardial toxicity that may result, in part, from the generation of free radicals. ***Dexrazoxane*** (Zinecard-Pharmacia & Upjohn), a chelating agent that is a cyclic derivative of ethylenediamine tetraacetic acid →

(EDTA), has been developed to reduce the risk of myocardial toxicity with the use of the anthracyclines. Although the mechanism by which dexrazoxane acts is not fully understood, it is thought to be converted intracellularly to a chelating agent that interferes with iron-mediated free radical generation.

Dexrazoxane is specifically indicated for reducing the incidence and severity of cardiomyopathy associated with doxorubicin administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/m^2 (six courses of treatment) and who, in their physician's opinion, would benefit from continuing therapy with doxorubicin. In the clinical studies a regimen of fluorouracil, doxorubicin (Adriamycin), and cyclophosphamide (Cytoxan), designated as FAC, was used with dexrazoxane or placebo. Patients treated with FAC with dexrazoxane had significantly smaller mean decreases from baseline in left ventricular ejection fraction (LVEF), and had lower incidences of congestive heart failure than the control group. In the retrospective analyses to compare the likelihood of heart failure in patients to whom dexrazoxane was added to the FAC regimen after they had received six courses of FAC, it was determined that the risk of experiencing a cardiac event was substantially greater in the patients who did not receive dexrazoxane. Overall, three percent of patients treated with dexrazoxane developed congestive heart failure, compared with 22 percent of the patients not receiving the new drug. Because of its cardioprotective effect, dexrazoxane permitted a greater percentage of patients to be treated with extended doxorubicin therapy.

Although dexrazoxane provides a cardioprotective action, it does not eliminate the potential for anthracycline-induced cardiac toxicity, and cardiac function should be carefully monitored. Dexrazoxane exhibits myelosuppressive effects which, although less pronounced than the myelosuppressive effects of the antineoplastic agents with which it is used in combination, may add to the myelosuppression caused by the other agents. Therefore, blood counts should be performed frequently.

Many patients treated with FAC and dexrazoxane experience a number of adverse reactions, although these are most likely attributable to the FAC regimen. The one exception noted is pain on injection, reported in 13 percent of the patients receiving dexrazoxane, but not reported in the group of patients who received more than six courses of FAC and placebo rather than dexrazoxane.

The recommended dosage ratio of dexrazoxane: doxorubicin is 10:1 (e.g., 500 mg/m^2 dexrazoxane: 50 mg/m^2 doxorubicin). Dexrazoxane must be reconstituted with 0.167 molar (M/6) Sodium Lactate Injection (supplied with the vial of dexrazoxane) to give a concentration of 10 mg of dexrazoxane for each ml of sodium lactate. The reconstituted solution should be given by slow intravenous push or rapid drip intravenous infusion from a bag. After completing the infusion of dexrazoxane, and prior to a total elapsed time of 30 minutes (from the beginning of the dexrazoxane infusion), the intravenous injection of doxorubicin should be given. Doxorubicin should not be given prior to the administration of dexrazoxane.

Procedures normally used for proper handling and disposal of antineoplastic drugs should be considered for use with dexrazoxane. The use of gloves is recommended. If dexrazoxane powder or solutions contact the skin or mucosae, the area should be immediately washed thoroughly with soap and water.

The drug is supplied in single-use vials containing dexrazoxane hydrochloride equivalent to 250 mg and 500 mg of dexrazoxane. The packages also contain 25 ml and 50 ml vials, respectively, of 0.167 Molar Sodium Lactate Injection.

Antihypertensive Agents

Moexipril hydrochloride (Univasc-Schwarz) is the eighth angiotensin-converting enzyme (ACE) inhibitor to be marketed for the treatment of hypertension (see table at right). Like most of the other ACE inhibitors (captopril [Capoten] and lisinopril [Prinivil, Zestril] are the exceptions), moexipril is a prodrug that is rapidly converted to an active metabolite, moexiprilat. The antihypertensive activity of moexipril is almost entirely due to this deesterified metabolite.

By inhibiting the enzyme that catalyzes the conversion of the inactive angiotensin I to the potent vasoconstrictor angiotensin II, ACE inhibitors decrease vasoconstriction, increase plasma renin activity, decrease aldosterone secretion, and lower blood pressure. Moexipril is indicated for the treatment of hypertension, and may be used alone or in combination with a thiazide diuretic. As with the other ACE inhibitors, the new agent is somewhat less effective in black patients than in nonblack patients.

ACE inhibitors have an important role in the management of heart failure and, with the exception of moexipril and benazepril (Lotensin), this represents a labeled indication for this group of agents. Certain agents in this class (captopril, enalapril [Vasotec]) are indicated in patients with left ventricular dysfunction to reduce the incidence of overt heart failure and hospitalization. Captopril is also indicated for the treatment of diabetic nephropathy.

Most patients tolerate ACE inhibitors well. Persistent nonproductive cough, presumably due to the inhibition of the degradation of endogenous bradykinin, has been experienced with all the agents in this class and is the most frequently reported adverse reaction (six percent) with the use of moexipril. The other most commonly reported reactions associated with moexipril treatment include dizziness (four percent), diarrhea (three percent), flu syndrome (three percent), fatigue (two percent), pharyngitis (two percent), flushing (two percent), and rash (two percent).

Although uncommon, ACE inhibitors may cause symptomatic hypotension (0.5 percent incidence in patients treated with moexipril). This response is most likely in patients who have been salt- and volume-depleted as a result of prolonged diuretic therapy, dietary salt restriction, dialysis, diarrhea, or vomiting. Patients should be cautioned that lightheadedness can occur, especially during the first few days of therapy.

As with other ACE inhibitors, there have been infrequent reports (less than 0.5 percent) of angioedema involving the face, extremities, lips, tongue, glottis, and/or larynx with the use of moexipril. When this reaction occurs, it usually develops within the first month of therapy, sometimes following the first dose. Patients should be advised to report immediately any signs or symptoms suggesting angioedema (swelling of the face, extremities, eyes, lips, tongue, difficulty in breathing) and to stop taking the drug if such symptoms occur.

ACE inhibitors may elevate serum potassium concentrations, and persistent hyperkalemia (serum potassium above 5.4 mEq/liter) occurred in approximately 1.3 percent of the patients treated with moexipril. The risk of hyperkalemia is increased in patients with renal insufficiency, diabetes mellitus, and in patients also taking a potassium-sparing diuretic (amiloride [Midamor], spironolactone [Aldactone], triamterene [Dyrenium]), potassium supplement, and/or a potassium-containing salt substitute. The concurrent use of one of these agents with moexipril is best avoided.

When administered during the second and third trimesters of pregnancy, ACE inhibitors can cause fetal and neonatal morbidity and death. These consequences do not appear to be associated with intrauterine ACE inhibitor exposure limited to the first trimester. Moexipril is classified in Pregnancy Categories C (first trimester) and D (second and third trimesters). If a woman being treated with moexipril becomes pregnant, the drug should be discontinued as soon as possible and safer alternative antihypertensive therapy initiated.

ACE inhibitors have been reported to increase serum lithium concentrations and cause symptoms of lithium toxicity. If moexipril and lithium are used concurrently, frequent monitoring of lithium concentrations is recommended.

Following oral administration, moexipril is incompletely absorbed and its bioavailability is about 13 percent. Food markedly reduces the peak plasma concentration and the area under the curve (AUC), and moexipril should be administered one hour before meals, a recommendation similar to that for captopril.

The recommended initial dosage of moexipril in patients not receiving a diuretic is 7.5 mg once a day, administered one hour prior to food. If the control of blood pressure is not adequate, the dosage may be increased or given as a divided (twice-a-day) regimen. The usual maintenance dosage is 7.5 to 30 mg daily, administered as a single daily dose, or in two divided doses, one hour before meals.

If a patient has been previously treated with a diuretic that cannot be discontinued, an initial dose of 3.75 mg of moexipril should be used until the blood pressure has stabilized. An initial dose of 3.75 mg once daily should also be used in patients with a creatinine clearance $\leq$40 ml/min/1.73 m^2.

Moexipril hydrochloride scored tablets are supplied in potencies of 7.5 and 15 mg.

Losartan potassium (Cozaar-Merck) is the first of a new class of antihypertensive agents and is designated pharmacologically as an angiotensin II receptor (type AT_1) antagonist. It is converted, in part, to an active carboxylic acid metabolite that is responsible for most of the angiotensin II receptor antagonism that results from losartan treatment. The new agent and its active metabolite block the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively inhibiting the binding of angiotensin II to the AT_1 receptors

found in many tissues (e.g., blood vessels, adrenal gland). Although both losartan and ACE inhibitors reduce the activity of angiotensin II, they do so by different mechanisms of action. By directly blocking the binding of angiotensin II to its receptors, losartan more specifically and more completely inhibits the action of this hormone.

Unlike ACE inhibitors, losartan does not block the breakdown of bradykinin and is not likely to cause coughing, an adverse reaction experienced by a number of patients treated with ACE inhibitors. In one comparative study, patients who had experienced cough with the use of lisinopril did not experience a similar response with losartan treatment. Another way in which the action of losartan differs from that of ACE inhibitors is that losartan exhibits a weak uricosuric effect resulting in a decrease in serum uric acid concentrations.

Losartan is indicated for the treatment of hypertension and may be used alone or in combination with other antihypertensive agents. It has been reported to be as effective as enalapril in lowering elevated blood pressure. Like ACE inhibitors, losartan is less effective in black patients.

In clinical studies losartan was very well tolerated, and the incidence of discontinuation of therapy because of adverse reactions (two percent) was actually less than in the group of individuals receiving placebo. Of those adverse effects reported in more than one percent of patients, dizziness (four percent) was the only adverse effect reported at a significantly higher frequency with losartan than with placebo. The frequency of cough (three percent) was similar to that with placebo, which represents a significant advantage for losartan when compared with the occurrence of cough with ACE inhibitors.

With the use of ACE inhibitors, there have been infrequent reports of angioedema. Although losartan has been considered unlikely to cause such reactions, there have been at least two case reports of such complications, and the use of the new drug should be used very cautiously, if at all, in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Like ACE inhibitors, losartan decreases aldosterone secretion and may increase serum potassium concentrations. Although it was not necessary to discontinue losartan treatment in any patient in the clinical studies because of hyperkalemia, caution should be exercised in patients who are at greater risk of complications (e.g., patients with renal insufficiency, diabetes mellitus, patients taking a potassium-sparing diuretic).

Losartan also shares with ACE inhibitors the risk of fetal and neonatal morbidity and death if used during the second and third trimesters of pregnancy. Losartan is classified in Pregnancy Categories C (first trimester) and D (second and third trimesters). If a woman being treated with losartan becomes pregnant, the drug should be discontinued as soon as possible.

The usual starting dosage of losartan is 50 mg once a day, with 25 mg used in patients

Angiotensin-Converting Enzyme (ACE) Inhibitors

	Benazepril hydrochloride	Captopril	Enalapril maleate	Fosinopril sodium	Lisinopril	Moexipril hydrochloride	Quinapril	Ramipril
Trade Name:	**Lotensin**	**Capoten**	**Vasotec**	**Monopril**	**Prinivil Zestril**	**Univasc**	**Accupril**	**Altace**
Contains a sulfhydryl group		X						
Is a prodrug that is converted to an active metabolite	X (benazeprilat)		X (enalaprilat)	X (fosinaprilat)		X (moexiprilat)	X (quinaprilat)	X (ramiprilat)
Indicated for hypertension	X	X	X	X	X	X	X	X
Indicated for heart failure		X	X	X	X[a]		X	X[b]
Indicated for left ventricular dysfunction		X	X					
Indicated for diabetic nephropathy		X						
Usual maintenance therapy of hypertension	once or twice daily	2 or 3 times daily	once or twice daily	once daily[c]	once daily	once or twice daily	once or twice daily	once or twice daily
Dosage reduction recommended in patients with impaired renal function	X	X	X		X	X	X	X
Should be administered apart from meals		X (one hour before meals)				X (one hour before meals)	X[d]	
Available in combination with hydrochlorothiazide	X (Lotensin HCT)	X (Capozide)	X (Vaseretic)		X (Prinzide, Zestoretic)			
Available in combination with amlodipine	X (Lotrel)							
Available in a parenteral dosage form			X (as enalaprilat)					

[a] Also indicated for the treatment of hemodynamically stable patients within 24 hours of acute myocardial infarction to improve survival.
[b] Indicated to decrease risk of cardiovascular death when used to treat congestive heart failure immediately following myocardial infarction.
[c] In some patients, the antihypertensive effect may diminish toward the end of the dosing interval, and twice-daily administration should be considered.
[d] Although food did not reduce the extent of absorption of quinapril in some studies, a high-fat meal has been reported to reduce the extent of absorption of the drug by 25-30 percent.

with possible volume depletion and patients with a history of hepatic impairment. If the antihypertensive effect (measured at trough) using once-a-day dosing is inadequate, a twice-a-day regimen at the same total daily dose or an increase in dose may give a more satisfactory response. The total daily dose of losartan ranges from 25 to 100 mg. If blood pressure is not effectively controlled with the use of losartan alone, a diuretic like hydrochlorothiazide will provide an additive effect.

Losartan potassium tablets are supplied in potencies of 25 and 50 mg. The combination formulation (Hyzaar tablets) contains 50 mg of losartan potassium and 12.5 mg of hydrochlorothiazide.

Antithrombotic Agent

Dalteparin sodium (Fragmin-Pharmacia & Upjohn) is the second low-molecular-weight heparin (LMWH) to be marketed in the United States, joining enoxaparin (Lovenox). It is produced through depolymerization of sodium heparin from porcine intestinal mucosa and has an average molecular weight of 5000 daltons, whereas the average molecular weight of unfractionated heparin is 12,000 to 15,000 daltons.

Like enoxaparin, dalteparin exhibits antithrombotic activity, primarily by inhibiting coagulation factor Xa. LMWHs do not produce a significant change in platelet aggregation, fibrinolysis, or global clotting tests such as prothrombin time (PT), thrombin time (TT), or activated partial thromboplastin time (APTT).

The antithrombotic action of LMWHs is of value in preventing deep vein thrombosis (DVT), and the possible subsequent complication of pulmonary embolism, in patients undergoing surgery who are considered to be at high risk of experiencing DVT. Although the use of heparin for DVT prophylaxis has been effective and well tolerated in most patients, concern about the risk of bleeding reactions has led to the development of derivatives that may be less likely to cause this problem.

Enoxaparin was initially marketed in 1993 for the prevention of DVT following hip replacement surgery and, in 1995, was approved for an additional indication—prevention of DVT following knee replacement surgery. Dalteparin reached the market in late 1995 and is indicated for prophylaxis against DVT, which may lead to pulmonary embolism, in patients undergoing abdominal surgery who are at risk for thromboembolic complications. Patients at risk include those who are over 40 years of age, obese, undergoing surgery under general anesthesia lasting longer than 30 minutes, or who have additional risk factors such as malignancy or a history of DVT or pulmonary embolism.

In the clinical studies, dalteparin was superior to placebo and similar to unfractionated heparin in preventing DVT, and the incidence of bleeding complications has been similar to or lower than that of unfractionated heparin. At this time, data comparing the efficacy and safety of dalteparin and enoxaparin are not available.

Both dalteparin and enoxaparin have also been evaluated in the prevention of DVT following surgical procedures other than those for which they are specifically indicated. In addition, dalteparin has recently been reported to reduce the risk of myocardial infarction in patients with unstable coronary artery disease. However, these are not labeled indications at the present time.

The incidence of major bleeding complications—such as wound hematoma (three percent) and reoperation due to bleeding (one percent)—with dalteparin has been low and comparable to placebo. Nevertheless, this adverse reaction warrants the greatest caution with the use of the new agent. Dalteparin is contraindicated in patients with active major bleeding and, like other anticoagulants, should be used with extreme caution in patients who have an increased risk of hemorrhage. The new drug should also be used with care in patients receiving oral anticoagulants and/or platelet inhibitors.

Dalteparin is contraindicated in patients with thrombocytopenia associated with positive in vitro tests for antiplatelet antibody in the presence of dalteparin and should be used with extreme caution in patients with a history of heparin-induced thrombocytopenia. The drug should not be used in patients with a known hypersensitivity to heparin or pork products.

Dalteparin is administered by subcutaneous injection and must not be administered by intramuscular injection. Its bioavailability is about 87 percent. The greater bioavailability of dalteparin and enoxaparin following subcutaneous administration, as compared to unfractionated heparin, results in more predictable plasma concentrations and a reduced need to monitor plasma anti-factor Xa activity or APTT.

Dalteparin sodium is supplied in prefilled syringes (affixed with needles) containing 2,500 antiFactor Xa International Units (16 mg of the drug) in 0.2 ml. The new drug cannot be used interchangeably (unit for unit) with enoxaparin or unfractionated heparin.

The recommended dosage of dalteparin is 2,500 international units (IUs) administered subcutaneously, each day, starting one to two hours prior to surgery and repeated once a day for five to 10 days postoperatively. The once-daily dosage regimen provides an advantage over enoxaparin and heparin that are usually administered twice a day.

Dalteparin is administered by deep subcutaneous injection, and patients should be sitting or lying down. The drug may be injected in a U-shape area around the navel, the upper outer side of the thigh, or the upper outer quadrangle of the buttock. The injection site should be varied daily.

An excessive dosage of dalteparin may lead to hemorrhagic complications. These may generally be stopped by the slow intravenous injection of protamine sulfate (one percent solution) at a dose of 1 mg protamine for every 100 anti-Xa IUs of dalteparin given.

Dr. Hussar is Remington professor of pharmacy, Philadelphia College of Pharmacy and Science, Philadelphia.

New Therapeutic Agents Marketed in 1995—Part I*

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Route of Administration	FDA Classification**
Abciximab†	ReaPra	Centocar; Lilly	Adjunct to coronary angioplasty	Intravenous	‡
Dalteparin sodium†	Fragmin	Pharmacia & Upjohn	Antithrombotic agent	Subcutaneous	1-S
Dexrazoxane	Zinecard	Pharmacia & Upjohn	Cardioprotective agent	Intravenous	1-P, E, H, V
Losartan potassium	Cozaar	Merck	Antihypertensive agent	Oral	1-S
Moexipril hydrochloride	Univasc	Schwarz	Antihypertensive agent	Oral	1-S

* Parts II, III, and IV will appear in the May, June, and July issues of PENNSYLVANIA MEDICINE, respectively.

** Food and Drug Administration classification of new drugs:
1 = new molecular entity
S = standard review, substantially equivalent
P = priority review, therapeutic gain
E = drug used to treat a life-threatening or severely debilitating illness
H = accelerated approval
V = designated orphan drug

† Approved by the FDA before 1995, but not marketed until 1995.

‡ Biological approved through an FDA procedure that does not assign a specific classification.

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- In pre-clinical studies, unlike table salt, Cardia did not interfere with the blood pressure-lowering effect of some antihypertensive drugs.[3-6]
- 99% of hypertensive patients agree that Cardia tastes like salt,[7] making it easier for your patients to comply with your low-sodium recommendation.
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**Pansalt is a registered trademark of Oriola Oy for the Cardia formulation.*

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Fifth District Trustee **Herbert C. Perlman, MD,** was elected chairman of the Alliance[4] Health Network, an integrated delivery system aligning Penn State's Milton S. Hershey Medical Center; Carlisle Hospital; Holy Spirit Hospital, Harrisburg; and the Good Samaritan Hospital, Lebanon.

The state Senate in March unanimously confirmed the reappointment of **Sant Ram, MD,** an Erie pediatrician, to the State Board of Medicine.

Joseph N. Demko, MD, Dunmore, has assumed the role of vice president of medical and academic affairs, Community Medical Center Healthcare System, Scranton. Dr. Demko will provide strategic direction to the senior management team and support for the health care system's medical and administrative staffs.

Dr. Weinman

Blue Cross of Northeastern Pennsylvania has appointed **Herbert C. Weinman, MD,** to vice president of provider services. Dr. Weinman will oversee the professional component of the Blue Cross Network, as well as pharmacy management, provider reimbursement, and provider strategies.

Xact Medicare Services has appointed **Robert S. Muscalus, DO,** Lebanon, medical director.

David Stone, MD, was named director of the Cardiac Functions Lab, Conemaugh's Memorial Medical Center, Johnstown.

James H. Herndon, MD, David Silver professor and chairman, Department of Orthopedic Surgery, University of Pittsburgh School of Medicine, was reelected treasurer of the American Academy of Orthopedic Surgeons.

William F. Brereton, MD, medical oncologist/hematologist, Regional Cancer Center, Titusville, was appointed affiliate representative for the Pennsylvania Oncologist Society to the American Society of Clinical Oncology.

Good Samaritan Regional Medical Center, Pottsville, has announced the following medical staff appointments: **Armit P. S. Narula, MD,** president; **Solomon Luo, MD,** president elect; and **Thomas McLaughlin, MD,** secretary/treasurer.

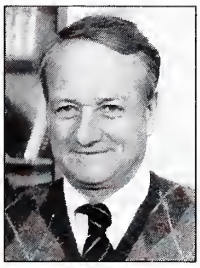
Dr. Atkinson

Barbara Atkinson, MD, was named Annenberg Dean of the School of Medicine at Medical College of Pennsylvania and Hahnemann University, Philadelphia. With her appointment, Dr. Atkinson becomes the fourth current female dean of a United States medical school.

Aliquippa Hospital has elected the following to its medical staff: **James Notaro, MD,** president; **Stephen Zernich Jr., MD,** vice president; and **James Tatum, MD,** secretary/treasurer.

The Graduate Hospital, Philadelphia, has elected the following: **John J. BianRosa, MD,** chairman of the medical board; **Michael R. Rudnick, MD,** secretary/treasurer; and **Howard Hurtig, MD,** chairman elect.

Michael Rancurello, MD, medical director, Western Psychiatric Institute and Clinic Adolescent Inpatient Services, University of Pittsburgh Medical Center, has received the Bruno Lima Award from the American Psychiatric Association (APA). The award recognizes APA members for outstanding contributions to the care and understanding of disaster victims.


Dr. Schwartzman

Robert J. Schwartzman, MD, was appointed professor and chair, Department of Neurology, Medical College of Pennsylvania and Hahnemann University, Philadelphia.

Albert Einstein Medical Center has named **Vincent K. Young, MD,** chairman of the Division of Ophthalmology.

William Lamb Jr., DO, an internist, St. Francis Medical Center, Pittsburgh, was elected a fellow of the American College of Physicians.

Suburban General Hospital, Norristown, has elected **Michael G. McKenna, MD,** chief radiation oncologist of the Norristown Regional Cancer Center.

Dr. Minno

Alexander M. Minno, MD, has received the Allegheny County Medical Society's Nathaniel Bedford Award. The award is given by the county medical society to honor physicians who have demonstrated long-term dedication to the physical and psychological needs of patients.

Harry J. Morris, DO, has joined the Philadelphia College of Osteopathic Medicine as chairman, Department of Family Medicine.

Chestnut Hill Hospital, Philadelphia, has elected the following medical staff officers: **G. William Atkinson, MD,** president; **Charles Rojer, MD,** vice president; and **Eugene Hughes Jr., MD,** treasurer/secretary.

Elliot J. Sussman, MD, has been named chairman of the board and president of PennCARE[sm], Inc., an integrated health system in Eastern Pennsylvania. He is also president and chief executive officer, Lehigh Valley Hospital and Health Network, Allentown.

Richard Depp, MD, was named the first Paul A. and Eloise B. Bowers professor of obstetrics and gynecology at Jefferson Medical College of Thomas Jefferson University, Philadelphia.

Alan R. Spitzer, MD, is the first Robert L. Brent professor of pediatrics at the Jefferson Medical College of Thomas Jefferson University, Philadelphia. The professorship was created in recognition of Dr. Brent's educational and research contributions to science and medicine.

Increasing Competition Makes Marketing a Must

The Health Care Group®

Now is the time to examine your practice. Are your practice's revenues decreasing? Do you find yourself working harder and yet taking home less? Are you experiencing high patient turnover or lack of growth in your patient base?

All of these signs indicate your need to focus your attention on marketing or promoting your practice. Increasing competition dictates that you promote your practice in order to succeed.

Practice strengths, weaknesses

Before you can effectively promote your practice, you need to understand your practice's strengths and weaknesses. To start, imagine that you are a patient of the practice. Ask yourself questions about how you (the patient) are treated. For example, ask:

- What is your first impression of the practice?
- Is the waiting room furniture out of date? Are the magazines?
- Are you frequently put on hold when you telephone the office?
- Do you wait long when you are "on hold?"
- How long must you wait to schedule routine and emergency appointments?

All of these patient satisfaction items can be quickly fixed.

Track vital indicators

Managed care companies require you to know and understand your "patient outcomes" and "utilization patterns." If you are not tracking these already, start now. Create a patient questionnaire, like the one below, that your patients can complete and return to the office anonymously.

In addition, you need to keep track of how you treat patients, the types of tests you order, your hospital admissions, and the referrals that you make. The key to success in a managed care environment is to provide high quality, cost efficient medicine. If you can prove this to a managed care company by internally monitoring this information, you will have an advantage over your competition.

Focus on referrals

Update your patient registration form to determine how your new patient selected your practice for his or her medical care. Assign one of your administrative employees to regularly review this information and keep you informed. Monitoring this information will enable you to respond to changes in referral practices so you can change your marketing efforts, if necessary.

Concentrate on strengthening existing referral relationships in addition to developing new referral

Sample Patient Questionnaire

1. How many days did you have to wait to schedule an appointment? _____
2. How did you get to our office? _____
3. How many miles did you travel to get to our office? _____
4. Which of the following influenced your decision to use our office?
   - ☐ Referred by another patient
   - ☐ Referred by a doctor
   - ☐ Referred by a friend or family member
   - ☐ Physician referral service
   - ☐ Doctor participates in your HMO
   - ☐ Telephone listing
   - ☐ Close to home or office
   - ☐ Other _____
5. How long did you wait to be seen by the physician? _____
6. How would you rate the following on a scale of 1 (poor) to 5 (excellent):
   - _____ Courtesy and helpfulness of our receptionist
   - _____ Parking availability
   - _____ Convenience
   - _____ Reception area
   - _____ Appearance and quality of our staff
   - _____ Courtesy and knowledge of our staff
   - _____ Professionalism
   - _____ Courtesy of doctor
   - _____ Doctor's patience and interest in your problem
   - _____ Amount of time our professionals spent with you
   - _____ Doctor's explanation and treatment
   - _____ General quality of medical care you received

sources. Communicate with referring physicians regarding your treatment of the referred patient. Consider surveying your referring physicians to determine what is important to them. Make sure your office staff understands that you should be reached when a physician calls to refer a patient to your practice.

Accommodate your patients

Review your appointment scheduling procedure with your office staff. If patients are forced to wait to schedule appointments, they will most likely leave your practice, regardless of your clinical capabilities. Consider expanding your office hours to accommodate your patients' needs. Recognize that Saturday and evening hours are now expected by patients and managed care companies.

Managed care companies will also judge you on your office's physical facility. If your office space is inadequate for your patients, or is out of date or not well maintained, your ability to sell yourself to managed care companies and patients will be detrimentally affected.

Develop a strategy

Once you have evaluated your practice and understand the particular needs of your patients, referring physicians, and insurers, you can then develop an appropriate marketing strategy for your practice. Depending on the needs of your individual practice, this may include any of a number of elements, which range in cost from almost negligible to expensive. Examples are:

- use of patient brochures;
- advertisements in appropriate publications/media;
- speaking engagements;
- personnel changes;
- upgrades to your computer system, communications system, and/or physical facility;
- patient care sensitivity training;
- appropriate follow-up procedures for patients and a patient recall system; and
- follow-up with referring physician.

Understand that your medical practice is a *business* that competes with other medical practices for the same patients. A good marketing/promotional plan, well implemented and monitored, will help you compete more effectively.

The contributing author, Joan M. Roediger, JD, LLM, is an attorney and consultant with *The Health Care Group® and Health Care Law Associates, PC, based in Plymouth Meeting.*

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What's Your Practice Management Problem?

Let us know what daily frustrations you face—or share how you or your practice manager have solved a problem. Fax your contributions and questions to PENNSYLVANIA MEDICINE at (717) 558-7840.

FACT *or Fiction?*

To identify key areas where you can reduce inventory costs and boost operating efficiencies, you don't need a high-priced consultant, and a computer system.

FACT!

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Not Just Supplies, Solutions!

U.S. PHYSICIAN POPULATION APPROACHES 700,000

The population of American physicians stands at 684,414, according to the latest data published by the American Medical Association.

The 1995/96 edition of the AMA's *Physician Characteristics and Distribution in the U.S.* records detailed information on physicians by activity, specialty, physician/population ratios; by state, county and metropolitan areas; by census regions and divisions; and examines physician population trends from 1970-1994. The publication is updated annually from census information.

Among this year's findings:

- The number of women physicians continues to grow. With an increase during the year of 7,364, or six percent, women physicians numbered 133,263, while the number of male physicians (551,151) grew by only one percent.
- Female physicians made up 19.5 percent of the physician population.
- 46.1 percent of women physicians (61,378) were involved in primary care—in contrast to 31.1 percent (171,273) of male physicians.

A special section on primary care physicians shows:

- Primary care physicians represent 37.5 percent of all active physicians and have increased 73.2 percent since 1970.
- Over half (56.5 percent) of female physicians under 35 years of age are in primary care, contrasting to only 38 percent of male physicians under 35.

ALLIANCE NEWS

FIRST LADY MICHELE RIDGE TO SPEAK AT CONFLUENCE

Pennsylvania First Lady Michele Ridge and Bonnie Campbell, director of the Office of Violence Against Women, U.S. Department of Justice, are the featured speakers at the Pennsylvania Medical Society Alliance Annual Confluence, to be held April 30-May 2, 1996, at Toftrees Resort, State College. They will lead a session on the Alliance program, "SAVE: Stop America's Violence Everywhere."

Other program topics include:

- Understanding Breast Cancer
- Laugh Yourself to Wellness
- Protecting What You Worked So Hard To Accumulate
- Estate Planning for Medical Families
- How To Put 10 Hours in an Eight-Hour Day
- How To Put More Zip in Your Zing
- Current Trends in Medical Litigation and Risk Management
- An Update of Legislative Affairs
- Marketing Membership
- Looking at the Needs of an Alliance

The annual AMA Education and Research Foundation fundraising dinner auction is also planned, along with social activities. For more information, contact the Alliance at (800) 228-7823 or (717)-558-7750.

DONATIONS AID VICTIMS OF FLOOD IN COMMONWEALTH

For the first time since the inception of the Pennsylvania Medical Society Alliance (PMSA) Emergency Assistance Fund, this winter Pennsylvania experienced flooding and was declared a federal disaster. The PMSA board of directors voted to donate $2,000 to aid flood victims in the commonwealth.

Half of that amount was donated to the American Red Cross Chapter in Lycoming County, the hardest hit county in the state. The other half went to the national American Red Cross with the specific instruction that it be designated to the assistance of Pennsylvanians experiencing flooding in January.

PMSA also donated $500 each to the state alliances of Oregon and Washington to aid victims of February flooding in those states.

The Emergency Assistance Fund aids victims of federally declared disasters. Since the inception of the fund in 1989, PMSA has presented 21 donations totaling $20,325.

To make a donation, send a check to:

Alliance Emergency Assistance Fund
The Educational and Scientific Trust
Pennsylvania Medical Society
P.O. Box 8820
Harrisburg, PA 17105-8820

MEDICAL SCHOOL NEWS

JEFFERSON AWARDED GRANT TO STUDY HIV OUTCOMES

The Center for Research in Medical Education and Health Care of Jefferson Medical College of Thomas Jefferson University, Philadelphia, has been awarded a $1.23 million grant continuation from the National Institute on Drug Abuse.

The grant continuation will study the clinical outcomes of children born to HIV-infected women. The study is being conducted in collaboration with researchers in the New York State Department of Social Services and New York University/Bellevue Medical Center.

The center's senior research associate and health services division chief, Barbara J. Turner, MD, MSEd, will study prenatal care and birth

Pennsylvania Medical Society Alliance President Sheron Andrews and Lycoming Alliance President Cynde Eister presented checks of $1,000 to Bonny Troisi, executive director of the American Red Cross-Lycoming County Chapter. Pictured (left to right) are: Patricia Hipple, emergency services coordinator of the Lycoming Red Cross; Tricia Hofstrom, PMSA Seventh District Councilor; Cynde Eister; Bonny Troisi; PMSA President Elect Shirley Roth; and Sheron Andrews.

outcomes of 1,700 New York state, Medicaid-enrolled, HIV-infected women who will deliver through August 1996. Dr. Turner also will examine predictors of maternal-child HIV transmission for these women's infants. Medicaid claims-based research files and vital statistics records will be used for this analysis.

The research will aim at achieving four basic goals:

1) evaluate the impact of Medicaid initiatives to improve prenatal and HIV-related care among HIV-infected, drug-using women;

2) assess the impact of these Medicaid initiatives in increasing the use of zidovudine (AZT) therapy during pregnancy;

3) examine the effect of AZT on the risk of HIV infection among offspring of these HIV-infected women; and

4) identify major birth defects among offspring of these women, and evaluate differences in the rates of defects by maternal illicit drug use and by use of AZT.

Similar analyses will be conducted in 240 HIV-infected women and their children who are followed prospectively at Bellevue Medical Center.

MCP/HAHNEMANN AMONG NATIONAL GRANT RECIPIENTS

The Medical College of Pennsylvania and Hahnemann University, Philadelphia, is one of 10 medical schools nationwide to receive funding for minority education programs.

The Health Professions Partnership Initiative, launched by the Robert Wood Johnson Foundation and the Association of American Medical Colleges, is designed to increase the number of minority students well-prepared to pursue careers in medicine, nursing, and other health professions. The foundation has awarded a total of $3.75 million, with an additional $1.25 million authorized, in grant and technical assistance over a five-year period to the 10 schools to achieve this goal. MCP/Hahnemann has received $350,000 of the total to date.

The initiative is based on the premise that the dominant cause of the under-representation of minorities in the health professions is lack of access to a high-quality, pre-college education. To remedy this, health professions' schools must work with the communities they serve, →

1995-96 COMMITTEE APPOINTMENTS

The following physicians have been appointed members and officers of the State Society's committees and priority work groups for the 1995-96 term:

MDP Review Panel

Charles Cutler, MD, Chair
David L. Cohen, MD
Bruce E. Conaway, MD
Jitendra M. Desai, MD
Daniel B. Kimball Jr., MD
Herbert L. Kunkle Jr., MD
Peter S. Lund, MD
Robert M. McNamara, MD
Robert D. Reinecke, MD
Arthur V. Stein, MD

Ad Hoc Committee on House Representation

Donald H. Smith, MD, Chair
Robert C. Aber, MD
Richard P. Albertson, MD
James L. Cristol, MD
Edward H. Dench Jr., MD
Jitendra M. Desai, MD
Mary J. Hudak, MD
Lila S. Kroser, MD
Lee H. McCormick, MD
O. Fred Miller, MD
Marc I. Surkin, MD

Priority Work Group on Tort Reform and Other Legislation

Charles D. Hummer Jr., MD, Chair
Daniel T. Dempsey, MD
Jay L. Funkhouser, MD
Michael J. Gallagher, MD
Andrew W. Gurman, MD
Virginia E. Hall, MD
Richard N. Harris, MD
Martin D. Trichtinger, MD

Priority Work Group on Managed Care Advocacy

James H. Harberger, MD, Chair
Darell T. Covington, MD
Frederick B. Doerfler Jr., MD
John S. Jaffe, MD
Edward R. Jones, MD
Peter J. Keim, MD
John C. Moser, MD
William R. Poller, MD
David M. Rafalko, MD
C. Richard Schott, MD
Bruce G. Silver, MD

Priority Work Group on Communicating the Society's Value

Ronald J. Clearfield, MD, Chair
Betty L. Cottle, MD
Richard L. Decker, MD
Howard G. Hughes, MD
Wilma C. Light, MD
Robert S. Pyatt Jr., MD
Russell J. Stankiewicz, MD

Priority Work Group on Recruitment and Retention of Young Physicians

Daniel J. Glunk, MD, Chair
Carol A. Bilinski, MD
Raphael Bonita, MD
William C. Bradford, DO
Benjamin J. Lloyd, MD
Carmella M. Sebastian, MD
Kathy J. Selvaggi, MD
David R. Wenner, DO

Quick Response Committee on Medical Liability Reform

Jonathan E. Rhoads Jr., MD, Chair
Richard T. Bell, MD
Donald E. Harrop, MD
John H. Hobart, MD
Charles D. Hummer Jr., MD
Sarah H. Lawhorne, JD
John W. Lawrence, MD

Quick Response Committee on "Medical Necessity" Legislation

Jonathan E. Rhoads Jr., MD, Chair
Richard T. Bell, MD
John W. Lawrence, MD
William H. Mahood, MD
Lee H. McCormick, MD
Thomas J. Weida, MD

Quick Response Committee on Scope of Practice for Nursing

Jonathan E. Rhoads Jr., MD, Chair
Richard T. Bell, MD
Melissa M. Brown, MD
Victor F. Greco, MD
Lila S. Kroser, MD
John W. Lawrence, MD
Joseph J. Trautlein, MD

(For a chart of the new State Society structure, see page 19.)

particularly with the public schools and colleges that are primarily responsible for preparing the minority health professions' students of the future.

MCP/Hahnemann has proposed a partnership "to establish a continuum of educational support from middle school through college." Joining the medical school as partners in this program are the School District of Philadelphia, Lincoln University, and the Community College of Philadelphia. Together, they will establish formal programs of career preparation and develop relationships to foster better science education among teachers at all levels of the educational curriculum.

For additional information on the MCP/Hahnemann program, call:

George C. Gardiner, MD
Project Director
(215) 762-8457

AHCPR NEWS

INITIATIVE TO ASSIST WITH HEALTH CARE CHOICES

The Agency for Health Care Policy and Research has announced a new initiative to assist consumers in selecting high-quality health care plans and services. Funded with $10 million over three years by the Research Triangle Institute, the RAND Corporation, and Harvard University, the project is entitled, "Consumer Assessments of Health Plans Study."

Surveys by objective, non-government polling firms have shown that most Americans would like to have more information to help them choose hospitals, doctors, and health care plans. According to the agency, the new initiative brings together nationally recognized experts in patient satisfaction and survey research to develop and test methods for measuring consumer satisfaction. The experts will also develop methods to communicate their results to the public.

For additional information about the initiative, call the agency at (301) 594-1364.

AGENCY LAUNCHES WEB SITE FOR CONSUMERS, DOCTORS

The Agency for Health Care Policy and Research (AHCPR) has launched its World Wide Web site, making available its practical, science-based health care information.

According to AHCPR, the new web site, located at *http://www.ahcpr.gov/*, features:

- information to help consumers and their health care practitioners make informed health care decisions,
- research on what works best in health care; and
- other information and data central to the agency's mission to enhance the quality, cost effectiveness, and delivery of health care services.

Visitors to the agency's home page can get an overview of the web site by clicking on the "welcome" button. Among web site categories of information are:

- Offices/Centers,
- News & Resources,
- Research Portfolio,
- Data & Methods,
- Guidelines & Medical Outcomes; and
- Consumer Health.

There is also an Electronic Catalog of agency resources.

Web site users can send technical questions and comments for agency staff via e-mail at:

info@po5.ahcpr.gov

Or call the agency at:
(301) 594-1364

WELFARE DEPARTMENT SEEKS MA PROGRAM CONSULTANTS

The Pennsylvania Department of Public Welfare, Office of Medical Assistance (MA) Programs is looking to recruit several contract physician consultants for the Prior Authorization Unit. These physicians would:

- review a variety of requests for medical services where the department has questions about medical necessity, and
- recommend a course of action for those requests.

To learn more about these positions, call:

John Giles
Office of Medical Assistance
(717) 772-6022

Preliminary Call to the 1996 Annual Meeting of the House of Delegates

The House of Delegates of the Pennsylvania Medical Society will convene its annual meeting at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 18, 1996. The second session will convene Saturday, October 19, 1996, and the third session Sunday, October 20, 1996. Details regarding the starting times of all three sessions will appear in the Official Call in the August 1996 issue of PENNSYLVANIA MEDICINE.

All proposed amendments to the bylaws must be submitted to the office of the secretary of this Society on or before June 18, 1996. Such amendments may be proposed upon the written petition of 15 active or associate members of the Society or by the Committee on Bylaws.

Resolutions to be considered by the House may be submitted in writing to the secretary by a delegate acting in his or her own behalf or for the component medical society or specialty society he or she represents. If received prior to September 18, 1996, resolutions will be published in the *Official Reports Book*.

CORRECTION

In the article, "Earning CME Credit Online" in the February issue of PENNSYLVANIA MEDICINE, the "Medical Pearls" trivia quiz game (page 21, second to last paragraph) was listed as beginning at 10:00 p.m. ET on Sundays. In fact, the game begins at 9:00 p.m. ET.

Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of ıre. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or during follow-up investigation may be shared with government officials and the public. Please exclude any information that may identify a ıtient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate ıre or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care ecisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care ontexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions so can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

☐ HMO ☐ PPO ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline*
- ☐ Payment policy
- ☐ Reimbursement incentive
- ☐ Other*
- ☐ Referral restriction

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

Mail or fax your forms to the Pennsylvania Medical Society, Department of Medical Economics, P.O. Box 8820, Harrisburg, PA 17105-8820; Fax (717) 558-7841; Questions: (800) 228-7823.

NEW MEMBERS

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Michael D. Debellis, MD, Child Psychiatry, 5841 Walnut St., #2, Pittsburgh 15232, 412-624-2870

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Michael A. Karp, MD, Family Practice, 119 Vip Dr., Wexford 15090, 412-935-8811

Laura V. McNeill, MD, Anesthesiology, 116 Clarette Rd., Pittsburgh 15237

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BEDFORD

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Ritika Arora, Philadelphia
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Kenneth J. Margolis, Philadelphia
Trent A. Mascola, Erie
Stephen C. Mathai, Philadelphia
Masako Matsumoto, Cherry Hill, NJ
Claudine M. Matthie, Pittsburgh
Alpa Maurya, Philadelphia
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Advertisers' Index

Automotive

Autoflex Leasing **1**

CME Programs

Hahnemann University **9**

Home Health Care

CPO2, Inc **25**

Medical Personnel Pool **58**

Insurance

Dodson Insurance Group **15**

Medical Inter-Insurance Exchange **Cover 2**

Medical Protective Company **8**

Pennsylvania Blue Shield **Cover 4**

Pennsylvania Medical Society Liability Insurance Company **3**

PIE Mutual Insurance Company **7**

Princeton Insurance Company **5**

Pharmaceuticals

Applied Microbiology **Insert**

Bayer Corporation **13-14**

Specialized Programs and Services

Caligor Medical Supply Company **49**

Capital Region Health Network **59**

Hahnemann University School of Public Health **57**

Klym, Olszewski & Nedlik **59**

NYU Post Graduate Medical School **59**

Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**

Prudential Home Mortgage **37**

Slack Inc. **59**

The Educational and Scientific Trust of the Pennsylvania Medical Society **32-33**

Witt, Kieffer, Ford, Haldeman and Lloyd **56**

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Building Physician Integration:

Key Piece Falls into Place with New Risk-Sharing Policy

—page 12

More Legislative Victories and Updates—page 9

Overcoming Burnout—page 18

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CONTENTS

MAY 1996
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12 Pennsylvania Physicians Can Now Share the Risk—and Benefit

Good news! Major changes—pursued by your State Society—in state policy toward integrated delivery systems offer new risk-sharing options to Pennsylvania physicians.

Cover photo by Mark Green/FPG International Corp., New York

18 Overcoming Physician Burnout

The pressures of medicine and managed care can lead to physician burnout. Avoid it by following these easy suggestions.

22 Tuberculosis Control Through Contact Investigation

Allegheny County health officials maintain that, though not appreciated, contact investigation is vital to preventing the spread of TB.

"Oh doctor, I'm sure I'm consumptive." (1874)
Wood engraving after Hanaré Daumier; Philadelphia Museum of Art

Related article:

24 TB: Will the Past Be Prolonged?

Executive Report—pages 9-10

Medigram

4 Late news at press time

Issues of Interest

12 **Managed Care**—Pennsylvania physicians can now share the risk—*Sharon Orlowski*
15 **Managed Care**—Integration insider
16 **Computers and Medicine**—Surfing the Web and Parkinson's law—*Fred D. Baldwin, PhD*
18 **Physicians' Health**—Overcoming physician burnout—*Robert M. Michaels, MD*
22 **Public Health Education**—Tuberculosis control through contact investigation—*Frederick L. Ruben, MD, and David C. Lynch*
24 **Public Health**—TB: will the past be prolonged?—*Joseph N. Aceto, MD*
28 **Peer Review**—Fifth scope prompts reorganization—*Donald E. Harrop, MD*
30 **Practice Management**—Basic steps prevent insurer audits—*Linda J. Hicks*
32 **Drug Education**—Q&A: drug utilization/Medication update
33 **New Drugs**—New therapeutic agents marketed in 1995 (Part II)—*Daniel A. Hussar, PhD*

Opinion

6 **Editorial**—Society opens door of change—*John W. Mills, MD*
8 **Letters to the Editor**—Physicians encouraged not to ignore surcharge/POMA offers note of clarification/Public health article receives positive response
44 **Discharge Summary**—Father of the brides—*Joseph A.C. Girone, MD*

Departments

38 **Newsfronts**—HealthChoices: another step toward statewide managed care/Hobart takes reins of Society subsidiary
40 **Newsmakers**
41 **Obituaries**
42 **Classified Advertising**
43 **Advertisers' Index**

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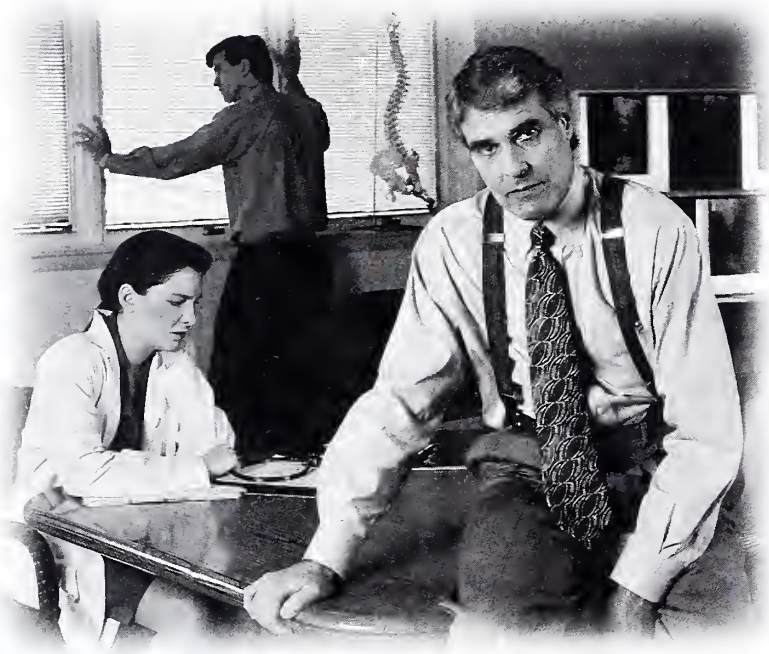

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MEDIGRAM

STAGE IS SET FOR TORT REFORM RALLY: At press time, more than 1,500 physicians and supporters of tort reform had signed up to trek to Harrisburg for the Society's "Rally for Change" on May 7. On the agenda: a pre-rally meeting at Harrisburg's Farm Show Arena, a march through downtown Harrisburg, and the rally at the Capitol. Look for coverage of the event in the June issue of PENNSYLVANIA MEDICINE.

SOCIETY VOICES CONCERNS RELATED TO PROPOSED BLUES' MERGER: The State Society continues efforts to comment in the regulatory arena on concerns related to the proposed consolidation of Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania, approved late last year by Blue Shield's board. Though the Society's request to testify at an April 26 hearing before the Insurance Department was denied, the Society did submit written testimony, along with a report by two medical economists. The report: 1) raises serious concerns with the effect of the consolidation on competition, and 2) outlines the types of inquiries the department must undertake to fully analyze the effect of the potential consolidation on competition. The Insurance Department is accepting written comments on the proposed consolidation until May 28.

GOVERNOR, SOCIETY MEET ON WORKERS' COMP REFORM: Society representatives met with Governor Tom Ridge on April 2 to discuss workers' compensation reform in Pennsylvania. The issue remains a priority for the governor, who called the meeting to discuss ongoing concerns of medical providers over the current operation of the workers' comp system. The governor assured the Society that he was aware that health care providers took the brunt of legislation passed in 1993; he indicated that he had no intent of seeking further changes in the medical care provisions and instructed the department to work with the Society regarding our concerns. House Bill 2216, introduced by Joseph M. Gladeck Jr. (R-Montgomery), will serve as the likely vehicle for the governor's reform proposals. In related news, about 800 members of organized labor rallied in the Capitol on April 29 to oppose reform.

LETTER URGES CONTINUED MEDICAL SCHOOL SUPPORT: State Society President Jonathan E. Rhoads Jr., MD, has written a letter urging the state Senate to continue financial support for Pennsylvania medical schools. The Senate proposed deletion of the funds in the 1996-97 budget. "Pennsylvania's medical schools, many of which are world renowned, provide an environment where some of our best and most creative medical professionals can hone their skills," Dr. Rhoads wrote. "We urge you to recognize that funds for medical schools are not expenditures but rather 'blue chip' investments towards a healthier tomorrow."

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John W. Mills, MD
Medical Editor

When I first picked up my February *Bulletin*—the monthly magazine of the American College of Surgeons—to peruse last month, I found in it three very salient, top-notch articles. While all of a different bent, the articles each touched on the most thorny issues we physicians—not just surgical types, but all of us—face in our present quandary of changing practice patterns: medical ethics and managed care.

Ben Eiseman, MD, gave an excellent overview of "Surgical Decision Making and the Elderly Patient"; Josepy M. Civetta, MD, wrote on "A Practical Approach to Futile Care"; and Frederick C. Hansen Jr., MD, wrote about the real business aspects of managed care in "Capitation or Decapitation."

Dr. Hansen, in particular, gave a unique perspective on what's happening and why—as well as some strategies for coping with reimbursement problems. His article reminded me of a comment, which many of you may have already heard, made by Gary Brown, MD, of the Pennsylvania Physician Healthcare Plan (PPHP): "He who has the gold, rules." Dr. Hansen puts it a bit differently: "In a free market system, the power goes hand in hand with the money."

As a solo practitioner, I realize how little time many of us have to get into such articles about the business side of medicine—let alone the time to spend reading about ethics and managed care. Even so, I recommend the *Bulletin's* articles—their worth is soon obvious.

As medical editor of this publication, I also realize how difficult it is to attract physician-readers to such subject matter. We've considered the possibility of devoting an entire issue of PENNSYLVANIA MEDICINE to topics related to medical ethics and managed care. The problem is, our research tells us that our readers—you, the members—consider such issues too "weighty" and long-reading to digest quickly—or even have the time to scan—in this publication.

I implore you, however, to read the article on page 12 of this issue. There has been a great change in the medical marketplace in Pennsylvania, which you need to know about whether you're solo, in a group, employed, or whatever. The rules have changed, and your State Society laid the groundwork for that change.

A year or so ago we told you about the development of a new subsidiary, the PennMed Member Services Company (PMSCO), dedicated to helping physicians form networks that would be physician run and physician owned. We were immediately told this was a risky proposition—the regulatory rules and climate within Pennsylvania were not favorable for the type of risk assumption we had in mind for physicians. Dr. Brown and the organizers of PPHP were told similar things about their daunting task of forming a physician-owned HMO in our commonwealth. Nevertheless, we persevered.

More than a year later, on a sunny day in April, we got good news: The revolutionary changes we proposed have been accepted—the Pennsylvania climate is now hospitable for risk assumption by physician entities.

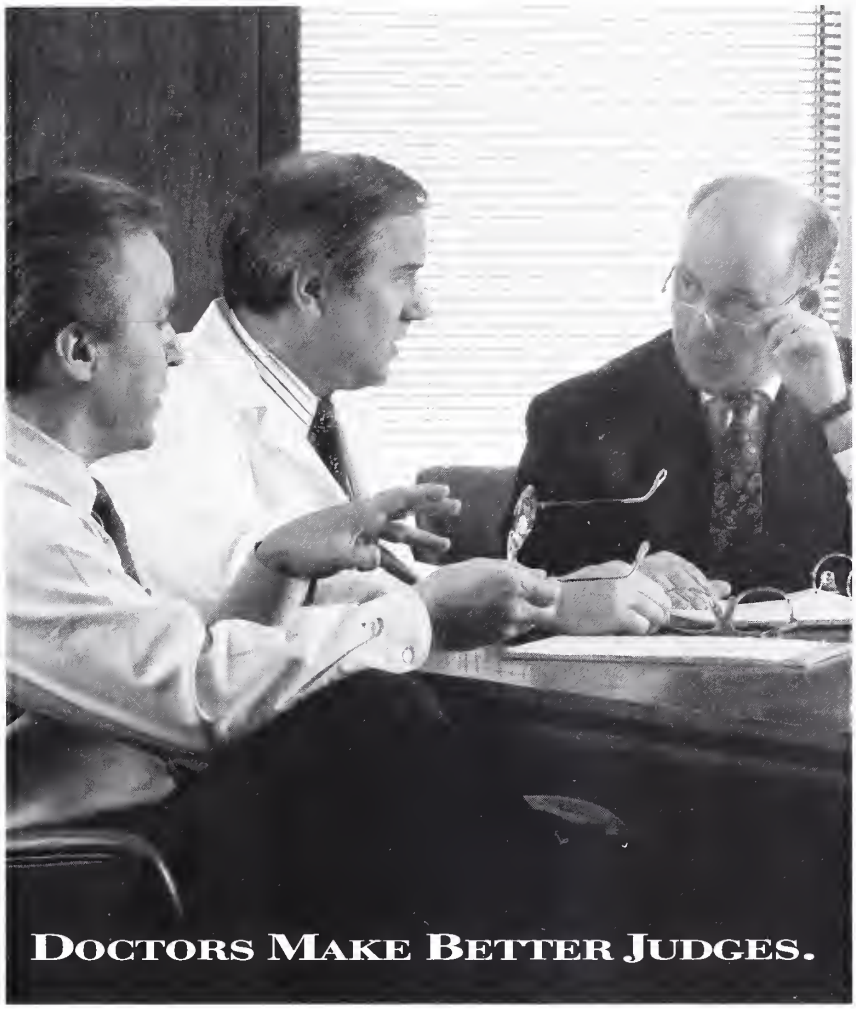
What does this mean for you? It means that your State Society has opened the door for you. If you are interested in issues about managed care and medical ethics; if you are tantalized by the possibilities for physician involvement in the health care marketplace; if you are dedicated to patient advocacy; even if you're threatened and hostile toward current managed care practices—a barrier has been lifted from your path.

Physicians have been traditionally slow to organize or join together. We've been told we don't all take the time we should to deal with marketplace issues. We've heard that the medical profession has lost sight of the many advantages of group practice.

Now is our chance. As our patients' trusted advocates, we can steer health care out of the stock market and into accountability. Physician-run HMOs, POs, and other such organizations can deliver better quality care.

Thanks to your State Society, we all now have a real opportunity to showcase our marketplace savvy—and our true patient advocacy. Read on.

"Physician-run HMOs, POs, and other such organizations can deliver better quality care."



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PHYSICIANS ENCOURAGED NOT TO IGNORE SURCHARGE

Editor's note: The following letter was written by John H. Reed, JD, director of the Medical Professional Liability Catastrophe Loss Fund (CAT Fund), to Pennsylvania medical liability insurance companies. It reports the State Board of Medicine's disciplinary action against a physician who refused to pay the CAT Fund surcharge.

I thought it would be helpful to you and your insureds to update you with recent information received from the Pennsylvania State Board of Medicine regarding the above-referenced subject. This information underscores the need for your company to educate health care providers as to their responsibilities under the law, and the penalties which will confront a licensed physician who fails to maintain his professional liability insurance and pay the Fund surcharge.

On May 26, 1996, the State Board of Medicine issued an Adjudication and Order involving a licensed physician who failed to maintain his professional liability insurance and failed to pay the Fund surcharge. In this case, the failure to comply with the law resulted in the assessment of a $27,000 fine and a one-year license suspension. In arriving at this determination, the Board wrote:

During that time [of practice without coverage], Respondent reaped the benefits of having provided medical services to patients who depended upon him for sound medical advice and treatment. He, on the other hand, failed to provide them with the necessary protection against potential mistakes affecting their health, and potentially, their lives....

The significance of this determination cannot, in my opinion, be understated. The Board correctly recognized the legal and social responsibilities of licensed health care providers, and the potential adverse consequences of the uninsured practice of medicine. Those consequences include the physician's patients being prevented from having "access to the excess coverage of the CAT Fund." Additionally, under the law, the Board has the authority to impose a civil penalty of up to $1,000 per day. As previously indicated, financial and license penalties will be assessed by the Medical Board.

I would advise that as a service to your clients, you make them aware of this determination. In so doing, health care providers can better understand the responsibilities which are attendant to the issuance and maintenance of their license to practice medicine.

I trust this information is of value to you and that you will make it available to your insureds. Please feel free to contact me should you require further information.

John H. Reed
CAT Fund Director
Harrisburg

POMA OFFERS NOTE OF CLARIFICATION

The Pennsylvania Osteopathic Medical Association (POMA) would like to take this opportunity to thank you for including the osteopathic physicians' viewpoint in Dr. Leonard H. Finkelstein's letter regarding "Tort Reform NOW!," which appeared in the March 1996 issue of PENNSYLVANIA MEDICINE.

However, we would like to bring to your attention that DOs are properly referred to as "osteopathic physicians," *not* "osteopaths." After all, how many MDs would want to be referred to solely as "allopaths?"

Once again, POMA thanks you for including the osteopathic physicians' views in your publication. We are glad to be joining efforts with the Pennsylvania Medical Society in regards to the Tort Reform NOW! issue.

Marcella J. Monroe-Ward
Publications Coordinator, POMA
Harrisburg

PUBLIC HEALTH ARTICLE RECEIVES POSITIVE RESPONSE

Thank you for your coverage of our PrimeTime Health program in your February edition of PENNSYLVANIA MEDICINE. I am sure your article went a long way in alerting physicians to our program. We have received very positive response to the article.

Linda Bowers
PrimeTime Health Coordinator
Pennsylvania Department of Aging
Harrisburg

Just the Fax!

Need more information about how to:

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- Purchase extra copies of the annual Membership Directory?
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As a service to its readers, PENNSYLVANIA MEDICINE now offers this and other information through the State Society's new fax-on-demand system.

To access the system, call **(800) 556-7850 or (717) 558-7850, and press 1.** Then follow the directions to request the document(s) of your choice. Available are:

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Pennsylvania Medicine®

Executive Report®

MAY 1996

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Share Your Rally Memories

Did you attend the Society's May 7 "Rally for Change"? If so, we invite you to share your impressions of this experience, and your opinions on the tort reform issue. Send your anecdotes, commentaries, thoughts—and any exceptional photos you feel merit publication—to:

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Or e-mail:
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Or fax to:
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An analysis of the antitrust climate in Pennsylvania is available in the Society's Fax-on-Demand system. **Call (800) 556-7850** for the system menu. Watch for more information on the Society's contracting strategy in upcoming issues of PENNSYLVANIA MEDICINE.

HOUSE BILL PROHIBITS "DRIVE-THRU DELIVERIES"

Several amendments and votes later, legislation mandating inpatient maternity coverage passes House.

The state House of Representatives on April 9 passed legislation prohibiting "drive-thru deliveries" by a 194-0 vote. House Bill 1977 requires 48 hours of inpatient maternity coverage for the mother and child after a normal vaginal delivery, and 92 hours of coverage after a cesarean section.

Sponsored by Representative Nicholas Micozzie (R-Delaware), the bill is now likely to go to the Senate Banking and Insurance Committee, chaired by Senator Ed Holl (R-Montgomery). Society lobbyists have already begun meeting with committee members who are concerned about problems that providers and patients might have with managed care plans.

The real battle on House Bill 1977 was in the one-and-a-half-hour debate and vote on amendments. Adopted were:

- an anti-gag rule amendment that applies across the board, and
- an amendment prohibiting copayments.

After much debate, the House also voted 191-1 to restore language in the bill requiring that the standards to be considered for treatment and discharge would "include" the standards of the American Academy of Pediatrics and American College of Obstetricians and Gynecologists. A committee amendment had listed these standards as examples only.

FTC REEVALUATING ANTITRUST GUIDELINES

PMSCO lends its voice to the push for changes that would make it easier for physicians to join forces in the health care marketplace.

Michael P. Lance, chief executive officer of the PennMed Member Services Company (PMSCO), joined Ed Hirshfeld, AMA vice president of health law, and other AMA executives at a meeting with Federal Trade Commission (FTC) staff in March to discuss the commission's "Statements of Enforcement Policy and Analytical Principles Relating to Health Care and Antitrust." It was the second meeting this year between the AMA and FTC regarding the statements.

The Department of Justice and FTC in 1993 issued eight statements about the enforcement of antitrust guidelines. In 1994, the eight were revised, and a ninth was added. Of concern to the AMA are the eighth and ninth statements dealing with physician and multi-provider networks. The AMA believes the guidelines are too restrictive and need to be changed—points the organization has been arguing for years.

Since December 1995, the FTC has been evaluating the impact of the guidelines on the marketplace by interviewing attorneys, health care providers, and representatives of the business and insurance industries. The AMA initially met with the commission in February and was invited back in March. In this second, informal meeting, the AMA asked Lance to share his philosophies and discuss independent practice association (IPA) models that are cost effective and a positive force—meaning they increase competition and add new products—in the market.

Hirshfeld says the comments were well received. Lance agrees, saying he came back feeling positive about the commission's response and about having the opportunity to let the FTC know that "we are preparing physicians to assume managed care risk with HMO contracts."

→

Otolaryngologists Plan Annual Meeting

The Pennsylvania Academy of Otolaryngology-Head and Neck Surgery will hold its 1996 Annual Meeting on June 20-22, at the Hershey Lodge and Convention Center, Hershey.

Speakers include: William Lawson, MD, DDS, presidential guest of honor, Mt. Sinai Medical Center; Dr. Pierre Lavertu, noted head and neck surgical oncologist, Cleveland Clinic; and Karen Zupko, nationally recognized professional health practice consultant.

Educational topics will focus on:

- managed care in otolaryngology,
- infectious and inflammatory disease, and
- head and neck oncology.

For registration information, call the academy at (800) 228-7823 or (717) 558-7750, ext. 1483.

Workshops on Medical Office Management in June

In-depth programs specifically designed for medical office managers, supervisors, and office staff will be held in King of Prussia on June 11-14 and in Pittsburgh on June 18-21. Programs will be offered in the four topics most important to medical practice operations: Effective Managerial and Personnel Leadership, Financial Management, Patient Flow Management and Coding and Reimbursement.

For additional information on the specific workshop(s) you would like to attend, registration fees, and seminar locations, please call (800) 421-6512 or contact Linda Boyer at (800) 228-7823 ext. 1488.

HOFFMANN NAMED ACTING SECRETARY OF HEALTH

House-approved bill seeks to change physician requirement, create physician general.

Governor Tom Ridge in March named Daniel F. Hoffmann of Hershey as acting secretary of health. Hoffmann served as the department's executive deputy secretary for administration and management since late December.

State law currently requires the secretary to be a physician, making Hoffmann's appointment temporary. But House Bill 216, approved by the House last month, seeks to remove the requirement and, as proposed by the Society, creates the Office of Physician General. The Society is now working with legislative leaders and the governor's office to move the bill through the Senate.

Legislative Update

ACT 24 OF 1996: DOMESTIC VIOLENCE

Governor Tom Ridge has signed into law Act 24 of 1996, which prohibits insurance discrimination against the victims of domestic violence. The House in October 1995, and the Senate on March 27, 1996, unanimously passed House Bill 1100, introduced by Representative Patricia Vance (R-Cumberland) and supported by the Society.

ACT 15 OF 1996: HEPATITIS B IMMUNIZATION

The governor has signed House Bill 1578 into law as Act 15 of 1996. The new law requires immunization of school children for protection from Hepatitis B. The House voted to approve the bill 197-0, and the Senate 47-0. Representative Leonard Gruppo (R-Northampton) was the prime sponsor.

HOUSE BILL 1468: MEDICAL SAVINGS ACCOUNTS

After approval by the Senate Banking and Insurance Committee, this bill was sent to the Senate Appropriations Committee. **The bill is expected to go back on the Senate calendar after a fiscal note is prepared.** House Bill 1468 provides for medical savings accounts at the state level, and offers an income tax exemption on amounts over $2,500 for individuals and $5,000 for families. Although some on the committee thought the bill should be held until federal law is passed, it was approved. Representative Nicholas Micozzie (R-Delaware) is the prime sponsor.

HOUSE BILL 630: RURAL MANAGED CARE SAFEGUARDS

The House Insurance Committee voted 4-20 to defeat House Bill 630 and provisions that would have assured protections for both physicians and patients. The safeguards were, however, only to apply to fifth through eighth class counties. Prime sponsor was Representative David King (R-Mercer). Those opposing the bill claimed that it was "any willing provider" legislation that would "destroy" managed care in Pennsylvania. The Society strongly supported House Bill 630 and continues to work with legislators seeking "safeguard" and protection language.

BILLS THAT BEAR WATCHING

Other recently introduced legislation that the Society is monitoring includes:

- Senate Bill 1435, introduced by Senator Richard A. Tilghman (R-Montgomery), seeks to remove Fenfluramine from Schedule IV.
- Senate Bill 1471, introduced by Senator Joseph M. Uliana (R-Northampton), would mandate managed care for Medical Assistance.
- House Bill 2511, introduced by Representative Patricia Vance (R-Cumberland), is labeled as the Volunteer Health Services Act.
- House Bill 2499, introduced by Representative Richard D. Olasz (D-Allegheny), would prohibit HMO gag rules.
- House Bill 2478, introduced by Representative Tony DeLuca (D-Allegheny), would amend the nursing law to require certification for nursing duty delegation.
- House Bill 2529, introduced by Representative Gary Haluska (D-Cambria), is labeled as the Managed Care Consumer Protection Act.

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For more information, contact the Office of Continuing Medical Education at 215-762-8263.

MAY 1996

May 1st
New Concepts in the Management of Atrial Fibrillation
Peter L. Friedman, M.D., Ph.D.
Associate Professor of Medicine
Co-Director, Cardiac Arrhythmia Service and Clinical Electrophysiology Laboratory
Cardiovascular Division, Brigham and Women's Hospital, Boston, MA

May 8th
Advances in the Treatment of NIDDM
Allan J. Garber, M.D., Ph.D.
Professor of Medicine, Biochemistry and Cell Biology
Baylor College of Medicine, Houston, TX

May 15th
The Kidney as a Window to Cardiovascular Morbidity and Mortality
Leopoldo Raij, M.D.
Professor of Medicine
University of Minnesota School of Medicine
Chief, Nephrology/Hypertension
Veterans Affairs Medical Center, Minneapolis, MN

May 22nd
New Pharmacotherapy for Allergic Rhinitis
Lanny Rosenwasser, M.D.
Professor of Medicine
University of Colorado Health Science Center
Head, Allergy Division
National Jewish Center for Immunology and Respiratory Medicine, Denver, CO

May 29th
No Grand Rounds

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MAY 8, 1996
Prevention and Treatment of Complications of Diabetes Mellitus
Lecturers:
Allan J. Garber, M.D., Ph.D.
Harry Gottlieb, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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This program is eligible for 1.0 credit hour for each hour of attendance in Category 2A of the American Osteopathic Association.

Pennsylvania Physicians Can Now Share the Risk

Sharon Orlowski

Good news for Pennsylvania physicians: Early last month, the state announced major changes in policy toward integrated delivery systems (IDSs). This article summarizes the major regulatory changes which physicians considering involvement in any type of IDS need to know.

Two new statements of policy issued by the Department of Health and the Department of Insurance in early April permit HMOs to contract with various integrated delivery systems (IDSs). The definition of IDS includes physician organizations (POs), independent practice associations (IPAs), and physician-hospital organizations (PHOs). Also included are "super POs" and "super PHOs"—organizations that contract for multiple POs and PHOs.

The new Department of Health policy focuses on consumer protection provisions that must appear in risk-sharing contracts. The Department of Insurance policy suggests a variety of appropriate methods for ensuring the financial viability of IDSs involved in risk sharing.

The Department of Health and Department of Insurance recognize that previous policy:

1) limited development of new HMOs and the expansion of currently certified HMOs, and

2) restricted the health care market by effectively prohibiting the involvement of health care delivery systems.

Following is a concise summary of both policy statements. All requirements outlined for POs apply to IPAs, PHOs, and other organizations that fit the definition of an IDS.

Ms. Orlowski is the Society's director of managed care business strategy and special projects. She is also part of the Society staff team that has been working closely with the Health and Insurance departments to ensure policy changes favorable to Pennsylvania physicians.

Risk-sharing options for POs and IPAs

1) Professional Component of the Premium: POs can assume financial risk for the professional component of an HMO benefit package and share in surpluses or deficits relating to targeted hospitals and other health services utilized, i.e., pharmacy services. POs do not have to have contracts with hospitals or other nonphysician providers.

2) Medical Component of the Premium: POs can assume financial risk and contractual responsibility from an HMO to provide physician services, hospital, and other nonphysician services by contracting with hospitals and other providers that are not members of the PO.

Department of Health provisions

Delegation of duties:

- HMOs can delegate responsibility for gatekeeping functions to POs that plan to use capitation and other reimbursement arrangements as incentives for appropriate and cost-effective utilization. There must be an acceptable plan for assuring that reimbursement incentives do not result in provision of inadequate or poor quality care. The PO does not have to receive a separate license as an insurance company or risk-assuming PPO.
- A contract between an HMO and a PO can permit the PO to perform quality assurance, utilization review, and credentialing, as long as the standards used by the PO are submitted by the HMO and approved in advance by the Department of Health.
- The HMO, the Department of Health, and other independent quality assessment agencies must be permitted to perform periodic reviews to monitor performance and verify compliance with these standards. This includes providing the Department of Health with access to medical records concerning the provision of services, as well as submitting an acceptable monitoring plan describing how the effectiveness of quality assurance will be measured. Compliance with National Committee for Quality Assurance (NCQA) standards must be part of the monitoring plan.

Risk-sharing contract requirements:

- All risk-sharing filings with the Department of Health shall be deemed approved if the Department of Health has not dis-

approved it within 45 days of the Department of Health's receipt of filing.

• The contract between the HMO and the PO must include hold harmless provisions protecting HMO members from any financial responsibility other than authorized copayments, coinsurance, or deductibles under any circumstances, including solvency.

• The contract must also prohibit any delay, reduction, or denial of covered services to HMO members in the event of a contract dispute between the PO and HMO.

• A provision requiring the PO and its participating providers to comply with the Department of Health data-reporting requirements must be included in the contract.

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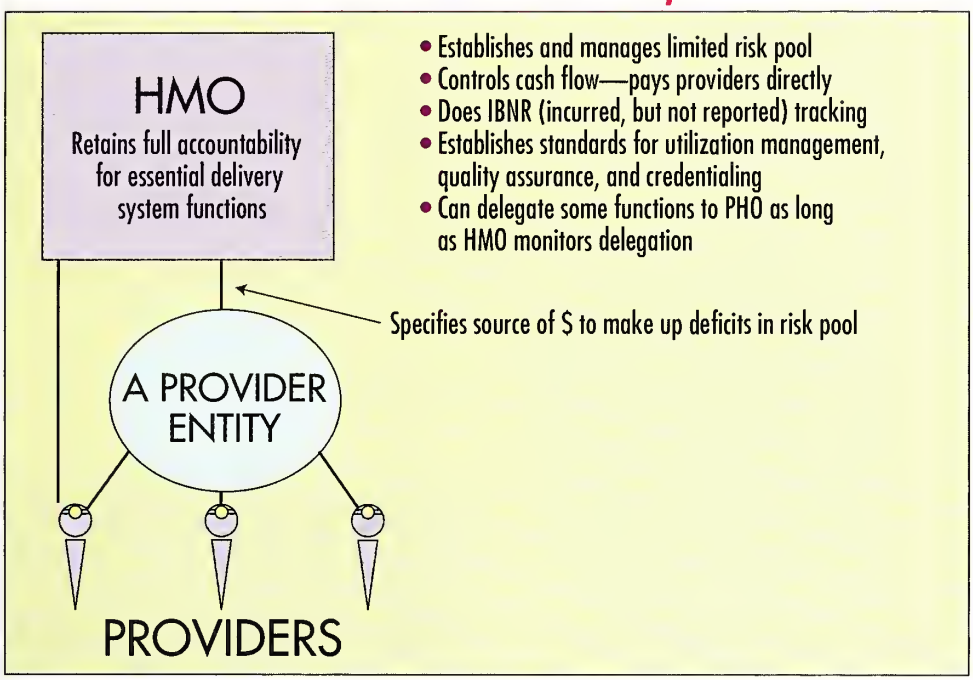
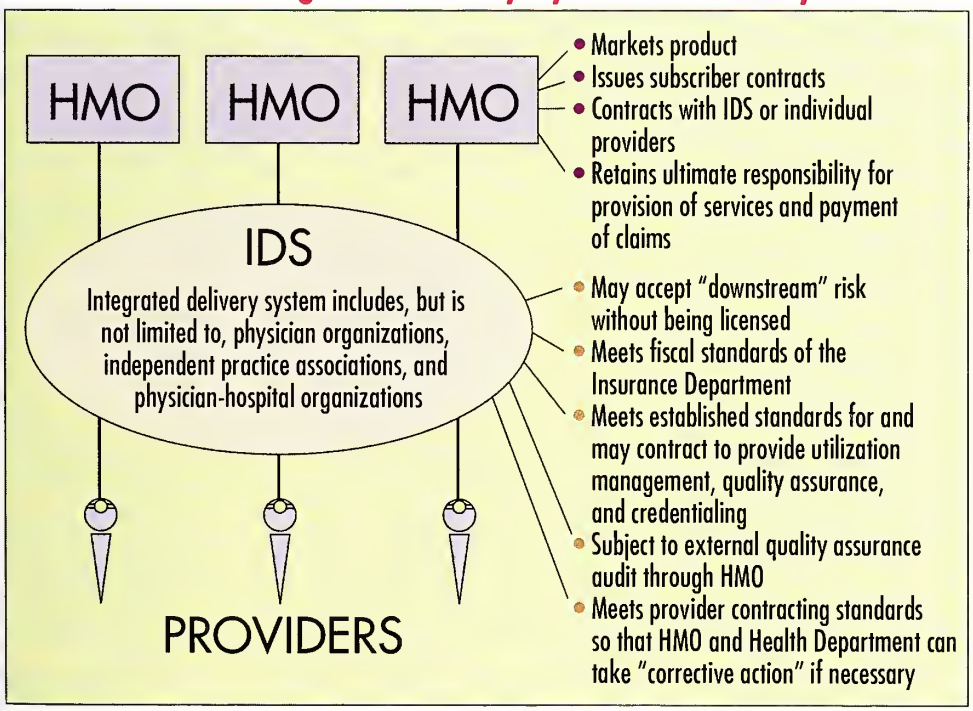
Former Limited Risk Policy



New Integrated Delivery System (IDS) Policy



• Only providers who meet the HMO's credentialing standards may provide services to HMO members, and while POs may credential physicians, the HMO must retain ultimate authority over credentialing.

• The contract may not include language that can limit the HMO's responsibility to meet Department of Health standards or to take prompt corrective action to address quality of care problems or to resolve member grievances.

• Contracts between the PO and its participating physicians must include similar contract language.

Department of Insurance policy provisions

• Contracts between HMOs and POs must be filed within 45 days of the effective date and must be accompanied by information outlining the functions delegated to the PO, the relationship between the PO and its providers, the reimbursement methodology, and any subcontractors to the PO.

• Consideration will be given to how the transference of risk will impact the financial condition of the HMO, as well as how transactions related to the risk transfer will be disclosed to the Department of Insurance. Ultimate responsibility for all liabilities associated with subscriber agreements will reside with the HMO regardless of risk-sharing contracts.

• POs will be required to carry liability insurance, secure a surety bond to cover the PO's performance, and maintain adequate stop-loss insurance.

• Contracts must also include provisions for a financial monitoring plan for the PO, as well as a mechanism for advising the HMO of matters that would impact the ability of the PO to perform under the contract, such as legal action that impacts the PO's financial condition.

• HMOs will be permitted to transfer 50 percent of their aggregate premium to a single PO. The Department of Insurance may require additional information about a contract transferring more than 50 percent to one PO, or multiple contracts transferring 75 percent of an HMO's annual aggregate premium to one or more POs.

• The Department of Insurance will also review contracts that transfer claims processing functions to the POs or where there is overlap between the officers and directors of the PO and the HMO.

Contact the author at (800) 228-7823 or (717) 558-7750, extension 1495, to receive the complete statements of policy.

"The recent policy statements issued by the Department of Health and the Department of Insurance will allow the physician organizations (POs) that PMSCO is working with to assume financial risk. More important, however, is the fact that it is physicians who are best equipped to manage utilization, and now this policy allows physicians to be responsible for the management of these medical resources at the local level where health care is delivered.

Physicians have been given a huge opportunity to change the way health care is delivered in this state. By allowing physicians to take financial risk, the Department of Health and the Department of Insurance have enhanced the physicians' ability to provide quality health care in a managed care market. By forming POs, physicians are able to:

- offer patients access to HMO products without forcing them to change physicians,
- form a vehicle that aligns the incentives of primary and specialty physicians to succeed in managed care,
- form an organization that allows utilization review and quality assurance to take place on a local level."

—Michael Lance, Chief Executive Officer
PennMed Member Services Company (PMSCO)

New Policy Benefits for POs

- Faster market entry and expansion of HMOs.
- Increased competition between HMOs in the marketplace will motivate HMOs to contract with POs in order to quickly build a provider network.
- Competing HMOs seeking risk-sharing contracts with POs will create opportunities for POs to negotiate appropriate arrangements in which physicians will have the opportunity to benefit from the cost savings produced by their increased efficiency.
- HMOs hoping to become more competitive will delegate credentialing, utilization management, and quality assessment to POs (the actual providers of health care). This will be done with the intent to reduce costs to employers and other health care purchasers.
- POs will be in a position to develop sophisticated capabilities to manage health care expenditures, as well as enhance the overall health of their patients.
- Physicians will be empowered to manage care at the local level—deciding what care is appropriate, which professional should provide the care, and what outcomes are acceptable.

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References:

1. U.S. Patent #4,931,305. (Ingredients also include L-lysine hydrochloride and Silicon dioxide.) **2.** Kawasaki, K, Itoh, K. The report on Pansalt*: medical and nutritional studies on the mineral salt "Pansalt." Presented at CGC (3/23/96). **3.** Mervaala, EMA et al. Replacement of regular salt by a novel alternative improves the cardiovascular effects of the ACE inhibitor enalapril. *Hypertens Res.* 1994;17:59-69. **4.** Mervaala, EMA et al. Replacement of salt by a novel potassium- and magnesium-enriched salt alternative improves the cardiovascular effects of ramipril. *Br J Pharmacol.* 1994;111:1189-1197. **5.** Mervaala, EMA et al. Cardiovascular effects of felodipine are not antagonized by dietary salt. *Eur J Pharmacol.* 1994;255:73-79. **6.** Mervaala, EMA et al. Improvement of cardiovascular effects of metoprolol by replacement of common salt with a potassium- and magnesium-enriched salt alternative. *Br J Pharmacol.* 1994;112:640-648. **7.** Data on file, Applied Microbiology, Inc.

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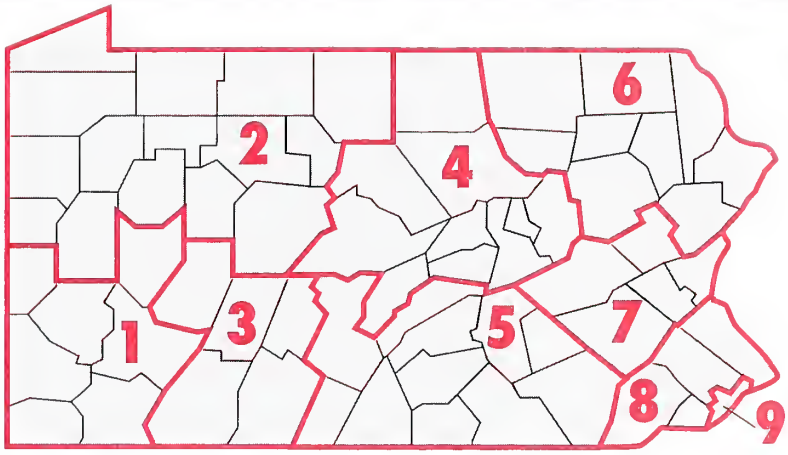
Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

▶ Allegheny General Hospital, citing cost pressures associated with managed care, laid off 51 employees in March. This is the third layoff at the hospital since 1993. *[Pittsburgh Post-Gazette]*

▶ HealthAmerica and the Southwest Integrated Delivery Network—with member hospitals Allegheny General, Allegheny Valley, Forbes Health System, Sewickley Valley, and St. Clair—have formed an alliance where both will share the profits and risk. The deal involves HealthAmerica's new HMO product, Advantra. The alliance is expected to affect 8,000 of 268,000 HealthAmerica enrollees in Southwestern Pennsylvania. *[Tribune Review, Greensburg]*

▶ The Susquehanna Health System—an alliance of Lycoming County's Williamsport, Divine Providence, and Muncy Valley hospitals—has produced savings of $10.5 million in its first year of operation. According to state Attorney General Tom Corbett, $9.02 million of that was passed on to consumers. By federal court order, the alliance must achieve $40 million in net cost savings by 1999 and pass $31.5 million of that on to consumers. *[Patriot-News, Harrisburg]*

▶ U.S. Healthcare plans to double the size of its Harrisburg offices and add another 28 people to its staff by the end of the year, bringing the number of employees based in Harrisburg to 70. The expansion is reportly part of the company's effort to blanket Pennsylvania with one statewide HMO. *[Central Penn Business Journal]*

▶ U.S. Healthcare, Blue Bell, and Connecticut-based Aetna—two of the nation's leading health care companies—on April 1 announced that they have agreed to merge in a transaction valued at $8.9 billion. Together, the two companies provide health care services to 23 million people. The combined company will offer several products, including behavioral health, vision care, dental, pharmacy, and group life and disability insurance. *[U.S. Healthcare/Aetna press release]*

▶ HIP Health Plan of Pennsylvania—a not-for-profit managed care company affiliated with HIP plans in New Jersey, New York, and Florida—will offer commercial managed care products to employers in Philadelphia, Bucks, Delaware, and Montgomery counties. The company expects to sign up 12,000 members by year's end. *[Philadelphia Business Journal]*

▶ Presbyterian Medical Center of the University of Pennsylvania Health System, Philadelphia, is suing the Pennsylvania Health Institute (PHI), alleging the institute's cardiologists breached a joint venture partnership with the medical center by defecting to rival Allegheny Health, Education and Research Foundation's Hahnemann University Hospital. The suit also alleges that PHI officials breached their fiduciary duty by joining Allegheny and taking the institute's endowment with them. Attorneys representing the institute deny the allegations, saying PHI and its corporate entities were never engaged in a joint venture relationship or partnership with Presbyterian. *[Philadelphia Business Journal]*

▶ Healthcare Management Alternatives, Inc., which operates HealthPass for about 70,000 people in South and West Philadelphia, has laid off 15 employees in response to "changing market conditions, increased competition, and a reduction in state reimbursement rates." The layoff has some speculating that the HMO may merge. *[Philadelphia Business Journal]*

▶ Jefferson Health System and Methodist Hospital, both in Philadelphia, are again considering an affiliation. Discussions have been on-again, off-again for almost four years. *[Philadelphia Business Journal]*

Managed care moves, state by state

▶ Michigan Provider Network, a group of 2,200 physicians from nine physician organizations, teamed up with California-based Care-America Health Plans to launch a physician-led health plan in the Detroit area. The deal is the first put together by the AMA's Physician Capital Source Project. *[American Medical News]*

Surfing the Web and Parkinson's Law

Fred D. Baldwin, PhD

The World Wide Web accounts for much of the popular interest in the Internet and offers a rich and variegated source of medical information. It's where you'll find online attractions ranging from "The Visible Human" to collections of lawyer jokes, as well as guides to clinical materials. Here's a basic introduction to the Web, its features, and its vocabulary.

So far, e-mail is the only computer application involving the Internet that's already on the way to joining fax machines and word processing in the "How-did-we-ever-get-along-without-them?" category. But the Internet's fastest growing and most fascinating feature is the World Wide Web (sometimes "WWW," but usually just "the Web"). Because it offers something for everyone, the Web is to e-mail what Disneyland is to the Post Office. But how useful is the Web likely to be to a practicing physician? As usual, the answer is, "That depends..."

The Web is for people whose information needs or interests don't always fit into readily defined slots. If that applies to you, you'll sooner or later want to "surf." The Web provides you with ways to find summaries of clinical research in progress, contacts with medical specialists from Japan to Israel, and the text of health care legislation pending before the U.S. Congress—not to mention the National Library of Medicine's "Visible Human" project and a collection of lawyer jokes.

Think of the Web as a system for organizing and displaying information stored in computers at thousands of separate locations. The information itself can be anything reproducible in digital form: the text of a journal article, a vendor's advertisement, slides of tissue samples, or even a video (with sound narration) of a surgical procedure. Once someone has chosen to post it at a Web site, you can find it at one or more "pages" whose addresses begin with "http://..." (Web site addresses are often called URLs, for "Universal Resource Locators," and the introductory page of anyone providing a Web site is called a "home page.")

Most of what you need to know to use the Web can be summarized quickly under four headings: basic Internet access, your software interface, information search tools, and how to save information once you've found it.

Access

The major commercial online services—CompuServe, America Online, Prodigy, or the newer Microsoft Network—provide Internet access. To use these services just for e-mail will cost you only about $10 per month, but, at least until recently, they've been an expensive way to go for full Internet access. (You're likely to exceed limits like "five free hours per month" faster than you expect.) Still, if you expect your Web use to be minimal, one of these services should meet your needs, and their pricing tends to change rapidly—in your favor.

You can get unlimited Internet access from a direct service provider for about $20 per month. Local and regional providers regularly advertise in newspapers and magazines. AT&T recently announced plans to become an unlimited service provider, and other large vendors are likely to follow. Besides cost, the main factor to consider is making sure a provider offers a local access number so that you won't have to pay long-distance charges.

Software

To manage your connections to the Web, you'll need software called a browser. This determines what you see on your computer screen and provides icons for choosing online options. The software that currently dominates the market is called Netscape, available either by purchase or free downloading. (If you don't know how to download, get a friend to help.) Most access providers offer free software as part of an introductory package.

Netscape (and most other browsing software) is easy to use. The Web is based on an information technology called "hypertext," which permits links between multiple Web sites. That is, Web page providers highlight other sources of information, making it possible for you to pop to another address with the click of a mouse. As a result, you can start a search using almost any halfway relevant keyword and expect to end up, sooner or later, where you want to go.

For example, if you were looking for information on Parkinson's disease, you could begin with "brain," "National Li-

Dr. Baldwin, who lives in Carlisle, is co-author of **Infomedicine: A Consumer's Guide to the Latest Medical Research,** *recently published by Little, Brown and Company.*

brary of Medicine," or even (as you'll see below) "bureaucracy." One writer comments that a model of the Internet would bear less resemblance to a highway than to "a giant Brillo pad."

Search tools

After the novelty wears off, however, you won't want to find something "sooner or later"—you'll want to find it quickly. That's where "search engines" fit into the picture. These are electronic indexes to which you connect online to help you find what you're looking for. They're paid for by advertisers, so their use is free. There's even a search engine to help you find other search engines: It's *Search.com@http://www.search.com.*

Search engines are of two kinds. Some, like Yahoo at *http://www.yahoo.com/* and What's New at *http://newtoo.manifest.com/*, are announcement based; this means that the authors of listed pages fill out forms describing what they have to offer. Think of them as tables of contents. A search with Yahoo or What's New may yield few hits, but very few of these hits will be false positives.

Other engines, like Alta Vista at *http://www.altavista.digital.com/* or Lycos at *http://lycos.cs.cmu.edu/*, are robot based; they use their own specialized computer programs to search Web addresses and index by the first 50 or so words that they find. They'll show you almost any site using your search words, but these will include many that aren't really relevant.

For example, a trial Yahoo search under "Parkinson's" yielded only 13 addresses. They were organized under headings like "Diseases and Conditions" and "Organizations," and only one was unrelated to the disease. By contrast, a search on Alta Vista found "Parkinson's" mentioned at approximately 5,000 home pages. Happily, the order of the given list reflected the frequency of the word's appearance, and the list contained many journal citations. But it also contained duplications and many irrelevant entries.

Saving what you find

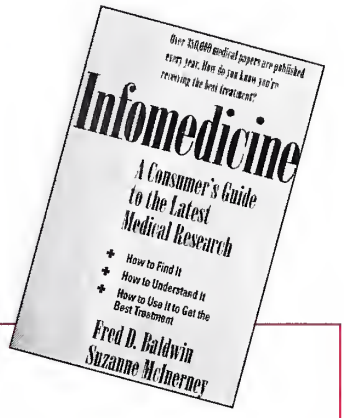
One non-medical entry on the Alta Vista list was a computer-age version of a "law" formulated by a renowned satirist of bureaucracies, C. Northcote Parkinson: "Data expands to fill the space available for storage." That observation brings us to a problem with Web searches.

The tools for saving data aren't yet as convenient as they might be. One option is not to save at all, but to use your search software to store favorite Web addresses for quick return visits online (a step known as "bookmarking" or "hotlisting"). For example, I've bookmarked Medical Matrix—*http://www.kumc.edu/mmatrix/*—a guide to medical resources on the Internet, a site maintained by Lee Hancock (see "Medical Uses of the Internet," September 1995). A check in its "Diseases" subsection for "Parkinson's" yielded only one hit, but this was the address of an Internet discussion list, exactly where you'd post a message if you needed to locate world-class experts on that disease.

Even so, you'll want to print out some files or save them on your own hard drive. Downloading graphics takes time and eats up disk space; existing software often doesn't make it convenient to store or print text in your favorite word-processing format. You can find ways to cope with these problems now, and they'll presumably go away as more Web browser software vendors compete for your business.

About the only other thing to keep in mind is that everything won't always go right. Now and then, a Web search feels less like surfing than like a New York City cab ride during rush hour with a driver who knows neither the address you want nor the English language. That's partly because some popular sites can get more traffic than their computers can handle, especially during peak usage hours.

Increasingly, however, competition among vendors is making things go right. And when they do, the surfing metaphor fits: You catch a perfect wave of electrons to almost anywhere and enjoy the scenery along the way. ○



New Book Helps Patients Keep Informed

Advances in medical technology occur so fast that even the most informed specialists can barely keep up with the literature in their fields. A new guide, *Infomedicine: A Consumer's Guide to the Latest Medical Research,* provides powerful information-gathering tools intended to enable patients—and even their physicians—to stay abreast of the work of the world's finest medical researchers, learn about clinical trials for new drugs, and exchange information with other similar patients.

The book is co-authored by Fred Baldwin, PhD, and Suzanne McInerney. Ms McInerney is editor of the Pennsylvania Historical Museum Commission, and you'll recognize Dr. Baldwin as PENNSYLVANIA MEDICINE's link to the medical superhighway. Over the past two years, he has contributed articles overviewing computer-based records systems, online medical services, and other Internet-based medical resources.

In reviewing the book, William L. Kissick, MD, DrPH, author of *Medicine's Dilemma* and a keynote speaker at the Society's 1995 Leadership Conference, said: "Health care is an information industry. We collect, store, retrieve, analyze, and apply information. The patient is no longer a passive recipient, but an active constituent. *Infomedicine* is the guidebook."

Published by Little, Brown and Company, *Infomedicine* was available as of March in hardcover for $27.95 and paperback for $13.95.

Physician Burnout

Robert M. Michaels, MD

As managed care has disseminated throughout our health system, physicians have increasingly assumed the status of employees. The pressures associated with this cultural change, and the changes in medical practice style and pattern required by managed care employers, could result in a significant increase in the number of physicians experiencing burnout. This in turn could lead to a decrease in the quality and efficiency of the health care delivered by such organizations. In view of this, physician employers should become more aware of the problem and take appropriate preventive measures.

Burnout may affect the personal lives and the professional performance of physicians. Increased rates of suicide as well as drug and alcohol abuse are well documented in the medical profession. Although divorce may be no more common than in the general population, marriages, sexual relationships, and family life are often unsatisfactory for physicians.[1,2]

Impaired relationships, counterproductive behavior in the workplace, depression, low morale, absenteeism, and impaired decision making—all of which can affect the quality and quantity of work produced by the physician—have been cited as consequences of the burnout syndrome.[3] Most importantly, however, many authorities feel that burnout in health professionals adversely affects the physician-patient relationship, patient satisfaction, and perhaps, ultimately, health outcomes.[4-7]

More than a decade ago, it was estimated that 30 to 40 percent of physicians suffered from burnout,[8] and there is reason to believe that this number may be rapidly increasing. In the last few years, the disability insurance industry has noted a marked increase in the number of claims by physicians for mental and nervous conditions, as well as drug and alcohol abuse.[9] This has resulted in significant financial losses for some companies underwriting this type of insurance. These companies are now changing the terms of their physician disability policies and increasing their premiums—another business cost for the physician's employer.

Many factors contribute to the development of burnout:

1) Individual personality and psychological elements—Studies of the personality traits of physicians show that physicians, as a group, tend to be perfectionists, rigid in their thinking, compulsive, and skeptical. They are inclined to deny their own personal problems and weaknesses; they self-sacrifice; and they have a need for interpersonal dominance and control.[10-12] Many of these traits are identified as being characteristics of good doctors—workaholism, conscientiousness, idealism, and accepting failure poorly. Medical schools bias the selection process toward such candidates by targeting the "A" student—the higher achiever.[13]

Ironically, some believe it is these traits that play a major role in producing the stress that leads to the emotional exhaustion which leads to burnout. Because of these traits, physicians adapt poorly to environmental and job stresses.[14] Compulsiveness may drive physicians to overwork as a mechanism to cope with feelings of guilt of not doing enough. They tend to overreact emotionally to failure, and today especially, they are being forced to adopt a businessman's mentality which conflicts with their idealistic concept of providing the best possible professional care for their patients.

In recent years, the medical profession has also fallen from its lofty pedestal. Patients no longer regard physicians as omniscient, omnipotent, paternalistic caregivers. This clashes with the trait of needing interpersonal dominance and control and also leads to professional distress. It can be argued that physicians themselves play a central role in causing burnout.[15]

2) Stresses intrinsic to the practice of medicine—Such stresses are: working with

Dr. Michaels is chief of rheumatology and director of clinical research, Guthrie Clinic Ltd., Sayre.

intensely emotional aspects of life, e.g., suffering, fear, sexuality, and death; inadequate training for some professional tasks, e.g., dealing with problem patients; and being unable to deal with the often unreasonable demands of patients and society.[16] Although not well studied, some areas of medicine may have higher rates of exposure to these intrinsic stresses and predispose some groups of physicians—e.g., infectious disease specialists, emergency room physicians, oncologists, and others caring for chronically and terminally ill patients—to higher rates of burnout.[17-20]

3) Extrinsic principles related to the work environment—These principles have been examined primarily in physicians practicing in organized settings such as group practices, health maintenance organizations (HMOs), and hospitals. They will undoubtedly become more important as our health care delivery system increasingly evolves into the managed care arena and physicians assume "employee status" in growing numbers.

Research has identified seven major organizational characteristics which seem to have a strong correlation with physician job satisfaction:[21]

- Satisfaction with self-directed autonomy, e.g., setting the pace of work, having input into the decisions that affect practice, and ability to initiate changes in the way work is done.
- Satisfaction with "other-directed" autonomy, e.g., having input into requirements to change practice patterns to meet organizational rules, feeling comfortable with reporting his or her activities to someone else and receiving directions from administrators, and dealing well with having professional judgment questioned by nonphysicians working in the organization.
- Satisfaction with professional relationships, e.g., participating in quality review and teaching activities, and ability to discuss difficult cases with other physicians.
- Satisfaction with status, e.g., having input into major organizational decisions, feeling appreciated by non-clinical staff members, being viewed as a colleague by other members of the local medical community, and being appreciated by community residents.
- Satisfaction with patient relationships, e.g. the confidence and skills to deal with fear of malpractice, fear of physical reprisal from patients, manipulative patients, and severely disturbed or agitated patients.
- Satisfaction with resources, e.g., number and quantity of paramedical personal, and supplies, equipment, sufficient space, medical records, etc.
- Satisfaction with salary.

Studies have also shown that the most important factor determining overall physician job satisfaction is autonomy, both self-directed and other.[22,23] Excessive clinical workload, which may be viewed as the inability of the physician to control his or her pace of work, has been shown to correlate inversely with physician satisfaction. Shift work for emergency physicians, again reflecting the physician's loss of control of scheduling, also correlates with burnout.[24-26]

Why bother trying to prevent or treat burnout? Besides the humanitarian aspect of restoring and/or preserving a physician's mental/physical health, as already pointed out, burnout can adversely affect the quality of medical care rendered by a physician and, for the more business minded, the bottom line—through decreased physician productivity, dissatisfied patients leaving the practice, increased numbers of malpractice suits, and increased physician turnover.

No formal studies have examined potential solutions to the problem of physician burnout. Instead, the following suggested →

What Is "Physician Burnout?"

Burnout can be defined as a syndrome characterized by emotional exhaustion, depersonalization, and feelings of low personal accomplishment. It occurs most often in those whose work requires a high degree of mental and personal involvement and a state of high arousal. To further explain:

Emotional exhaustion is caused by excessive psychological and emotional demands made on people helping people that leave individuals feeling drained and depleted.

Depersonalization, which refers to treating people like objects, may arise as a protective mechanism in human services professionals to minimize emotional involvement that could interfere with functioning in crisis situations. In moderation, "detached concern" toward patients by physicians may be appropriate and necessary, but when excessive, it may lead to callousness and cynicism with subsequent negative effects on the physician-patient relationship.

Feelings of diminished personal accomplishment are reflected in symptoms of stress, depression, and a sense of inefficiency and diminished competence. With such feelings, the individual believes that his or her actions no longer can or do make a difference.

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remedies are based on anecdotal experience and intuitive responses to the suggested causes:

• *Seminars and support groups beginning at the medical school level and continuing throughout professional life.* Topics should include: interpersonal and communicative skills to optimize patient/physician relationships, self recognition of the personality traits that predispose to burnout and how to deal with them, and discussion of the stresses peculiar to the practice of medicine.

• *Variation in job tasks.* Although patient care is the ultimate reason for the existence of many health care professionals, it is emotionally demanding and the prime contributor to the emotional exhaustion component of burnout. The more time spent in direct patient care, the greater the risk of burnout.[27] Varying job duties—teaching, research, administration—may therefore reduce the risk of emotional exhaustion.

• *Allowing physicians a reasonable degree of autonomy* and discretion to control their own workloads, schedules, and working methods.

• *Increasing physicians' opportunities to participate in making management decisions,* especially when setting productivity goals, quality standards, and practice guidelines.

• *Minimizing the bottom-line, businessman's mentality in the organization.* The

PHP: A Resource for the Stress Associated with Medical Practice

As competitive pressures in heolth core escolote, physicions ore expected to deliver more core, in less time, using fewer resources. This describes loss of control of one's work environment, o classic precursor of stress.

In response to the needs of the medicol community, the Physicions' Heolth Progroms (PHP) of the Society's Educotionol ond Scientific Trust, in colloborotion with the Risk Monogement ond Cloims deportments of the Pennsylvonio Medicol Society Liobility Insuronce Compony (PMSLIC), ore developing o collection of resources for stressed physicions. Some of these products are currently available; others will be avoiloble in the next few months.

• ***Stress Management Monograph and Resource Sheet***

"Coping Strotegies for Physicions" is o monogroph by Penelope P. Ziegler, MD, along with o compendium of stress monogement resources. The monogroph is also available on oudio cossette.

• ***Stress Management Tutorial***

This paper progrommed leorning module begins with o foct-finding instrument ond then branches off into theropeutic interventions. The tutoriol will olso be ovoiloble on CD-ROM this fall. Cost avoiloble upon request.

• ***Stress Management Clinic***

PHP offers o quorter-doy stress monogement clinic for group proctices. A PHP consultont comes on site to provide o honds-on stress monogement experience for staff and physicions. The clinic is preceded by o written needs ossessment completed by physicians ond stoff two weeks before the clinic. Cost available upon request.

• ***Litigation Stress Pamphlet***

This PHP/PMSLIC pamphlet, entitled "Coping with Litigotion Stress," is ovoiloble upon request ot no charge. The pamphlet is also available on oudio cossette.

• ***Litigation Stress Video***

The PHP/PMSLIC teom is producing o video on coping with litigotion stress. The tape feotures physicians who have experienced suit and successfully coped with thot experience in diverse woys. Penelope P. Ziegler, MD, facilitates the discussion ond highlights the toke-home principles of litigation stress monogement.

• ***Prophylactic Litigation Stress Clinics***

PHP offers o one-hour litigotion stress clinic for group proctices or integroted systems which determine, os part of their ongoing CME program, to provide their physicions with informotion on how to deal with the psychological trauma thot follows the filing of o suit. Cost ovoiloble upon request.

• ***PHP Litigation Stress Counselor Consultation***

For most physicions, the filing of a molproctice cose ogoinst them is o highly stressful event. PHP provides support to these physicions through immediate telephone consultation ond referrol to a physician support network. The physician self-help network is composed of colleogues who hove experienced litigotion ond shore their coping mechonisms with their colleogues.

For more information on these resources, call PHP at (800) 228-7823 or, where appropriate, PMSLIC at (800) 445-1212.

for-profit environment creates an atmosphere that many physicians find uncomfortable. Cost-effectiveness should be emphasized, but always in the context of providing optimal care. Outcomes measurements should become part of the organizational culture.

• *Recognizing the adverse effect that shift work has on contributing to burnout,* and trying to minimize this. Some physicians prefer evening or night shifts. Make this their regular schedule, and avoid rotation for the day shifts.

• *Providing and encouraging regular time off.* It may prove to be more cost effective in the long run.

At the individual level, physicians should be educated to adopt an "anti-burnout lifestyle." This should include:

• Regular, personal evaluation of professional and economic objectives. Realistic goals should be set, keeping in mind the changing economic, political, and social environment.

• Adequate personal and vacation time.

• Confiding and communicating regularly with someone respected (family member, peer) regarding job stresses and frustrations.

• Cultivating outside interests.

• Exercising regularly.

• Making humor part of your daily life.

Physicians already suffering from burnout first need to recognize the problem. If they do not identify it themselves, a family member, trusted colleague, or perhaps an appropriate administrative officer of their organization may need to point out the symptoms that he or she is exhibiting that have been recognized by others. Support from colleagues who may have experienced and solved the burnout problem themselves is often very helpful.

Individual professional counseling may be needed in some cases. A prolonged time away from work—vacation, sabbatical—may be helpful. During this time the physician should reevaluate his or her life's objectives. A change in work schedule or even practice type may be needed in some cases.

Physician burnout is an occupational hazard that can lead to tragic personal consequences for the physician, poor quality care for their patients, and negative economic consequences for physicians' employers. The frequency of burnout is high and appears to be increasing.

Physicians' employers should be made aware of this so that appropriate preventive and treatment measures can be incorporated into their organization. In addition, education about the problem should begin in medical school and continue throughout professional life. Physicians themselves can take appropriate preventive measures also. Further research investigating potential risk factors and causes for burnout, as well as formal studies looking at the effectiveness of prevention and treatment measures, also seem appropriate.

References available upon request.

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Tuberculosis Control Through Contact Investigation

Frederick L. Ruben, MD
David C. Lynch

With the resurgence of tuberculosis (TB) in the United States since 1984, much has been said of insuring proper treatment with modern therapy regimens and of patient compliance with medications. Yet, little has been said of the role of contact investigations associated with each case. TB control programs are uniquely prepared to perform these contact investigations. This article describes the contact investigations performed by a county TB program in one year to illustrate the effort involved.

This is the fourth in a series of articles offered by the Advisory Committee to the Pennsylvania Department of Health on Chronic Respiratory Diseases.

Using the records of the Allegheny County Health Department Tuberculosis (TB) Program for 1995, the program's Contact Investigation Team tracked actual and suspected cases reported in our resident populations. These methods were recommended by the American Thoracic Society and the Centers for Disease Control for investigation of contacts.[1,2]

The table on the next page shows the overall confirmed incidence of TB in Allegheny County for 1995 and the percentage of cases of pulmonary TB. Twenty-three percent of the pulmonary TB cases were cavitary TB, and 71 percent had positive cultures. The table also shows the number of contacts to cases or suspects tested for the year.

In one year the Contact Investigation Team visited all 48 reported potentially contagious cases of pulmonary TB and monitored 23 additional suspected cases while the cases/suspects were still in the hospital or, if not hospitalized, in the home. These visits were made both as quickly as they could be arranged and always within seven to 10 days.

The arrangement consisted of gaining cooperation from the hospital or, if the patient was at home, from the patient. Visits lasted up to one hour with the patient, and consisted of gaining acceptance and gathering information from the patient after explaining the rationale of the visit and answering the patient's questions.

Once the list of contacts which the patient could provide had been collected, other contacts were sought, if appropriate, from the workplace, from social contacts, and from any other setting where airborne contamination might have occurred.[3] If the setting was a workplace, then the appropriate official at that site had to be contacted for permission, and arrangements had to be made for creating a list of persons exposed. If the setting was a nursing home, the appropriate administrator was contacted to determine if the nursing home or care facility had a program for TB testing already in place. If the setting was a day care facility, then the parents of the children both had to be notified of the potential exposure and given information on what testing was offered.

Over the course of the year, a total of 1,813 contacts were seen and tested. From each contact, information was gathered, and testing with five tuberculin units of PPD was performed; the test was read 48 to 72 hours later. Those who were found to be positive—using criteria of the Centers for Disease Control and Prevention (CDC)[4]—were given a chest x-ray to rule out active disease. Contacts who were skin test negative were offered retesting three months later to detect conversions to positive.

Of those contacts tested, 299 (16 percent) were infected but were without disease as proven by negative chest x-rays. The other 1,514 contacts remained PPD negative throughout. No active cases were detected; however, in previous years one or more active cases had usually been detected through contact investigation.

INH (isoniazid) prophylaxis was offered to close contacts as recommended by the CDC[5] and to all known PPD converters. Supervising and monitoring the safety of prophylaxis was usually the role of the TB Program, although in some instances the private physician assumed this role.

A typical case of pulmonary TB would have two to eight close contacts, most of whom were in the household. As in previ-

Dr. Ruben and Mr. Lynch are affiliated with the Tuberculosis Program, Allegheny County Health Department, Pittsburgh. Dr. Ruben is also affiliated with the University of Pittsburgh Medical Center.

ous years, there are always notable exceptions to the typical case. In one instance in 1995, a physician was diagnosed with sputum-positive TB. This physician had been symptomatic for several months before being diagnosed with TB. The patients under the physician's care included many who were HIV positive. Over 800 patients were contacted, with many tested and retested, given chest x-rays, and when appropriate, given INH prophylaxis.

In another instance in the same year, a patient developed pulmonary TB while working as a custodian for a large business. The patient's child was in day care. The testing of those exposed at the business was a very sensitive issue, as was the testing at the day care center. At the business, on-site group question-and-answer sessions were requested and performed to alleviate anxiety.

In the one year, eight cases came from different nursing homes. Despite CDC guidelines for TB testing in nursing homes,[6] the TB Program had to provide education, guidance, and in some instances had to perform the testing of patients because of the unpreparedness of the nursing homes.

It is not possible to accurately report the person hours of work performed by the TB Program in the investigation of contacts. This is in part because of the large number of hours spent on the telephone making arrangements, and because each contact is a unique person whose needs for explanation and time vary from the needs of others. While the TB Program strives to be efficient and is indeed very timely in performing the investigations, the personal needs of a patient, a contact, an employer, or a relative are always considered paramount.

Contact investigation is very likely to be the least appreciated of the activities of any TB program or clinic. It requires a highly educated TB staff who have the experience to deal with the different situations that occur as a result of a case of pulmonary TB coming to detection. Delay in performing the investigation, in identifying infected persons at risk, and in initiating preventive INH can lead to more disease and the further spread of infection.[7]

In the year described, thousands of hours of staff time were required to perform the contact work. It is unrealistic to conceive that such work could be performed by any other group than a dedicated and knowledgeable TB staff, without losing quality of the performance and without incurring much greater cost and illness. Undetected and untreated TB can result in serious illness and death.

As long as TB continues to occur in our population, contact investigation will be necessary to prevent the natural spread of this airborne contagious disease.

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Tuberculosis Incidence and Contact Testing Allegheny County, 1995

Tuberculosis	Number of Cases Confirmed	Percentage of Total
Pulmonary	48	79
Extra-Pulmonary	13	21
Total	**61**	**100**

Contacts Tested*	Number of Persons	Percentage of Total
Infected (Positive PPD)	29	16
Not Infected (Negative PPD)	1,514	84
Total	**1,813**	**100**

** Includes contacts of suspected cases which subsequently proved not to have tuberculosis confirmed.*

TB: Will the Past Be Prolonged?

Joseph N. Aceto, MD

Editor's note: This article, originally published in the Delaware County Medical Society Bulletin *in 1993, has been updated to include new information about the treatment of and policies regarding tuberculosis.*

The main part of Philadelphia General Hospital consisted of a brick and glassed-in passage, three to four city blocks long, from which, at symmetrical intervals, most of the departments projected perpendicularly from each side. The first branching, however, turned only to the right, where almost a city block farther, it ended in the austere, and to some, the ominous, Tuberculosis Division. It housed approximately 300 patients who knew that they would not leave for months or even years. They also knew that some would be released only by death.

Acclimation to the unique milieu of the TB hospital was difficult for many interns to accomplish in the one or two months of their rotation. They were also aware of the constant exposure to infection. Thus, when I was assigned to the TB Service in the fall of 1947, I felt some trepidation about it. I certainly did not anticipate that, in the first 11 years of my career, I would be an active participant in the events that would drive a scourge almost to extinction in the developed countries of the world.

The early days

Beginning in the seventeenth century, the Industrial Revolution caused many people to leave farms and villages, and crowd into towns and cities where physicians were facing an increasing incidence of an illness that slowly, but unrelentingly, seemed to "consume" its victims. Periodically, epidemic outbreaks of consumption occurred which became known as the "White Plague." The disease reached its peak incidence by the mid-nineteenth century, when it was the leading cause of death. By that time too, because of the characteristic gross and microscopic appearance of the diseased tissue, it was called tuberculosis.

Susan Sontag[1] has written about how, in the nineteenth and early twentieth centuries, a great deal of fiction, drama, and opera romanticized the disease. Many victims were from the world of the arts: Paganini, Chopin, Thoreau, Keats, Elizabeth Browning, Eugene O'Neill, O'Henry, and Robert Louis Stevenson, to name but a few, thus, confirming for some the impression that the disease somehow enhanced creativity. In *Nicholas Nickleby,* Dickens describes TB as the disease that "refines death." The death of Mimi in "La Boheme" and of Camille in "La Traviata" portrayed the disease as being a gentle and noble way to die.

To the populace at large, however, reality was quite different. It was universal in striking down members of all classes, although particularly rampant among the urban poor. Its victims were emaciated, weak, and dyspneic. They suffered from pleural pain, racking and harassing cough, and later, hemoptysis which could become massive. In Saul Bellow's novel, *Humboldt's Gift,* the protagonist contracted the disease as a boy and was placed in a municipal TB hospital. He tersely describes how many of his fellow patients died, "choked" in their own blood.

There was the widespread conception that contracting the disease was due to bad air, poor nutrition, and debauchery, exacerbating an innate vulnerability of the victim. The real cause remained unknown until 1882 when Dr. Robert Koch reported his success in isolating the bacillus *Mycobacterium tuberculosis* and demonstrated the circle of causation.

Evolving therapies

All the popular remedies of each period in history had proven ineffective, and even after the cause and pathology of the disease became known, bed rest was the keystone of its therapy. By the late nineteenth century, it was felt that treatment should be in isolated environments, preferably where there was abundant, usually cold, fresh air. The era of the private sanitarium had begun. In the 1890s, acutely aware that many patients could not afford private care, Dr. Hermann M. Biggs, the director of the fledgling Public Health Department of New York City, became a prime mover in the establishment of a system of treatment facilities by the state of

Dr. Aceto, a retired radiologist, lives in Drexel Hill.

New York. In the decade that followed, the public sanitarium movement had spread throughout the nation.

Much has been written about the unique milieu of life in sanitaria.[2-4] Thomas Mann described it as "a substitute existence," governed by strictly applied routines that sometimes appeared to be ritualistic rather than based on medical principles. Most commonly, initial therapy was absolute bed rest for at least three months. Graduation to additional exertion was staged over many months, depending on the degree of improvement in the patient's condition. It was understandable that most patients became morbidly preoccupied by the clinical manifestations of their progress or decline. The indefinite period of time of separation from their families weighed heavily on them and on those they left behind. For many patients, the doctors and nurses became substitute families.

To combat this leading cause of death as best they could, a coalition of the public and medical professionals was gradually developed, and a national society—popularly referred to as the "Christmas Seal Society"—was formed in 1904. It enjoyed nearly unanimous support from the citizenry; it was the rare Christmas card envelope that did not bear at least one seal. With such financial support, the society's mobile vans, in which miniaturized chest films could be taken, were dispatched to where people lived, worked, and shopped, thus creating a highly effective modality for mass case finding. The funds also supported treatment centers, research, and public health education.

In 1912, the International Congress of Tuberculosis officially endorsed collapse therapy as the best supplement to bed rest. It was believed that the lessened movement of the lung would enhance healing. With the development of specific criteria, the reversible methods of collapse therapy, pneumothorax, and pneumoperitoneum were the most commonly used, entailing weekly refills of these spaces, often for years.

Accessory procedures were developed: When they were accessible, string-like adhesions impairing adequate pneumothorax were severed using a rigid thoracoscope. To increase pneumoperitoneal compression, maximum elevation of the diaphragm on the side of greatest involvement was achieved by paralyzing it with phrenic nerve crush or avulsion. In selected patients, thoracoplasty was performed. But removing ribs and producing permanent invagination of the chest wall caused irreversible compression of the lung and was disfiguring. After several decades, the procedure was used only sparingly.

A dramatic effect

All of this was having an effect, however. The numbers of new cases and deaths from the disease in the U.S. diminished year by year, although in 1944, it clearly remained a major threat with 126,000 reported new cases. Then occurred the profoundly significant turning point that millions had prayed for.

It had started undramatically enough when a New Jersey poultry farmer, noting that the birds in his barnyard were sick and dying, brought soil samples to the microbiology laboratory at Rutgers University. Since the discovery of Penicillin in 1929, many laboratories were searching for additional antibiotics by adding diverse substances that came their way to batteries of cultures of pathogens, including *Mycobacteria*. This was done with the farmer's soil sample, and it was thus that Dr. Selman Waksman and his colleagues found that fungal strain streptomyces had a marked antibiotic effect on *Mycobacteria*.[5]

In the winter of 1944-45, streptomycin was first tried on selected TB patients at the Mayo Clinic with markedly favorable results. As the supply of this antibiotic increased, other centers were able to conduct further clinical studies. In the fall of 1947, the TB Division of Philadelphia General Hospital was one of these.

It was recognized early that bacterial resistance to streptomycin occurred when it was used alone and in insufficient doses for insufficient periods of time. In 1948, it was reported that when para-aminosalicylic acid (PAS) was used concomitantly with streptomycin, resistance to the drug was delayed.

In 1951, the cover of an issue of *Life Magazine* featured a photograph of patients dancing in the aisles of a ward at the Seaview TB Sanitarium, Staten Island. They had been given a new drug, iproniazid, and in many, their exhilaration was matched by clearing on their chest x-rays and conversion of positive sputum to negative. In addition to being effective against tubercle bacilli, however, it produced not only euphoria, but, in many cases, manic psychotic reactions. After a short-time, it was withdrawn from the market.

In the April 1952 issue of the *American Review of Tuberculosis*, two reports described a drug closely related to iproniazid, but which did not have its side effects. It →

"In these ways, the success achieved in the past may prove to be prologue to subduing tuberculosis in the future."

was isonicotinic acid hydrazide, generically known as isoniazid or INH. It was bactericidal and was found to be able to penetrate necrotic abscesses and the walls of phagocytes which harbored live bacilli. By 1954, combined INH and PAS were the drugs of choice, with streptomycin kept in reserve. Lobectomy, which had been made safe by concomitant multiple drug therapy, was used for the reservoir of patients who remained with thick-walled cavities in which bacilli survived despite adequate antibiotic therapy.

Collapse therapy became a footnote of medical history. It was no longer necessary to treat TB patients in isolated institutions, so that by 1965, the era of the TB sanitarium was over. Many were converted to uses such as rehabilitation hospitals or other custodial facilities. Some simply turned off the lights, closed their doors, and became a dim memory.

A new era

In the U.S. between 1944 and 1984, the number of annually reported cases of TB dropped more than 85 percent, most by 1970. Ironically, because of this success in subduing the disease, the medical community and the public no longer considered the disease a threat. The structure of TB control that had painstakingly been developed was essentially dismantled. There came to be almost an entire generation of physicians who had seen only a few, if any, cases of the disease. There was not the high index of suspicion as there once was, so that diagnosis of TB was missed or was late.[6]

Since 1990 there has been an upward trend in the rate of infection. Some was caused by reactivation of long-dormant foci of bacilli in some of the aging population. More significantly, there have been profound changes in our society, among them:

- the spread of HIV infection, which causes a fulminant, open-cavity form of TB when it infects AIDS patients;
- the increase in IV drug users who are at an increased risk of HIV infection; and
- the increase in the homeless population.

In these latter two groups, and globally in underdeveloped countries, inadequate compliance or outright non-compliance is all too common, leading to the development of strains of bacilli that are resistant to the first-line drugs. These resistant organisms are being transmitted with increasing frequency.[7]

Even today, TB control remains "problematic" due, in large part, to patient noncompliance, says John H. McConville, MD, in an article offered by the Pennsylvania Department of Health, Advisory Committee on Chronic Respiratory Diseases [PENNSYLVANIA MEDICINE, March 1996]. The article reiterates a fact that was stated a year or so earlier at a meeting of the Ad Hoc Committee on TB of the Delaware County Medical Society—namely that, statewide, about half of the patients are initially seen and treated privately and not by the state, county, or municipal public health departments. They self-administer their medications.

Some of these patients are not reported; on the other hand, if reported and treated in cooperation with public health departments, tracing and evaluating contacts is accomplished, and the course of treatment is monitored. Also, although with wide geographic variation within the state, some patients treated in cooperation with or by public facilities are in directly observed therapy (DOT) programs where compliance is assured.

In 1992, one recommendation, of 10 contained in a Report of the Board of Trustees of the AMA, was that regional centers of excellence (even sanitaria) be established for the treatment of TB.[8] Parenthetically, it seems to me that this might be logically extended to the treatment of AIDS. Can this be accomplished today? Not without controversy, maneuvering, and heavy persuasion. Nonetheless, the upward trend of the spread of TB does not involve only the patients who have the disease and their physicians. We are collectively at risk!

To avoid a replay of the dire part of the history of this disease, and to promote more effective use of the markedly increased armamentarium available today, some of the methods of TB control used in the past should be revived, albeit modified to comply with today's societal conditions, stressing those that could be more practically implemented and less controversial. These would include encouraging physicians to enlist the aid of state and local health departments in contact evaluation and assurance of compliance. A more comprehensive mass-screening of specific target populations should be resumed, including health care, personal care, and custodial personnel.

In these ways, the success achieved in the past may prove to be prologue to subduing tuberculosis in the future. ○

A final note

There are now rumblings of disarray in the state Health Department. Some restructuring might be needed, but this author feels that organized medicine in this state, rather than political forces and pressure groups, should be vigorously proactive in planning and supporting a state Health Department that, hand in hand with practicing physicians, can act as a guardian of the public health in the twenty-first century.

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Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of are. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or uring a follow-up investigation may be shared with government officials and the public. Please exclude any information that may lentify a patient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate are or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care ecisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care ontexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions lso can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

☐ HMO ☐ PPO ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline*
- ☐ Payment policy
- ☐ Reimbursement incentive
- ☐ Other*
- ☐ Referral restriction

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

Mail or fax your forms to the Pennsylvania Medical Society, Department of Medical Economics, P.O. Box 8820, Harrisburg, PA 17105-8820; Fax (717) 558-7841; Questions: (800) 228-7823.

Fifth Scope Prompts Reorganization

Donald E. Harrop, MD

Each new three-year contract for peer review organizations (PROs) brings with it a variety of changes in their Scope of Work, which is what delineates the particular responsibilities of the organization under those contracts with the Health Care Financing Administration (HCFA). KePRO's Fifth PRO Scope of Work contained some review procedure changes from the prior contract, but there were also a few other types of changes which necessitated development of a new organizational structure.

For example, most of what we would consider changes in review were actually the elimination of a number of categories of cases which we previously reviewed. Our volume of individual case review had been gradually but drastically reduced under the Fourth PRO Scope of Work, but we were still reviewing a small percentage of a random sample. We are no longer selecting a random sample of cases and, instead, are looking at only a few types of cases such as hospital notices of noncoverage, beneficiary complaints, and referrals from HCFA and the fiscal intermediaries.

The most significant organizational change resulted from the elimination of the random sample. Because of this, and because HCFA has contracted with another organization to process all Medicare data under a program called the Standard Data Processing System (SDPS), we have eliminated most of our data processing capability. This had been the responsibility of our Information Services Department which has now been terminated. Several of the remaining positions have been assigned to other departments.

Reporting directly to Executive Director John DiNardi under the new structure are four positions: Chief Operating Officer Beth Hackman; Director of Continuous Quality Improvement Kristie Myers; Chief Financial Officer Marcia Rynearson; and Chief Operating Officer, Florida Operations, Pat Eley.

The Healthcare Improvement and Outreach Department, which is responsible for the new PRO direction, the Healthcare Quality Improvement Program (HCQIP), is under the direction of Eileen Queenan. Ms. Queenan is also responsible for all beneficiary outreach services, including the information hotline, and reports directly to the chief operating officer. Lewis T. Patterson, MD, FACS, continues to lead HCQIP projects as principal clinical coordinator.

The Review Services Department handles both Medicare review and private review under the direction of Melanie Waters. This position also reports to the chief operating officer.

Although most corporate reorganizations cause some temporary stress and anxiety for the employees, this one was especially disheartening. Because the reduction of review caused considerable changes in our staffing requirements, we were simultaneously forced to terminate nearly 30 full-time employees, some of whom were with us when KePRO started over 10 years ago. However, at the same time, the new contract required the creation of a few specialist positions, and KePRO recently hired a staff biostatistician.

Actually, staff were not the only ones affected by the new contract. HCFA has advised us that we will need to reduce our board of directors to 12 members from our present 16. This will be accomplished over the next few months.

We expect this to be the last major change in the PRO program for quite a while, so that remaining staff can quickly put this behind them and eliminate the worry about being next to lose their jobs. This will help to focus more of our concentration on the business at hand, which is the improvement of quality of care through the HCQIP, and the further growth and diversification of KePRO.

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.

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Who Needs Unnecessary Stress?

Basic Steps Prevent Insurer Audits

Linda J. Hicks

To say the least, any type of audit or investigation can be very stressful on a physician's practice. And, of course, negative findings may lead to severe financial repercussions when an insurer demands refunds of overpayments, or you find yourself on the defensive in criminal or civil litigation. Although there can be no guarantees, taking the necessary steps now can prevent an audit and protect your practice if one does occur.

The health care dollar accounts for more than one-eighth of the gross national product, and it is estimated that greater than $80 billion a year is wasted on fraudulent or abusive practices. Health care insurers and government agencies alike have been charged with developing better ways to attack the fraud and abuse problem. Attorney General Janet Reno has made health care fraud her number two initiative after violent crime.

It should then come as no surprise to physicians that scrutiny over the health care industry has become intense.

All this effort has led to a greater depth of resources in anti-fraud units throughout the public and private insurance industry and in the FBI. That means, of course, more cases open to investigation.

According to Gerald Stern, the Department of Justice's new special counsel for health care fraud, in testimony to Congress last year, the government had 158 percent more open criminal fraud cases by the middle of 1994 than it had in all of 1993. There were 119 percent more civil actions underway, as well, as the government attempted to recoup losses in federal insurance programs like Medicare.

With the number of investigations growing, so too grows the number of defendants charged with wrongdoing and convictions. According to an article by Citizens Against Government Waste, there was a 70 percent increase in defendants charged with criminal health care fraud between 1993 and 1994.

Basic safeguards

How can physicians safeguard themselves and their practices in this climate? Careful attention to correct billing practices is the first defense.

Beyond that, physicians should understand what triggers an insurer review, know how the process works within the insurance carrier or Medicare contractor, and—most importantly—have a reliable self-audit system in place to detect improper billings.

Self-audits help physicians:

- detect a problem while the refund obligation is still manageable,
- position themselves to negotiate a refund settlement with no or minimal penalties, and
- provide evidence that billings were not intentional and thus should not be subject to the more stringent civil and criminal penalties.

In addition to updating your self-audit programs, remember the fundamental protections every physician should practice:

- know and understand billing statistics;
- document services completely at the time they are rendered;
- be knowledgeable of the laws and regulations that govern federal programs; and
- be knowledgeable of the payment rules established by your insurance carriers, and by Medicare and other government contractors.

Accountability

Most payers—including Medicare, Medicaid, and Blue Shield—hold physicians accountable for claims submitted under their provider number, regardless of whether the physician prepares, reviews, or even sees the claim. If you assume that you have no responsibility if your claims are submitted by a billing service or your employer—beware!

Usually, there are multiple levels of provider claim audits within the health

Questions?

Send us your questions regarding self-audits; we'll be exploring the issue further in upcoming articles.

Ms. Hicks is president of Healthcare/Business Analysis & Solutions, Inc., Harrisburg. She formerly was manager, Medicare fraud investigations and utilization review, for Xact Medicare Services of Pennsylvania Blue Shield.

nsurance industry. The first level is routine screening of claims for medical necessity and non-covered services. This activity is performed when the insurer receives a claim and its computer system identifies inappropriate services. The computers are programmed to either automatically deny or reduce payment, or to suspend further processing until a decision is made by a medical review staffer. Most often these persons are trained examiners following specific procedures, but sometimes nurses or—rarely—physician consultants get involved.

Another level of audit involves the review of a sampling of claims after they have been processed, many times involving six months to a year or more of historical data. In most cases, a specialized department within the insurer is responsible for these large reviews. The department is typically comprised of specially trained staff and nurses, and most have access to physician consultants. For example, Xact Medicare Services—the Medicare carrier for Pennsylvania, Delaware, New Jersey, and the District of Columbia metropolitan area—has approximately 30 employees assigned to the utilization review department.

Triggers for audits

Normally, an audit of a particular physician is initiated when special computer programs identify that physician as billing a greater number of services over a period of time than his or her classified peer group. This "peer/group ratio" gives the analyst an indicator that the physician may be billing for one or more questionable services.

Once the decision is made at Xact to audit the physician's practice, a Comprehensive Medical Review (CMR) is initiated. A sample of the physician's patients who have used the procedure codes under review is selected using a statistical sampling program. The physician then receives a request for records for those patients selected in the sample.

It's important that the physician provide all information in the patient's file that supports the medical necessity of the procedure(s) billed.

Just as important is ensuring that the record notes are readable. When they receive illegible records, insurers will usually accept transcribed notes, but the physician must be careful not to alter any of the original information. Alteration of original records may kick off a fraud investigation, even where the additional information is innocently added to help in the understanding of what the physician did.

If it's clear that the notes in the patient's chart are not as comprehensive as possible, the physician should submit the additional information in a separate document with the current date and a statement to the auditor indicating this information was not included in the original records. Understand, however, that an auditor does not have to use the additional supporting documents—but they can be beneficial if the physician must appeal an adverse decision later.

It's rare that an insurer audit does not produce some findings—generally an overpayment determination. Remember, auditors are paid to make findings. In the case of Medicare contractors, they are expected to meet certain expectations established by the Health Care Financing Administration (HCFA). The amount of dollars recovered is a significant factor in those expectations. HCFA continues to encourage its Medicare contractors to do bigger audits and recoup as many dollars as possible for medically unnecessary services.

A smaller percentage of these routine audits leads to investigation by the fraud investigation units, or Special Investigation Units (SIUs). In addition to referrals to the SIU from whistle-blowing patients or other providers, more and more units are creating the ability to profile physicians' practices via advanced computer technology, thus creating their own leads.

An SIU will typically open a case for investigation when it appears that the physician is intentionally misrepresenting a service billed, or there is a pattern of billing that looks suspicious.

Some "red flags" might include a very high utilization of one or more procedure codes or services billed that are not typically germane to that physician's specialty, or a high number of referrals from one physician to another which may raise suspicions of "ping-ponging," or even kickbacks.

Once snared in an audit or possible investigation, it's prudent to seek consultation with professionals.

But physicians can avoid the whole nightmare by taking the time now to identify where there is risk in their billing practice and make any necessary changes. These modifications can save your practice from a painful and costly process in the future. ✪

An Ounce of Prevention: Self-Audits

On a regular basis—at least biannually—physicians should self-analyze their practice. Some tips for internal review:

- Many insurers are willing to provide comparative statistical data about your practice versus your peers; check and, where available, request this information.
- Go over the procedure codes most performed and billed by your practice. For example, are you certain these are medically necessary and not being performed on a routine basis? Focus on the procedures or procedure families that account for more than 50 percent of your business.
- Perform an objective review of your documentation habits. It's not good enough if you can understand your records—they should be in shape to be understood by a third party, perhaps an insurance auditor.
- Get into the details of how your claims are prepared by your office management staff or billing service. Are they selecting the appropriate procedure code?
- Most insurers have provider advisory boards. Find out who your representatives are, and check in periodically on what they are hearing from insurers. Often, insurers will announce to their advisory boards where they will be targeting review activity for the near future.

Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What are the newest agents for diabetes, and what are their attributes?

A: The two newest agents on the market, *Precose® (acarbose)* and *Amaryl® (glimepiride)*, are for the treatment of Type II, non-insulin-dependent diabetes. Oral agents are considered when diet and exercise alone do not achieve glycemic goals.

Precose® is an alpha-glucosidase inhibitor, which delays the digestion of ingested carbohydrates, resulting in a smaller increase in blood glucose concentration following meals. It is indicated for use as an adjunct in those patients in which diet alone is not sufficient. It can be used alone or in combination with a sulfonylurea. The recommended dose for *Precose®* is 25 mg (half of a 50 mg tablet) initially taken orally three times a day with the first bite of each meal. At four- to eight-week intervals, the dosage of *Precose®* should be adjusted based on one-hour postprandial glucose levels and on tolerance. Some patients may benefit from maintenance dosages of either 50 mg or 100 mg three times a day; however, only patients with a body weight greater than 60 kg should be considered for doses greater than 50 mg TID, since patients with low body weight may be at an increased risk for elevated serum transaminases.

Adverse experiences with *Precose®* have included abdominal pain, diarrhea, and flatulence. They tend to decrease with time. *Precose®* is available in 50 and 100 mg tablets.

Amaryl® is a new oral blood glucose-lowering drug of the sulfonylurea class. It is indicated as first-line therapy when diet and exercise have failed. It is also indicated for use in combination with insulin to lower blood glucose in patients whose hyperglycemia cannot be controlled by diet and exercise in conjunction with an oral hypoglycemic agent. The potential for hypoglycemia may be increased by combined use of glimepiride and insulin.

The usual starting dose is 1 to 2 mg with breakfast or the first meal of the day. The usual maintenance dose is 1 to 4 mg once daily with a maximum recommended dose of 8 mg.

Adverse reactions have included gastrointestinal pain, vomiting, diarrhea, and allergic skin reactions in less than one percent of patients. Sulfonylureas have also caused leukopenia, agranulocytosis, hepatic porphyria reactions, and disulfiram-like reactions. Also, changes in accommodation and/or blurred vision may occur with the use of *Amaryl®*.

Amaryl® is available in 1, 2, and 4 mg tablets.

1995: ℞ to OTC Switches

BRAND	GENERIC	CLASS	STRENGTH	SIZE	COST*
Actron or Orudis KT	ketoprofen	NSAID	12.5 mg	50s	$7.45
Children's Mortin Suspension	ibuprofen	NSAID	100 mg/5 ml	120 ml	$6.83
Femstat 3	butoconazole nitrate	antifungal	2%	5 gm 3s	$21.89
Pepcid AC	famotidine	H_2-antagonist	10 mg tablet	30s	$9.49
Tagamet HB	cimetidine	H_2-antagonist	100 mg tablet	32s	$6.43

** Denotes retail price to consumer*

MEDICATION UPDATE

New drugs

Arimidex® (anastrozole)—This nonsteroidal aromatase inhibitor is indicated for the treatment of postmenopausal women with disease progression after tamoxifen therapy.

Cedax® (ceftibutin)—A new broad spectrum antibiotic indicated for the treatment of mild to moderate infections of acute bacterial exacerbations of chronic bronchitis, acute bacterial otitis media, and pharyngitis/tonsillitis caused by susceptible strains of designated microorganisms.

Maxipime® (cefepime)—A new antibiotic for uncomplicated skin and skin structure infections caused by *Staphylococcus aureus* (methicillin susceptible strains only) or *Streptococcus pyogenes;* for uncomplicated or complicated UTIs caused by *Escherichia coli* or *Klebsiella pneumoniae* when the infection is severe, or by *E. coli, K. pneumoniae,* or *Proteus mirabilis* when the infection is mild to moderate; and for pneumonia caused by *Streptococcus pneumoniae, Pseudomonas aeruginosa, K. pneumoniae,* or *Enterobacter* species.

RespiGam® (RSV-IGIV)—The approved respiratory syncytial virus immune globulin IV for prevention of serious lower respiratory tract infection caused by RSV in children less than 24 months of age with bronchopulmonary dysplasia or a history of premature birth (less than or equal to 35 weeks gestation).

New Therapeutic Agents Marketed in 1995

Daniel A. Hussar, PhD

This second in a series of articles on new drugs approved and marketed in the U.S. in 1995 overviews drugs used to treat central nervous system conditions.

In 1995, the Food and Drug Administration (FDA) approved 28 new molecular entities (NMEs), 26 of which are for therapeutic use and two of which are diagnostic agents. Fourteen of the NMEs for therapeutic use were both approved and marketed in the United States in 1995. In addition, eight other NMEs and a biological agent for therapeutic use that the FDA approved before 1995 (most in late 1994) were marketed during the year. Thus, a total of 23 therapeutic agents reached the U.S. market for the first time in 1995. Many of the 12 therapeutic agents approved in 1995, but not marketed before the end of the year, were available in early 1996.

This review considers the drugs' most important properties and compares them with other available agents with similar properties. This discussion is not intended to be all inclusive; when additional information is needed, more comprehensive references and the product literature should be consulted.

Antidepressant

Nefazodone hydrochloride (Serzone-Bristol-Myers Squibb) is the most recent addition to the group of drugs that are indicated for the treatment of depression. Designated chemically as a phenylpiperazine derivative, nefazodone is structurally related to trazodone (Desyrel), but not the other antidepressants. Like venlafaxine (Effexor), nefazodone inhibits the reuptake of both serotonin and norepinephrine, whereas fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft) selectively inhibit serotonin reuptake. Nefazodone differs from the other newer antidepressants by also blocking serotonin type 2 (5-HT_2) receptors.

Nefazodone is extensively metabolized in the liver, and the most important of its metabolites, hydroxynefazodone, exhibits pharmacologic actions that are qualitatively and quantitatively similar to those of the parent compound.

The effectiveness of nefazodone has been established in six- to eight-week controlled trials in outpatients with major depressive disorders. It has been reported to be as effective as imipramine (Tofranil), but data are insufficient to compare its efficacy with that of the selective serotonin reuptake inhibitors (SSRIs) and venlafaxine.

The most commonly observed adverse reactions associated with the use of nefazodone and not seen at an equivalent incidence among placebo-treated patients include nervous system effects (e.g., somnolence [25 percent], dizziness [17 percent], lightheadedness [10 percent], confusion [seven percent]); gastrointestinal effects (e.g., nausea [22 percent], constipation [14 percent], dry mouth [25 percent]); asthenia [11 percent]; blurred vision [nine percent]; and abnormal vision [seven percent]. The adverse effects tend to diminish over a six-week period. In the studies in which it was compared with imipramine, nefazodone was generally better tolerated, and its use was associated with a lower incidence of dry mouth, tremor, and sexual dysfunction, with the incidence of sexual dysfunction being comparable to that with placebo. The discontinuation rate due to adverse events was 16 percent with nefazodone, 20 percent with imipramine, and 10 percent with placebo.

Because of the potential for any psychoactive drug to impair judgment or motor skills, patients should be cautioned about driving or operating machinery until they are certain that nefazodone does not adversely affect these abilities. Patients should also be advised to avoid alcohol while taking nefazodone.

Approximately four percent of patients treated with nefazodone have experienced orthostatic hypotension, a response that is probably attributable to its antagonism of alpha$_1$-adrenergic receptors. Although the use of nefazodone has not been associated with clinically important electrocardiogram abnormalities, sinus bradycardia has been observed in about two percent of patients, and the drug must be used cautiously in patients with a recent history of myocardial infarction or unstable heart disease.

The use of trazodone has been associated with the occurrence of priapism, but this reaction did not occur during the clinical studies with nefazodone. If patients experience prolonged or inappropriate erections, they should discontinue therapy immediately and consult their physicians.

Nefazodone has been shown in vitro to inhibit the cytochrome P4503A4 isozyme, a hepatic enzyme that is involved in the metabolism of terfenadine (Seldane), astemizole (Hismanal), and cisapride (Propulsid). Because of the risk of serious cardiovascular effects (e.g., ventricular tachycardias) associated with increased plasma concentrations of these agents, the concurrent use of nefazodone with these agents is contraindicated.

The triazolobenzodiazepine derivatives, alprazolam (Xanax) and triazolam (Halcion), are also metabolized by the 3A4 isozyme, and the plasma concentrations and activity of these agents are markedly increased by the concurrent use of nefazodone. It is best to avoid the concurrent use of nefazodone with either of these agents; instead, the use of other benzodiazepines such as lorazepam (Ativan) and temazepam (Restoril) that are metabolized by glucuronidation pathways that are unlikely to be affected by nefazodone, should be considered. If nefazodone is used concomitantly with alprazolam or triazolam, it is recommended that the initial dosage of the benzodiazepine be reduced by 50 percent and 75 percent, respectively.

The use of nefazodone with a monoamine oxidase inhibitor (MAOI) has not been evaluated. However, because of the serious interactions that have been experienced when other antidepressants have been used concurrently with a MAOI, it is recommended that nefazodone not be used in combination with a MAOI, or within 14 days of discontinuing treatment with a MAOI. An interval of at least seven days should be allowed following discontinuation of nefazodone before initiating therapy with a MAOI.

Nefazodone has also been reported to decrease the clearance of haloperidol (Haldol) and increase digoxin concentrations. Although the clinical importance of these interactions has not been determined, concurrent therapy should be monitored closely. Little is known about the potential for interaction between nefazodone and general anesthetics; therefore, prior to elective surgery, nefazodone should be discontinued for as long as clinically feasible.

Like venlafaxine, nefazodone is administered twice a day, whereas the SSRIs and most of the tricyclic antidepressants are usually administered once a day. In patients who experience nausea, taking the drug with food may reduce the occurrence of this reaction. The recommended initial dosage of nefazodone is 200 mg/day, administered in two divided doses. Dosage increases should be made in increments of 100 to 200 mg/day, at intervals of no less than a week, based on the need for a further clinical effect and the patient's tolerance of the drug. The effective dosage range is generally 300 to 600 mg/day. The recommended initial dosage for elderly or debilitated patients is 100 mg/day, on a twice-daily schedule.

Nefazodone hydrochloride tablets are supplied in potencies of 100, 150, 200, and 250 mg.

Agent for Obsessive Compulsive Disorder

Fluvoxamine maleate (Luvox-Solvay; Pharmacia & Upjohn) is a selective serotonin reuptake inhibitor (SSRI) with properties that are most similar to those of fluoxetine, paroxetine, and sertraline. However, unlike these other SSRIs that were initially approved for the treatment of depression, fluvoxamine has been initially approved for the treatment of obsessive compulsive disorder (OCD). Fluvoxamine is only the third agent to be approved for the treatment of OCD, joining clomipramine (Anafranil) and fluoxetine (for which OCD was approved as an additional indication in 1994). Sertraline and paroxetine also appear to be effective in the treatment of OCD, but this is not yet a labeled indication for these agents. Fluvoxamine has also been evaluated in the management of depression, panic dis-

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order, post-traumatic stress disorder, obesity, and alcoholism; however, these are not labeled indications for the new agent at the present time.

The effectiveness of fluvoxamine in the treatment of OCD has been demonstrated in two 10-week multi-center studies of adult outpatients, in which 43 percent of patients had outcome classifications of "much improved" or "very much improved" (compared to 12 percent of the patients receiving placebo). In comparative studies, fluvoxamine and clomipramine have been reported to be about equally effective. However, individual patients may respond better to one agent than another. Among patients who previously had failed to respond to clomipramine or fluoxetine, about 20 percent responded to fluvoxamine. The new agent represents an important addition to the small group of drugs that have been demonstrated to be effective in the treatment of OCD.

The most commonly observed adverse reactions associated with the use of fluvoxamine and not seen at an equivalent incidence among placebo-treated patients include nervous system effects (e.g., somnolence [22 percent], insomnia [21 percent], nervousness [12 percent], dizziness [11 percent], tremor [five percent]); gastrointestinal effects (e.g., nausea [40 percent], dyspepsia [10 percent], anorexia [six percent], vomiting [five percent]); asthenia (14 percent); abnormal ejaculation (eight percent); and sweating (seven percent). In many patients, side effects diminish with continued use.

As with other psychoactive drugs, patients should be cautioned about driving or operating machinery until they are certain that fluvoxamine does not adversely affect their ability to engage in such activities. Patients should also be advised to avoid alcohol while taking fluvoxamine.

Studies with fluvoxamine indicate that it inhibits the cytochrome P4503A4 isozyme, involved in the metabolism of certain benzodiazepines (e.g., alprazolam), terfenadine, astemizole, and cisapride; the 1A2 isozyme, involved in the metabolism of agents such as warfarin (Coumadin), theophylline, and propranolol (Inderal); and the 2C9 isozyme, involved in the metabolism of warfarin. The concurrent administration of fluvoxamine with terfenadine, astemizole, or cisapride is contraindicated.

Because fluvoxamine reduces the clearance of both diazepam (Valium) and its active metabolite, concurrent use is not advised. If the new drug is to be used concomitantly with alprazolam, it is recommended that the dosage of alprazolam be at least halved and then titrated to the lowest effective dose. The clearance of the benzodiazepines that are metabolized by glucuronidation (i.e., lorazepam, temazepam, oxazepam [Serax]) is unlikely to be affected by fluvoxamine, and these agents could be considered as alternatives to the benzodiazepines that are metabolized via oxidative pathways.

Fluvoxamine has been reported to decrease the clearance of theophylline by about threefold and, if the two agents are to be used concomitantly, it is recommended that the dose of theophylline be reduced to one-third of the usual daily maintenance dose and that plasma concentrations be monitored. The concurrent use of fluvoxamine and warfarin has resulted in a 98 percent increase in warfarin plasma concentrations, and prothrombin times were prolonged. Prothrombin times should be monitored closely and the warfarin dosage adjusted accordingly.

Fluvoxamine has also been reported to increase the serum concentrations of carbamazepine, clozapine (Clozaril), tricyclic antidepressants, methadone (Dolophine), and beta-adrenergic blocking agents like propranolol and metoprolol (Lopressor) that undergo hepatic metabolism. If propranolol or metoprolol is to be administered to a patient treated with fluvoxamine, it is recommended that a lower initial dosage of the beta blocker be used. An alternative would be to use a beta blocker such as atenolol (Tenormin) that does not undergo hepatic metabolism, as fluvoxamine is not likely to alter its activity.

It is recommended that fluvoxamine not be used in combination with a MAOI, or within 14 days of discontinuing treatment with a MAOI. After discontinuing treatment with fluvoxamine, an interval of at least two weeks should elapse before starting therapy with a MAOI.

Lithium may increase the serotonergic effects of fluvoxamine, and seizures have been reported with their concurrent use. If the two agents are to be used together, therapy must be closely monitored. Bradycardia has been observed with the concomitant use of fluvoxamine and diltiazem (Cardizem).

The recommended starting dosage of fluvoxamine is 50 mg, administered as a single daily dose at bedtime. The dosage may be increased in 50 mg increments every four to seven days, as tolerated, until maximum therapeutic benefit is achieved. Most patients are maintained at a dosage in the range of 100 to 300 mg/day, and it is recommended that the daily dosage not exceed 300 mg/day. If the daily dosage is more than 100 mg a day, fluvoxamine should be given in two divided doses and, if the doses are not equal, the larger dose should be given at bedtime.

If a patient experiences insomnia, consideration should be given to administering the largest dose in the morning. Administering fluvoxamine with food may reduce the occurrence of nausea. In patients with hepatic impairment, and in those over the age of 65 (in whom the clearance of fluvoxamine is reduced by about 50 percent), it may be appropriate to use a lower initial dose and to titrate the dosage more slowly.

Fluvoxamine maleate tablets are supplied in potencies of 50 and 100 mg.

Antiepileptic Drug

After a period of 15 years in which there were no new antiepileptic drugs (AEDs) marketed, ***lamotrigine*** (Lamictal-Glaxo Wellcome; DuPont Pharma) is the third new agent in this therapeutic class to be marketed since late 1993, following felbamate (Felbatol) and gabapentin (Neurontin). Lamotrigine is chemically unrelated to the other AEDs that are currently available, and is considered to have a broad spectrum anticonvulsant action, although the specific mechanisms by which it acts are not known. Like gabapentin, lamotrigine is indicated as adjunctive ("add-on") therapy in the treatment of partial seizures in patients with epilepsy, and the inclusion of the new drug in AED regimens (as compared to the addition of placebo) has been reported to result in a 50 percent or greater reduction in seizure frequency in many patients.

The effectiveness and safety of lamotrigine in children under the age of 16 have not been established. Studies of its use in pediatric patients, in other seizure types, and as monotherapy are currently being conducted; however, these are not labeled indications at the present time.

The adverse reactions most commonly experienced with the use of lamotrigine in combination with other AEDs include dizziness (38 percent), ataxia (22 percent), diplopia (28 percent), blurred vision (16 percent), nausea (19 percent), and vomiting (nine percent), each of which is dose related, as well as headache (29 percent), somnolence (14 percent), and rhinitis (14 percent). These reactions occur most frequently during the first several weeks of therapy and often subside as treatment is continued. Because lamotrigine may cause central nervous system effects, patients should be advised not to drive a car or operate other complex machinery until they have sufficient experience with the use of lamotrigine to determine whether or not it adversely affects their mental and/or motor performance.

Approximately 10 percent of the patients treated with lamotrigine experience a rash, compared to five percent of those receiving placebo. Typically, a rash develops in the first six weeks of treatment, and the incidence is highest in patients in whom valproate (Depakene, Depakote) is used concurrently with lamotrigine, and in patients in whom the recommended dosage at the initiation of therapy is exceeded. Although many patients who have experienced a rash have been continued on treatment without further complications, there have been rare reports of serious, potentially life-threatening dermatologic problems with systemic involvement (e.g., Stevens-Johnson syndrome). Patients should be advised to immediately notify their physician if they develop a rash. Approximately four percent of the patients in the clinical studies discontinued lamotrigine treatment because of the development of a rash.

Lamotrigine is classified in Pregnancy Category C, and there has been no evidence of teratogenicity in animal studies. However, the new drug has been reported to reduce folate concentrations in animals, and significantly reduced concentrations of folate are associated with teratogenesis. Lamotrigine should be used during pregnancy only if the anticipated benefit justifies the risk to the fetus. The manufacturer has established a Lamotrigine Pregnancy Registry to monitor the experience with the drug during pregnancy, and patients may be registered by calling (800) 722-9292, extension 58465.

Like many of the other AEDs, lamotrigine interacts with certain of the other drugs with which it is used in combination in the treatment of epilepsy. Therefore, it is important that the dosage recommendations that are based on the experience with these combinations in the clinical studies be closely observed. Lamotrigine is eliminated more rapidly in patients who are taking hepatic enzyme-inducing AEDs such as carbamazepine (Tegretol), phenytoin (Dilantin), phenobarbital, and primidone (Mysoline), and these other drugs reduce the steady-state plasma concentration of lamotrigine by at least 40 percent.

In contrast to the enzyme-inducing AEDs, the concurrent use of valproate results in an increase in lamotrigine steady-state concentrations by slightly more than two-fold. Valproate concentrations decreased by an average of 25 percent over a three-week period. If lamotrigine is to be used in a patient receiving valproate, lamotrigine must be given at a reduced dosage that is less than half the dose used in patients not receiving valproate.

The recommended initial dosage of lamotrigine for patients receiving enzyme-inducing AEDs, but not valproate, is 50 mg once a day for two weeks, followed by 100 mg/day given in two divided doses for two weeks. Thereafter, the dosage may be increased by 100 mg/day every week to attain a usual maintenance dosage in the range of 300 to 500 mg/day, given in two divided doses.

For patients taking valproate as one component of a combination regimen that also includes enzyme-inducing AEDs, the recommended initial dosage of lamotrigine is 25 mg every other day for two weeks, followed by 25 mg once a day for two weeks. Thereafter, the dosage may be increased by 25 to 50 mg/day every one or two weeks to attain a usual maintenance dosage of 100 to 150 mg/day given in two divided doses.

As a general rule, antiepileptic drugs should not be abruptly discontinued, because of the possibility of increasing seizure frequency. If a decision is made to discontinue treatment with lamotrigine, a step-wise reduction of dosage over at least two weeks (about 50 percent per week) is recommended unless safety concerns require a more rapid withdrawal. The discontinuation of an enzyme-inducing AED should be expected to prolong the half-life of lamotrigine, whereas the discontinuation of valproate should shorten the half-life of lamotrigine.

Lamotrigine tablets are supplied in potencies of 25, 100, 150, and 200 mg.

Analgesic

Tramadol hydrochloride (Ultram-Ortho-McNeil) is a centrally acting analgesic that acts via two mechanisms to relieve pain. Although it is chemically unrelated to the opiates, it binds to the mu-opioid receptors, but with a binding affinity that is considerably weaker than that of agents like morphine. In addition, tramadol inhibits the reuptake of norepinephrine and serotonin, thereby enhancing the action of these two natural pain-modifying neurotransmitters. Unlike the nonsteroidal anti-inflammatory drugs (NSAIDs), tramadol does not exhibit anti-inflammatory activity.

Tramadol is indicated for the management of moderate to moderately severe pain. The onset of analgesia is evident within one hour after oral administration, and the peak analgesic response occurs in approximately two to three hours. Tramadol has been studied in three long-term (one to three months) controlled trials in patients with chronic conditions such as low back pain, cancer, neuropathic pain, and orthopedic and joint conditions. Average daily doses of approximately 250 mg of tramadol in divided doses produced analgesia comparable with five doses of 300 mg of acetaminophen with 30 mg of codeine phosphate (Tylenol with Codeine #3) daily, and with two to three doses of 500 mg of acetaminophen with 5 mg of oxycodone hydrochloride (Tylox) daily. Following the double-blind phase of the studies, some patients took tramadol for up to two years. Because many patients with disorders characterized by chronic pain have not obtained satisfactory relief of symptoms with the use of available analgesics, and/or have not tolerated these agents well, the marketing of tramadol provides a very useful option for the management of pain associated with chronic conditions.

One of tramadol's metabolites (mono-O-desmethyltramadol, also known as M1) is pharmacologically active—but the contribution of this metabolite to the analgesic action, relative to that of the parent compound, is not known. The conversion to an active metabolite may be associated with a delay in onset of analgesic activity, and tramadol may be of greater benefit in chronic conditions than in situations in which the rapid relief of pain is needed.

Like the opioid analgesics, the most frequently experienced adverse reactions with the use of tramadol involve the gastrointestinal and central nervous systems, and include (at an incidence associated with up to 30 days of therapy) constipation (38 percent), nausea (34 percent), vomiting (13 percent), dizziness (31 percent), headache (26 percent), somnolence (23 percent), central nervous system (CNS) stimulation (11 percent), and asthenia (11 percent). The overall incidence rates of adverse effects were similar for tramadol and the opioid-containing products with which it was compared in the clinical trials. Tramadol is not likely to cause the more serious gastrointestinal effects (e.g., ulceration) that are sometimes experienced with the use of the NSAIDs.

Because of its CNS effects, patients should be advised that tramadol may impair mental or physical abilities needed for the performing of tasks such as driving or operating machinery. If tramadol is used concurrently with CNS depressants (e.g., alcohol, phenothiazines, sedative-hypnotics), caution should be exercised, and a lower dosage of tramadol should be employed.

Tramadol's low affinity for the mu-opioid receptors reduces the likelihood that patients will experience euphoria, develop tolerance to the drug, or suffer withdrawal effects when the drug is discontinued. The delay in onset of activity may also reduce tramadol's abuse liability. In the other countries in which tramadol has been available prior to its marketing in the United States, there has been little evidence of abuse. Tramadol has not been classified as a controlled substance; however, its potential to produce dependence and to be abused should be recognized, and the manufacturer is conducting post-marketing surveillance studies of its abuse potential. Tramadol is not recommended for patients who are dependent on opioids.

The concurrent use of carbamazepine causes a significant increase in tramadol metabolism, presumably as a result of the ability of carbamazepine to increase the activity of hepatic enzyme systems. Patients receiving chronic carbamazepine doses of up to 800 mg daily may require up to twice the recommended dose of tramadol. Because tramadol inhibits the uptake of norepinephrine and serotonin, its concurrent use with a monoamine oxidase inhibitor is best avoided.

The recommended dosage of tramadol is 50 to 100 mg as needed for pain relief every four to six hours, not to exceed 400 mg/day. For moderate pain, 50 mg may be adequate as the initial dose, whereas for more severe pain an initial dose of 100 mg is usually more effective. For patients over 75 years old, not more than 300 mg/day in divided doses is recommended. In patients whose creatinine clearance is less than 30 ml/minute, it is recommended that the dosing interval be increased to 12 hours, with a maximum daily dose of 200 mg. For patients with cirrhosis, the recommended dosage is 50 mg every 12 hours.

Tramadol hydrochloride tablets are supplied in a 50 mg potency. Because there is some similarity between the names tramadol and Toradol (the trade name for another analgesic, ketorolac tromethamine), extra care should be taken with respect to prescribing these two agents.

Opioid Antagonist

Nalmefene hydrochloride (Revex-Ohmeda) is an opioid antagonist that is an analogue of naltrexone (ReVia). Like naloxone (Narcan), nalmefene is administered parenterally to prevent or reverse the effects of opioids, including respiratory depression, sedation, and hypotension. Naltrexone is the only other opioid antagonist marketed in the United States, and it is administered orally to block the effects of opioids in individuals who have been addicted to these agents and in the treatment of alcohol dependence.

Nalmefene is indicated for the complete or partial reversal of the effects induced by opioids, and in the management of known or suspected opioid overdose. The new agent has been used to reverse postoperative opioid depression and to reverse the systemic effects of intrathecal opioids. When used in the recommended doses in these situations, nalmefene did not prevent the analgesic response to subsequently administered opioids. In the management of opioid overdosage, nalmefene effectively reversed respiratory depression within two to five minutes in most patients subsequently confirmed to have opioid overdose.

Nalmefene has an elimination half-life (10.8 hours) that is more than nine times as long as that of naloxone, and its duration of action is as long as that of most opioids. Because the duration of action of most opioids exceeds that of naloxone, patients treated for overdose with naloxone usually require repeated doses to prevent/manage the "renarcotization" that occurs when the effect of the naloxone wears off.

The longer duration of action of nalmefene provides a sustained reversal of respiratory depression and a reduced risk of renarcotization. However, a recurrence of respiratory depression is still possible, even after an apparently adequate initial response to nalmefene treatment, particularly when the overdosage is with a long-acting opioid like methadone (Dolophine) or levomethadyl acetate (ORLAAM). Patients treated with either nalmefene or naloxone for opioid overdose should be observed until there is no reasonable risk of recurrent respiratory depression.

The adverse effects reported with nalmefene occur at a frequency similar to that for naloxone and include nausea (18 percent), vomiting (nine percent), tachycardia (five percent), and

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hypertension (five percent). Nalmefene has no agonist activity or demonstrated abuse potential and is not a controlled substance.

Like the other opioid antagonists, nalmefene can produce acute withdrawal symptoms in patients with physical dependence on opioids or following surgery involving high doses of opioids. Caution must be exercised when using nalmefene in these situations because of the greater risk of complications.

Nalmefene is usually administered as an intravenous (IV) bolus, but can be given intramuscularly (IM) or subcutaneously (SC) if venous access cannot be established. Because of the variability in the rate of absorption for IM and SC administration, extra caution should be exercised if repeated doses must be given by these routes.

Nalmefene hydrochloride is supplied in ampules containing the equivalent of 100 ug/ml (1 ml ampule) and 1 mg/ml (2 ml ampule) of nalmefene base. When used in the postoperative setting, the goal of treatment is to reverse excessive opioid effects without inducing a complete reversal and acute pain, and the lower potency 100 ug/ml formulation is used. The initial dose is 0.25 ug/kg, followed by 0.25 ug/kg incremental doses at two- to five-minute intervals, stopping as soon as the desired degree of opioid reversal is obtained. A cumulative total dose above 1 ug/kg does not provide additional therapeutic effect.

In the treatment of opioid overdosage, the 1 mg/ml potency formulation should be used, and the recommended initial dose for non-opioid dependent patients is 0.5 mg/70 kg. If needed, this may be followed by a second dose of 1 mg/70 kg, two to five minutes later. If a total dose of 1.5 mg/70 kg has been administered without clinical responses, additional nalmefene is unlikely to have an effect. If there is a suspicion of opioid dependency, a challenge dose of 0.1 mg/70 kg should be initially administered. If there is no evidence of withdrawal in two minutes, the recommended dosing should be followed.

General Anesthetic

Sevoflurane (Ultane-Abbott) is a nonflammable liquid administered by vaporization as a general inhalation anesthetic. The new agent is a halogenated volatile anesthetic and joins desflurane (Suprane), enflurane (Ethrane), halothane (Fluothane), isoflurane (Forane), and methoxyflurane (Penthrane) in this class of agents.

Sevoflurane is indicated for induction and maintenance of general anesthesia in adult and pediatric patients for inpatient and outpatient surgery. In the clinical studies its effectiveness was determined to be comparable to that of other inhalation anesthetics as well as propofol (Diprivan).

The blood:gas partition coefficient of sevoflurane is slightly greater than that of nitrous oxide and desflurane, but lower than that of other inhalation anesthetics. Because of its low solubility in blood, a minimal amount of sevoflurane is required to achieve the full anesthetic effect, and it provides a rapid induction and rapid emergence from anesthesia. In several studies, shorter times to emergence, response to commands, and orientation were observed with sevoflurane compared to isoflurane and propofol; however, times to eligibility for discharge from the recovery area were generally similar.

Unlike desflurane, sevoflurane has a nonpungent odor and is not likely to cause respiratory irritability, an especially important consideration when anesthetizing children. It is suitable for mask inductions both in children and adults, whereas desflurane is not indicated for induction of anesthesia in children.

The clinical experience with sevoflurane has shown it to be well tolerated by most patients. The most common adverse reactions in adult/pediatric patients during the induction period include agitation (seven percent/15 percent), cough increased (five percent/five percent), breathholding (five percent/five percent), laryngospasm (eight percent/three percent), airway obstruction (eight percent in adults), tachycardia (two percent/six percent), hypotension (four percent/four percent), and bradycardia (five percent in adults). During maintenance and emergence periods, the most frequently experienced reactions (data for adult and pediatric patients combined) include nausea (25 percent), vomiting (18 percent), hypotension (11 percent), cough increased (11 percent), agitation (nine percent), somnolence (nine percent), shivering (six percent), and bradycardia (five percent).

Sevoflurane tends to maintain heart rate closer to baseline values in both adults and children than do anesthetics such as isoflurane and halothane. This property may be a particular advantage in pediatric surgery because blood pressure and cardiac output in very young patients to a large degree depends on heart rate.

In susceptible individuals, inhalation anesthetics, including sevoflurane, may trigger a skeletal muscle hypermetabolic state resulting in the clinical syndrome known as malignant hyperthermia (characterized by high fever and muscle rigidity). In the clinical studies with sevoflurane, one case of malignant hyperthermia was reported. Sevoflurane is contraindicated in patients with known or suspected genetic susceptibility to malignant hyperthermia, and also in patients with a known history of sensitivity to other halogenated agents.

As with other halogenated volatile anesthetics, the anesthetic requirement for sevoflurane is decreased when administered in combination with nitrous oxide. The use of a benzodiazepine or opioid may also decrease the amount of sevoflurane required. Like other halogenated volatile anesthetics, sevoflurane increases both the intensity and duration of neuromuscular blockade produced by nondepolarizing muscle relaxants and, during maintenance of anesthesia, the required dose of the muscle relaxant is likely to be reduced. However, for endotracheal intubation, it is recommended that the dosage of a nondepolarizing muscle relaxant not be reduced.

The concentration of sevoflurane being delivered from a vaporizer during anesthesia should be known, and this may be accomplished by using a vaporizer calibrated specifically for sevoflurane. Surgical levels of anesthesia can usually be achieved with concentrations of 0.5 to three percent sevoflurane, with or without the concomitant use of nitrous oxide.

The new drug is supplied in bottles containing 250 ml of sevoflurane.

Dr. Hussar is Remington professor of pharmacy, Philadelphia College of Pharmacy and Science, Philadelphia.

New Therapeutic Agents Marketed in 1995—Part II*

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Route of Administration	FDA Classification**
Fluvaxamine maleate†	Luvax	Salvay; Pharmacia & Upjahn	Agent for obsessive campulsive disarder	Oral	1-S
Lamatrigine†	Lamictal	Glaxa Wellcame; DuPant Pharma	Antiepileptic agent	Oral	1-P
Nalmefene hydrachlaride	Revex	Ohmeda	Opioid antaganist	Intravenous; intramuscular; subcutaneaus	1-S
Nefazadane hydrachlaride†	Serzane	Bristal-Myers Squibb	Antidepressant	Oral	1-S
Sevoflurane	Ultane	Abbatt	General anesthetic	Inhalatian	1-S
Tramadal hydrachlaride	Ultram	Ortha-McNeil	Analgesic	Oral	1-S

* Parts III and IV will appear in the June and July issues af PENNSYLVANIA MEDICINE, respectively.
† Appraved by the FDA befare 1995, but nat marketed until 1995.

** Faad and Drug Administratian classification af new drugs:
1 = new malecular entity
S = standard review, substantially equivalent
P = priarity review, therapeutic gain

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HealthChoices: Another Step Toward Statewide Managed Care

Managed care for the indigent was once considered the wave of the future. But nowadays, it's becoming the trend—especially in Pennsylvania, where two such programs are already up and running, and one is in the works.

The first plan to hit the state was the Family Care Network, launched in January 1994 to serve Medical Assistance (MA) recipients under 21 years of age in 60 counties. Then, in the spring of 1995, came the Lancaster Community Health Plan, serving the entire MA population of Lancaster County.

Now, the Department of Public Welfare is proposing to expand mandated managed care to approximately 438,000 MA recipients in Southeastern Pennsylvania through the HealthChoices program.

The State Society has closely monitored the development of HealthChoices, which had its beginnings under the Casey administration. A lawsuit by Pennsylvania hospitals and other organizations—along with a series of studies on the plan's potential savings—slowed movement of the original program. The newly appointed Ridge administration re-ignited the spark, making several changes to the original plan and placing it out for public comment.

Key differences between the original Casey proposal and the new Ridge proposal include:

- *Geographic Area:* The original proposal targeted Berks, Bucks, Delaware, Chester, Montgomery, and Philadelphia counties; the new proposal excludes Berks County from the target population.
- *Geographic Zones:* The original proposal separated the counties into three zones; the new proposal treats the counties as one zone only.
- *Licensure:* The new proposal requires HMO bidders to be licensed in at least one of the counties at the time of bid, with the intention of providing services in all five counties.

The Ridge administration program singles out two services under separate contract. One gives the five counties the "first option" regarding behavioral health services—the counties may provide these services or subcontract out for them.

The second separates bids for a benefits consultant. Traditionally, HMOs have marketed and sold their own services. But problems with alluring incentives in the Philadelphia area have prompted the Welfare Department to propose a separate and objective benefits consultant to market participating HMOs to recipients.

Welfare Secretary Feather Houstoun outlined these changes at a February 22 "stakeholder" meeting at Society headquarters; virtually all of the affected specialties and two of the affected counties were represented at the meeting. Public comments on the draft proposal were accepted through mid-March. The Society met with the department again on March 28 to discuss further changes; at press time, the Society was awaiting release of the department's final Request for Proposals.

HMOs which wish to participate in HealthChoices have until May 22 to submit their bids, with contracts expected to be awarded by summer's end. According to the department, enrollment is to begin November 1, with HealthChoices fully operational by July 1, 1997.

Beyond that, the Welfare Department, in its draft proposal for HealthChoices, stated that Pennsylvania intends to phase-in a statewide mandatory managed care program over the next three years. Look for further developments in Society publications.

HealthChoices Proposed Timeline

May 22	Deadline for HMO bids
August	HMO contracts to be awarded
September	Benefits consultant in place to begin marketing HMOs
November	HealthChoices enrollment begins
July 1997	HealthChoices fully operational

HOBART TAKES REINS OF SOCIETY SUBSIDIARY

Dr. Hobart

Dr. Cottle

The Board of Directors of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) on April 10 elected John H. Hobart, MD, as its chairman, succeeding Betty L. Cottle, MD.

Dr. Cottle, a Hollidaysburg anesthesiologist, late last year announced her retirement from the board, effective March 20. A strong supporter of organized medicine for 25 years, she served on the State Society board from 1982-1991. Dr. Cottle joined the PMSLIC board in 1982, and it was in 1989 that she took over the reins of PMSLIC, succeeding David Masland, MD.

In the Chairman's Message of PMSLIC's newly published 1995 Annual Report, Dr. Cottle credits the physician owners and operators of the company with bringing its insureds out of the liability crisis of the 1970s—and into the 1990s. "Medical liability insurance is not a simple business," she says, "and yet all physicians of our board have

mastered it well. I believe this is so because physicians are the best experts about medical practice, from patient care to how insurance dollars are to be spent for health care and/or professional liability insurance."

She also commends the company for staying current—expanding its support and developing new services to help physicians cope with the new health care environment. "We do not take comfort in the status quo. [PMSLIC] will continue to look critically at where we are and will move forward to meet new challenges creatively."

Dr. Hobart brings similar expectations for the future to the position of chairman of the board. "In the last few years, there have been some major legislative changes in the professional liability field. These, coupled with continuing changes in health care delivery—especially with the different managed care systems—put pressure on all the carriers." To beat these pressures and survive the ongoing changes, PMSLIC must reevaluate its marketing strategies, he says, which the company is doing.

Dr. Hobart credits the Society's House of Delegates with making "a good decision" last October to eliminate the Society's membership requirement for PMSLIC insureds. "We are developing an increased portfolio of managed care organizations, which we were not able to do prior to the House decision." That, he says, is a definite positive.

An Easton urologist, Dr. Hobart is immediate past president of the Pennsylvania Medical Society. He has been a member of organized medicine for 34 years, and has served the PMSLIC board for 18 years.

In related action, the PMSLIC board elected John W. Lawrence, MD, as vice chair. Dr. Lawrence, a rheumatologist from Media, is chairman of the Society's Board of Trustees.

MDP SURVEYS TARGET ISSUES OF INTEREST

As part of its Membership-Driven Process (MDP), the Society continues a series of surveys to gauge its efforts to meet member needs. In the works:

• *Managed Care Survey*—The Society's Educational and Scientific Trust is conducting a managed care survey of 2,000 members and nonmembers. The results of a final analysis will be shared with those who participated.

• *Priority Survey*—MDP staff have prepared and mailed a mini-survey polling 5,000 members and nonmembers about their opinions of current Society priorities, as well as their thoughts on future priorities. The survey was mailed in late March. The MDP Review Panel will consider an analysis of this information in upcoming meetings.

• *Focus Groups on Young Physicians*—Two focus groups are scheduled this spring to explore ways to better meet the needs of younger physicians. A consulting firm will conduct the focus groups, and findings will be used to address these needs.

STUDENT EVENTS FOCUS ON PRACTICE REALITIES: Medical students at the University of Pittsburgh College of Medicine had a chance to learn about the realities of medical practice at an event sponsored by the Pennsylvania Medical Society in Pittsburgh on March 12. Above, faculty member Teresa Silvaggio, MD (second from left), describes her experiences as a hospital-based physician. Listening (from left) are: Sarah Grudberg, first-year student; Susan Dunmire, MD, faculty; Renee Michelle Thompson, third-year student; and Deidre Gipson, second-year student. The evening opened with a presentation by Earl Schulte, MD, chief operating officer of the PennMed Medical Services Company (PMSCO), who described the challenges of a managed care environment. More than 100 students attended the event to gain a better understanding of what they will face as practicing physicians. A similar program was held in December for third-year students at the Penn State's College of Medicine, Hershey.

ACT 44 SURVEY STUDIES MEDICAL ACCESSIBILITY

In other survey efforts, Indiana University of Pennsylvania is conducting a survey as part of a study of medical accessibility under contract with the Department of Labor and Industry.

Such a study is mandated by Act 44 of 1993, Workers' Compensation. Questionnaires—mailed in mid-April to 2,200 members—address the impact of the fee schedules on access to quality health care and other workers' comp practice issues.

BEWARE CHAIN LETTER TARGETING PHYSICIANS

An unauthorized chain letter encouraging physicians and others to send business cards to a seriously ill boy continues to generate thousands of pieces of mail each day, even though the boy is now healed.

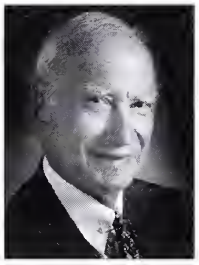
News reports stated in 1989 that Craig Shergold, a nine-year-old English boy diagnosed with a terminal brain tumor, wanted to be recorded in the *Guinness Book of World Records* for receiving the most greeting cards. His wish was fulfilled in 1990 after receiving 16 million cards.

Shergold's tumor was successfully removed in March 1991. However, the cards and letters continue. Several versions of the letter exist, most of which wrongly claim that the young boy remains terminally ill and now wants to receive the largest number of business cards. The addressee is encouraged to gather business cards, send them to an incorrect address in Georgia, and forward the chain letter to 10 friends.

The Make-A-Wish Foundation of America has set up a special 800 number to explain the situation. Call (800) 215-1333, extension 184, for a pre-recorded message.

The state Senate has unanimously confirmed the appointment of **Richard Wright, MD,** an Allegheny County general practitioner, to the State Board of Medicine.

The Physicians' Health Programs (PHP) Committee has appointed **Thomas R. Hobbs, MD, PhD**, as interim medical director of the PHP within The Educational and Scientific Trust of the Pennsylvania Medical Society. Dr. Hobbs, certified in both internal and addiction medicine, has worked closely with PHP for several years and serves on its advisory committee. A committee has been appointed to begin the process of replacing former medical director **Penelope P. Ziegler, MD,** who accepted the position of medical director at the Farley Center, Williamsburg, Virginia.


Dr. Marks

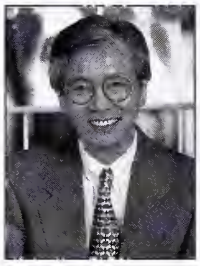
Gerald J. Marks, MD, was appointed Edgar J. Deissler professor of surgery, Medical College of Pennsylvania and Hahnemann University, Philadelphia, and director of gastrointestinal surgical endoscopy, Hahnemann University Hospital. Dr. Marks will also establish and direct a comprehensive rectal cancer center at Hahnemann.

Albert W. Biglan, MD, director of ophthalmology, Children's Hospital of Pittsburgh, was elected president of the Pennsylvania Academy of Ophthalmology.

Cato Laurencin, MD, an orthopedic surgeon and biomedical engineer, Medical College of Pennsylvania Hospital, has received the prestigious Presidential Faculty Fellows Award. The award carries a five-year National Science Foundation grant which will allow Dr. Laurencin to continue tissue engineering research.

Cyril H. Wecht, MD, chairman, Department of Pathology, St. Francis Central Hospital, Pittsburgh, has received the first Gold Medal Award by the American College of Legal Medicine for overall excellence and achievement in the field of legal medicine.

Ravi K. Sachdeva, MD, of Hermitage, has received a three-year appointment as cancer liaison physician for the Hospital Cancer Program, Sharon Regional Health System, Sharon. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.


Dr. Tsai

Medical College of Pennsylvania and Hahnemann University, Philadelphia, has appointed **Fong Yong Tsai, MD,** professor and chair, Department of Radiologic Sciences.

The University of Pittsburgh Medical Center has completed a campaign to raise $1.5 million which will endow a professorship in honor of liver and kidney transplant pioneer **Thomas E. Starzl, MD**. Dr. Starzl performed the world's first liver transplant in 1963 at the University of Colorado.

Ralph A. Cardamone, MD, cardiologist, Clearfield Hospital, was appointed to serve on a special statewide task force that will address issues related to cardiac catheterization in Pennsylvania. The task force is made up of physicians, hospital administrators, and members of the state Department of Health who are writing a chapter for the direction of cardiovascular services, not only in metropolitan areas such as Philadelphia and Pittsburgh, but for remote areas such as Clearfield and Philipsburg.

Richard E. Hayden, MD, was appointed professor and chair, Department of Otolaryngology-Head and Neck Surgery, Medical College of Pennsylvania and Hahnemann University, Philadelphia.

James B. Wyngaarden, MD, was appointed senior associate dean, International Medical Programs, University of Pennsylvania Medical Center, Philadelphia.

Paul Hobson, MD, a geriatrician and managed care consultant, was appointed by Mercy Health Network, Philadelphia, as executive director and CEO to expand its purchasing of local physician practices.

Daniel V. Schidlow, MD, senior vice president for clinical affairs and director, Cystic Fibrosis Center, St. Christopher's Hospital for Children, Philadelphia, and senior vice chair, Department of Pediatrics, Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia, was named one of the "Best Pediatric Pulmonologists in America" in the March issue of *American Health Magazine*.

Stanley B. Fiel, MD, chief of pulmonary disease and critical care medicine, Medical College of Pennsylvania Hospital, Philadelphia, was selected to serve as a member of the editorial board of *Chest*, an international journal regarded as the leading resource for the improvement of cardiopulmonary health and critical care.

Margaret C. Fisher, MD, president of the medical staff and member of the Section of Infectious Diseases, St. Christopher's Hospital for Children, Philadelphia, was appointed to the hospital's board of trustees.

Jermone P. Kassirer, MD, editor-in-chief, *New England Journal of Medicine*, will receive the annual Molly and Sidney N. Zubrow Award given at Pennsylvania Hospital, Philadelphia.

Herbert S. Waxman, MD, was named senior vice president for education, American College of Physicians, Philadelphia.

E. Thomas Deutsch Jr., MD, Malvern, has received his recertification as a diplomat of the American Board of Family Practice, the certifying entity of the family practice specialty.

Stephen M. Soll, MD, of Soll Eye Associates, Philadelphia, was inducted into the Philadelphia College of Physicians.

Jefferson Medical College of Thomas Jefferson University, Philadelphia, was awarded the Alpha Omega Alpha Honor Medical Society Chapter of the Year Award for its outstanding contributions to the Jefferson and Philadelphia communities during the 1995 academic year.

OBITUARIES

Frank A. Bove, MD, *Haverford*
University of Pennsylvania School of Medicine, 1944; age 76, died March 1, 1996. Dr. Bove specialized in diabetes.•

Herman M. Brickhouse, MD, *Williamsport*
Temple University School of Medicine, 1932; age 90, died January 31, 1996. Dr. Brickhouse was a psychiatrist.•

Horst J. Bunese, MD, *Philadelphia*
Age 85, died February 24, 1996. Dr. Bunese was a general practitioner.•

George M. Clelan, MD, *Ephrata*
Jefferson Medical College of Thomas Jefferson University, 1949; age 71, died February 23, 1996. Dr. Clelan was an anesthesiologist.•

John B. Coates Jr., MD, *Phoenixville*
University of Pennsylvania School of Medicine, 1936; age 84, died January 29, 1996. Dr. Coates specialized in public health.•

William Eliades, MD, *Philadelphia*
Jefferson Medical College of Thomas Jefferson University, 1958; age 67, died February 8, 1996. Dr. Eliades specialized in cardiovascular diseases.•

Bruce A. Grove, MD, *York*
Jefferson Medical College of Thomas Jefferson University, 1926; age 95, died February 10, 1996. Dr. Grove was an ophthalmologist.•

Robert E. Hobbs, MD, *Schuylkill Haven*
Jefferson Medical College of Thomas Jefferson University, 1931; age 89, died February 12, 1996. Dr. Hobbs was a pathologist.•

Franklin D. Hoffman, MD,
Hilton Head Island, SC
University of Pittsburgh School of Medicine, 1938; age 82, died February 21, 1996. Dr. Hoffman was an ophthalmologist.•

Harold J. Isard, MD, *Melrose Park*
Temple University School of Medicine, 1934; age 85, died February 16, 1996. Dr. Isard was a diagnostic radiologist.•

Carl B. Kelvin, MD, *Philadelphia*
University of Pennsylvania, 1935; age 85, died March 8, 1996.•

Dorothea M. Killian, MD, *Blue Bell*
University of Pennsylvania School of Medicine, 1935; age 86, died February 12, 1996. Dr. Killian was an internist.•

Gertrude E. Kilpatrick, MD, *Beaver Falls*
Medical College of Pennsylvania, 1936; age 84, died March 14, 1996. Dr. Kilpatrick was a family practitioner.•

Richard Kleppinger, MD, *Reading*
Hahnemann University School of Medicine, 1948; age 71, died March 9, 1996. Dr. Kleppinger was a gynecologist.•

James B. Lawrence, MD, *Broomall*
University of Pennsylvania School of Medicine, 1945; age 75, died February 25, 1996. Dr. Lawrence was a psychiatrist.•

Robert H. Longwell, MD, *Lancaster*
University of Maryland School of Medicine, 1942; age 78, died March 2, 1996. Dr. Longwell was an obstetrician/gynecologist.•

Harry D. Lykens, MD, *State College*
Hahnemann University School of Medicine, 1948; age 73, died February 10, 1996. Dr. Lykens was a radiologist.•

Harold C. Pickering, MD, *Glenside*
Hahnemann University School of Medicine, 1945; age 74, died March 9, 1996. Dr. Pickering was an anesthesiologist.•

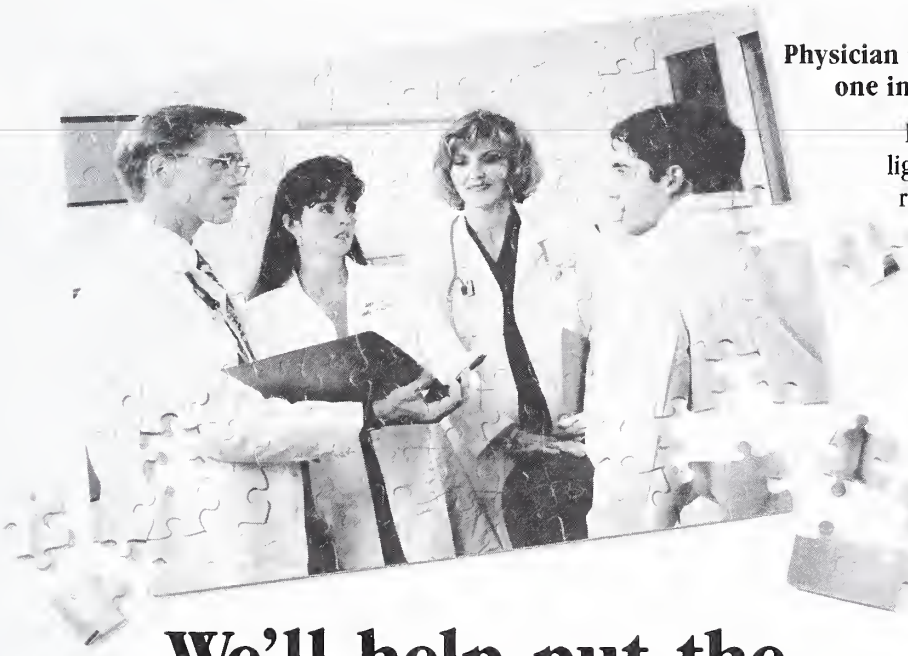
Edwin H. Torrey, MD, *York*
Hahnemann University School of Medicine, 1947; age 74, died February 4, 1996. Dr. Torrey was an otolaryngologist.•

Henry J. Woloshin, MD, *Elkins Park*
Temple University School of Medicine, 1938; age 82, died March 7, 1996. Dr. Woloshin was a diagnostic radiologist.•

Karl Zimmerman, MD, *Cranberry Township*
University of Pittsburgh School of Medicine, 1928; age 92, died January 26, 1996. Dr. Zimmerman was a colon/rectal surgeon.•

Lawrence Y.C. Chang, MD, *Clarks Summit*
Chiliu Medical School, China; age 85, died February 10, 1996. Dr. Chang was a psychiatrist.

• Denotes membership in the Pennsylvania Medical Society at the time of death.



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Family Practice—Suburban Pittsburgh—Excellent opportunity exists for BE/BC family practitioner to join a successful community medical center in Southwestern Pennsylvania. Practice all facets of family medicine (except OB) in a semi-rural environment while maintaining the option of living in several of Pittsburgh's most desirable suburbs. Affiliate with an outstanding 364-bed community teaching hospital that boasts an excellent family practice residency program. Opportunity for involvement with teaching in this program. Associate with a highly regarded and well-trained family practitioner. Excellent compensation and benefits. For more information, please forward curriculum vitae to: Daniel Stern & Associates, The Medical Center East, 211 N. Whitfield Street, Pittsburgh, PA 15206. Call (800) 438-2476 or fax (800) 892-2781.

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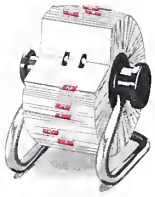

CME Programs

Hahnemann University **11**

Home Health Care

Medical Personnel Pool **42**

Insurance

Colburn Bertholon Rowland **37**
Medical Inter-Insurance Exchange **Cover 2**
Medical Protective Company **1**
Pennsylvania Blue Shield **Cover 4**
Pennsylvania Medical Society Liability Insurance Company **3**
PIE Mutual Insurance Company **7**
Princeton Insurance Company **5**

Pharmaceuticals

Applied Microbiology **Insert**

Specialized Programs and Services

Advances in Gastroenterology **43**
Caligor Medical Supply Company **21**
Graduate Hospital **29**
Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**
The Educational and Scientific Trust of the Pennsylvania Medical Society **41**

June 15, 1996

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Father of the Brides

Joseph A. C. Girone, MD

I have some very good news for fathers with unmarried daughters—and the rest of you may want to pay attention as well...I have two daughters. As they were growing up, I became aware of what my role would be at their weddings. I began to notice the father-daughter relationship and interaction as father and bride. Possibly someone said to me, "Someday you'll be doing that." It got to be very distressing for me to attend the beginning of the marriage ceremony. To "give away" either of my daughters to some stranger caused super high anxiety for me.

As my daughters grew older, it seemed to get worse. My focus at weddings I attended was on the father of the bride. "How can he do it?" I would ask myself. The thought of that role was unbearable to me. How can a loving and caring father be expected to turn over his precious daughter to the latest jerk in her life? But I'm getting ahead of myself.

Fatherhood, of course, begins with the pregnancy, followed by the emotional explosion of joy at the delivery. This is the first indescribable moment of excitement and happiness a parent experiences. Others come along, such as "Best Student Award," "English and Art Prize," or running the anchor leg of the school relay race and winning. Love and affection grow over the years, and the children have a way of building a father's ego with admiration and respect.

The more difficult times come, too. First, the physical changes that are rarely any good. Struggling with adolescence and the "deformities" that occur strains the child's relationship with the "Ps" (parents).

Then there's the emotional: males. Fasten your seat belts for this. Ecstasy to doomsday occurs within a 24-hour time frame—and often.

The father's walk down the aisle seems more ominous with each succeeding creep that comes to visit. How can I be expected to voluntarily give my daughter away to these immature, inexperienced, youthful bundles of testosterone? A bunch of animals on the prowl.

Being a physician father of the brides complicates things even more. Expectations of a potential son-in-law are high. His thoughts about politics, religion, country, ethnic issues, and sports need to be expressed and evaluated. My daughters' physician father may have scared off some candidates. Who knows how many were intimidated and never came back?

Then the physician has to deal with the guilt. Were you not there when you should have been? Can you release this daughter ill-prepared because of your absence or negligence? Does she want to leave you because you are inadequate as a father or maybe just no fun?

More beautiful times come along, such as high school graduation, parents' weekends at college, and college graduation itself. Times like these make it more difficult to anticipate the dreaded public separation ceremony in front of the altar.

Now, the good news I promised: the secret of how I survived my two daughters' weddings just one month apart without professional help. What makes it absolutely simple and wonderful is the person she is marrying—the son-in-law. When the right one comes along who truly loves your daughter, it's fantastic. Your daughter will glow. The right son-in-law will give your daughter a completeness she could not achieve alone. He will be her best friend.

As I spent time with my sons-in-law to be, I began to look forward to the wedding days when they would become part of our family. Without doubt, they are the best fellows my daughters had spent time with. It is exciting to know that my daughters recognized these outstanding gentlemen and fell in love.

The day of the first wedding arrived. The father of the bride was ready and delighted with the plans. The walk down the aisle was right up there with the "Art Prize" and college graduation. Actually, it was better. A walk down the aisle to pick up a custom-made son. I'll do that any time. In fact, I did it twice.

Dr. Girone is a pediatrician at Albert Einstein Medical Center, Philadelphia.

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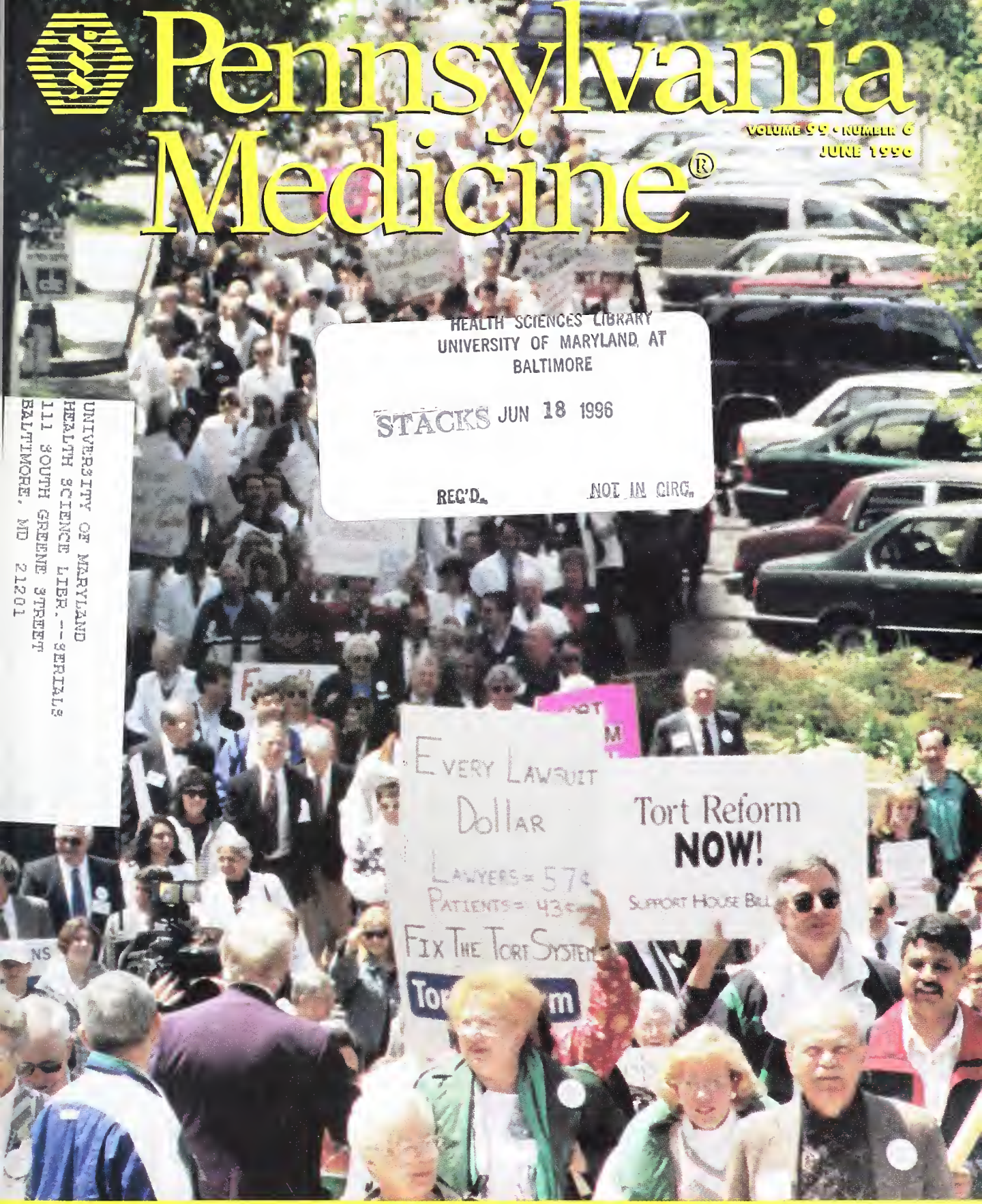

Rally for Change, May 7, 1996
Tort Reform Passes House, May 14, 1996

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CONTENTS

JUNE 1996
VOLUME 99 • NUMBER 6

16 The Antitrust Question: A New Perspective

Increasing development of physician organizations (POs) nationwide has brought to the forefront a new level of antitrust issues. Avoid them by *properly* establishing your PO.

24 Court Affirms Relatives' Right to Shut Off Life Support

The State Society's long-term commitment to this case finally brings closure to the ever-important right-to-die issue.

28 Making a Difference in Bosnia

An Easton physician shares the remarkable story of how his life, his family's life, and thousands of other lives have changed for the better as a result of his work in Bosnia.

Rally for Change Coverage—pages 5-9

Medigram

4 Late news at press time

Issues of Interest

5 Tort Reform Now!—May 7 Rally for Change draws 2,000 supporters
14 Drug Education—Medication update/Q&A: drug utilization
16 Managed Care—The antitrust question: a new perspective—*Sharon R. Orlowski*
18 Managed Care—How will new risk-sharing policies affect you?
20 Managed Care—Integration insider
22 Physician Integration—Physician-hospital ventures: is there added value?—*Michael P. Lance*
24 Law and Medicine—Court affirms relatives' right to shut off life support—*Susan M. Weber, Esq.*
26 Financial Planning—Asset accumulation is important to success—*Ronald J. Paprocki, JD, CFP*
28 Profile—Making a difference in Bosnia—*Robert P. Carlson*
35 New Drugs—New therapeutic agents marketed in 1995 (Part III)—*Daniel A. Hussar, PhD*

Opinion

10 Editorial—Good patient care is the bottom line—*John W. Mills, MD*
11 Letters to the Editor—Rally efforts recognized/Patient vs. client: let's be realistic/Article garners attention a year later
12 President's Page—Physicians vie for U.S. Senate seats—*Jonathan E. Rhoads Jr., MD*
44 Discharge Summary—Managed professionalism—*William H. Mahood, MD*

Departments

32 Newsfronts—Leadership Conference draws families and friends/Lititz physician honored for volunteer efforts
41 Newsmakers
42 Classified Advertising
43 Advertisers' Index

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"OK, Tom was right.

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liability coverage. Not all of us were in favor of the policy from the discount carrier. Especially Tom. He felt the risks of our profession were already high enough, and we couldn't trust just anyone to protect our practice and our reputation. But Liz and I wanted to lower monthly expenses. We honestly thought we'd get the same peer review on claims that PMSLIC offers its policyholders.

Boy, were we misinformed. After Liz was sued, we found ourselves defending her actions to the very people we were paying to defend us. I mean, they're supposed to be on our side, right? I still can't believe how much time we've already spent trying to get our practice back on track. If we had gone with PMSLIC, we wouldn't be in this mess. I wish we had made the right move from the start. I wish we had listened to Tom."

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MEDIGRAM

TORT REFORM PASSES HOUSE: On the heels of the Society's May 7 Rally for Change in the state Capitol (see pages 5-9), the Pennsylvania House of Representatives voted on May 14 to amend the Society's tort reform language into a Senate bill on judiciary issues, approving the amendment by a vote of 129-71. The vote came after five hours of debate; Representative J. Scot Chadwick (R-Bradford), prime sponsor of House Bill 2122 on tort reform, was instrumental in political maneuvering of the language. Senate Bill 790 now moves to the Senate for concurrence. A tough fight is expected. *PHYSICIANS ARE URGED TO CALL THEIR STATE SENATORS IN SUPPORT OF SENATE BILL 790.* Talking points and information are available on the tort reform hotline by calling (800) 566-TORT and following the fax-on-demand option.

ATTORNEY GENERAL SUPPORTS SOCIETY CONCERNS ON BLUES' MERGER: In comments to the state insurance commissioner submitted on May 28, Attorney General Thomas W. Corbett Jr. supported Society concerns about the proposed merger of Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania. Points raised by the Society and reiterated by the attorney general address the impact this merger would have on the social mission of the Blues and the possibility that competition would be diminished, especially in Western Pennsylvania. He concluded by calling for full administrative hearings to resolve "serious nonprofit, charitable trust, and competitive issues." The Society is pleased with Corbett's reaction, applauds his strong comments, and hopes the state insurance commissioner will schedule public hearings as soon as possible.

STATE WELFARE REFORMS SIGNED INTO LAW: Governor Tom Ridge signed into law a compromise welfare reform bill mandating sweeping changes to the state's Medical Assistance program. Most notable of the reforms was the elimination of medical coverage for approximately 220,000 recipients who don't meet certain work requirements. Watch for more coverage of the law, including major provisions, next month in PENNSYLVANIA MEDICINE.

WORKERS' COMP CHANGES PROPOSED BY HOUSE: House Bill 2216 on workers' compensation has been reported out of the House Labor Relations Committee to the full House. Key provisions include the introduction of a "maximum medical improvement" standard based on AMA guides, the extension of treatment lock-in to 120 days, and the removal of limitations on managed care.

PPHP SEEKS APPROVAL TO OPERATE HEALTH PLAN: The Pennsylvania Physician Healthcare Plan, Inc. (PPHP), owned by almost 4,000 practicing physicians in the commonwealth, has filed an application for state approval to operate a preferred provider health insurance plan. Pending regulatory approval, enrollment for PPHP's initial product will begin in the fall, with coverage available January 1, 1997. The company, headquartered in Harrisburg, intends to begin operating in a 16-county area from Southcentral Pennsylvania (Franklin, Adams, Cumberland, Dauphin, York, Lebanon, Lancaster, Berks, and Schuylkill), through the Lehigh Valley (Lehigh, Northampton, Carbon), and into Northeastern Pennsylvania (Lackawanna, Luzerne, Monroe, and Wyoming). PPHP also plans to seek regulatory approval for both health maintenance organization (HMO) and point-of-service (POS) products within the next several months, and has very aggressive timeframes for statewide expansion. For more information, call PPHP at (800) 671-7747.

STATE DELEGATION TO CARRY RESOLUTIONS TO AMA: The Pennsylvania Delegation to the AMA will carry nine resolutions to the annual meeting of the AMA House of Delegates, to be held June 23-27 in Chicago. Resolutions address several concerns of Pennsylvania physicians, including: access to care issues, Medicare and HCFA policies, resident training issues, reimbursement, malpractice requirements, and "ultimate" and "extreme" fighting. The AMA is expected to act on more than 250 reports and resolutions at the meeting.

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"What do you want?" "TORT REFORM!"
"When do you want it?" "NOW!"

FROM THE CAPITOL STEPS TO THE LEGISLATIVE OFFICES, those were the words heard in Harrisburg on May 7, as 2,000 supporters of medical liability reform rallied for passage of House Bill 2122 to reform the tort system. Planes, trains, buses, and automobiles transported the physicians, their families, and friends to the capital city for what is believed to be the largest physician rally ever in Harrisburg...

Tort Reform
NOW!

Pennsylvania
MEDICAL SOCIETY

THE DAY BEGAN AT THE STATE FARM SHOW COMPLEX, WHERE more than 50 buses dropped off participants. At a pre-rally meeting in the complex arena, Chairman of the Board John W. Lawrence, MD, welcomed participants, and President Elect Victor F. Greco, MD, (shown above) offered words of unity. Like the leader of a revivalist meeting, Dr. Greco had the crowd cheering and chanting...

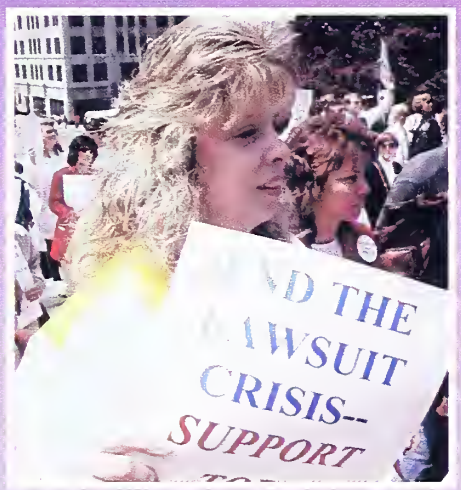
"What to you want?" "Tort Reform!"

"When do you want it?" "NOW!"

E. Michael Okin, MD, president of the Pennsylvania Orthopaedic Society, and Martin A. Murcek, MD, past president of the State Society, also led the cheers for reform, and Representative J. Scot Chadwick (R-Bradford), sponsor of House Bill 2122, prepared participants for the legislative climate "on the hill"...

BUSES AND SHUTTLES THEN TOOK PARTICIPANTS TO DOWNTOWN HARRISBURG, WHERE THE SUN was shining on the green lawns of the riverfront. Momentum was building and an air of unity was apparent as physicians marched two blocks from the river to the Capitol, through its halls, and onto its back steps, the whole way chanting...

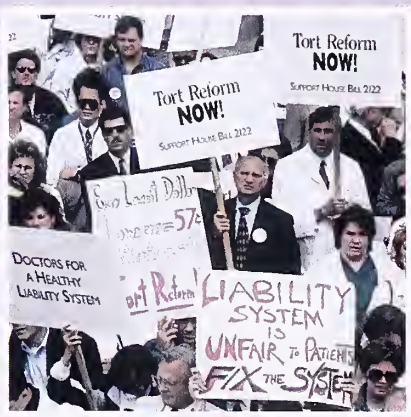
"What do you want?" "TORT REFORM!"
"When do you want it?" "NOW!"



THE CROWD SWELLED AROUND THE BACK STEPS OF THE CAPITOL, where a host of speakers rallied the participants. Jonathan E. Rhoads Jr., MD, State Society president, greeted the crowd, then turned the program over to Lee H. McCormick, MD, Society vice president (shown below left), who gave an energetic call to action. Other speakers discussed the legislative climate, reviewed national tort reform efforts, and offered personal examples of how the system is broken. Mark A. Piasio, MD, a Clearfield orthopedic surgeon, concluded the program, asking rally participants to "lobby for common sense..."

PHYSICIANS THEN POURED BACK into the Capitol, and clogged its halls and legislative offices. Their message was loud and clear…

"WE WANT TORT REFORM NOW!"



"WE WANT TORT REFORM NOW!"

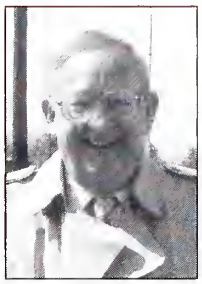
Why They Came...

"We're here to help support the vote on House Bill 2122 for tort reform because it's very important legislation that needs to be passed. Hopefully, it'll help not only physicians, but ultimately the patients of Pennsylvania, because there are too many frivolous suits that are taking time away from physicians to be able to care for other patients."

—Diana Kleiner
President, Berks County Medical Society Alliance

"I came today because I like my patients, and I want to be a doctor for a long, long time. I think this is the way for us to do it—to start now—so that for the next 30 or 35 years, I can continue to do what I want to do."

—Judith R. Pryblick, DO
Allentown Family Practitioner



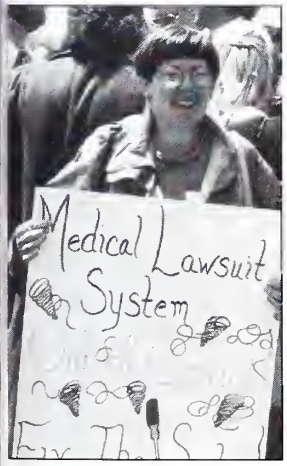
"I wanted to show support for the Pennsylvania Medical Society's efforts for tort reform...to convince all the legislators that this malpractice issue needs to be settled, so that we can proceed with medicine the way medicine should be practiced, instead of the way the lawyers would like us to practice."

—Robert M. Kemp, MD
Lancaster Family Practitioner

"I came to try to try to convince legislators that we need tort reform in Pennsylvania. Too many dollars are going to the wrong people in tort reform, and the plaintiffs aren't getting much. A lot of money is being wasted by defensive medicine that doctors have to practice because of our laws in Pennsylvania, and we need to try to change that."

—Kim A. Hatcher, MD
Indiana Family Practitioner

Parting Shots...



Good Patient Care Is the Bottom Line

John W. Mills, MD
Medical Editor

The article on page 24 of this issue details the Fiori case, which centered on the termination of life support issue. The Pennsylvania Medical Society had filed an amicus in favor of the family, and the court recently found for our view. There are, however, many other issues of medical ethics with the potential for much more serious effect on our profession. Several of these were addressed at the AMA Leadership Conference in Washington, DC, in March. As medical editor, I was privileged to attend, and I hope my thoughts may stir you to actively participate in the coming national and local debates.

Emily Friedman, an ethicist who understands medicine and our serious ethical dilemmas, spoke to raise physicians' awareness of the ramifications of specific ethical issues and pleaded for medical leadership to carry the ball. She is a nationally recognized writer, lecturer, and health policy adviser, and an adjunct assistant professor at the Boston University School of Public Health. She felt physicians would probably identify with her stance on several issues: physician-assisted suicide, state or federal requirements that physicians enforce the law, and the onerous gag clauses of venture capitalist-run HMOs.

"We must tread very carefully this high wire."

If you read the heartrending account in *JAMA* several years ago by Timothy Quill, MD, on his decision to prescribe lethal dosages of medication to a long-standing patient with an incurable cancer, you can easily separate the motives and rationale of Drs. Quill and Kevorkian. Add to this the recent news stories of serial medical—nurse and physician—killers of institutionalized patients, and I think we will all agree that the Third District Federal Court ruling of the constitutionality of Oregon's physician-assisted suicide law is indeed a slippery slope for our profession!

Ms. Friedman feels that we as a profession have failed our patients by not utilizing hospice to the fullest extent—borne out by national studies—and by not improving our interpersonal communication with patients and families. This is part of the "looking into the mirror" that Lee H. McCormick, MD, referred to in his recent speech at the AMA, reprinted here in February and paraphrased in my April editorial. If we physicians really met our patients' needs, there would be no place for Dr. Kevorkian and his support for Nazi-like medical experiments on prisoners.

A law requiring physicians to be enforcers of law has already passed in California, in regard to patients who present for medical care and who are illegal immigrants. They not only get no care, but must be reported to the state by the physician. Physician-assisted suicide could also be so legislated that physicians would be *required* to participate. Such enforcing laws may deal with underage pregnant females requesting abortion without parental consent. This whole arena turns physicians into agents of the state, and as Ms. Friedman noted, the real enforcers—police—operate under a different morality code than do physicians.

These ethical tightropes do more than complicate our already compromised professional milieu; we must tread very carefully this high wire.

Gag clauses by for-profit, venture capitalist HMOs are really serious infractions on our professional best judgment and honesty. We should be proud of those who first stood up and reported these unacceptable rules. My guess is that we've been beaten down so long by threats of antitrust violations, we're afraid to speak out where we see inequity. But we must also be careful to recognize when the inequity relates directly to good patient care and *not* to our own monetary well-being. In all honesty, speaking out may indeed affect our bottom line—but who do we put first, ourselves or our patients?

With that, I'll leave you this month to explore your own reactions to these thoughts. Next month, I'd like to look at three more gray areas of medical ethics that Ms. Friedman touched on, and challenge our profession to stand up and be counted—to be real patient advocates.

RALLY EFFORTS RECOGNIZED

Editor's note: Following are excerpts of letters received by Society Executive Vice President Roger F. Mecum regarding the May 7 Rally for Change.

On behalf of the leadership, membership, and staff of the Lackawanna County Medical Society, I would like to congratulate you and your staff on your efforts in the tort reform victory in the House (see page 4). This victory would not have been possible without the intense effort displayed by Society staff and the participation of leadership. In addition, please congratulate the Society's lobbyists for a "job well done." Their efforts have really paid off...

This joint effort between the Pennsylvania Medical Society and the Lackawanna County Medical Society—along with our other county medical societies—is truly a victory for physicians and organized medicine, and a prime example of what can be accomplished when physicians work in a unified manner through their medical societies....

Allan Hetkowski
Executive Vice President
Lackawanna County Medical Society

I just wanted to drop you a note to thank you for the hard work you and your staff did to make the tort reform rally an absolute success. The day could not have been better, and my delegation thoroughly enjoyed themselves and learned a lot about the political process. You and your staff are to be commended for a job well done.

Thank you for allowing us to be a part of this wonderful experience.

Bruce R. Weidman
Executive Director
Berks County Medical Society

PATIENT VS. CLIENT: LET'S BE REALISTIC

Dr. Martin Adson remarks, "Recently I heard two bits of jargon that have emerged from an imperfect administrative translation of our own humanitarian intent. I learned that patients were to become 'customers'..." ["The Capacity for Caring," April 1996].

My dictionary describes a patient as a person undergoing treatment for a disease or injury. It describes a customer as one who buys something. Clearly, in the practice of medicine, the important part is the treatment of the illness, not so much the financial aspect. Otherwise, we might as well stop using the word "hospital" and simply call it a "health shop" or something similarly ludicrous.

I believe the following comment [from Book Review, *JAMA*, April 17, 1996, page 1208] ascribed to Dr. George Bradshaw Murray, associate professor of psychiatry at Harvard Medical School, is most apt, "They talk about managed care today. It's not managed care. It's managed money...The biggest pragmatic difference between a client and a patient is, you never do a rectal exam on a client."

Sudhir Stokes, MD
Haverford

ARTICLE GARNERS ATTENTION A YEAR LATER

A year ago, PENNSYLVANIA MEDICINE gave prominence to my article on health system reform ["A New Approach to Health System Reform: Seizing the Moral High Ground," June 1995]. I have sent reprints of this article to numerous experts in health-related fields, especially to persons whose published expressions are philosophically compatible with mine.

The greatest interest and acceptance has come from friends such as former American Psychiatric Association President Paul Jay Fink, MD, and Robert Eisler, MD, of Slippery Rock, and legislators like Congressmen Pete Stark and Mike Bilirakis. It was heartening to me to see these ideas given consideration by such influential persons as Ira Magaziner, Eli Ginzberg, Victor Fuchs, and AMA President Lonnie Bristow, to name a few.

A commission such as I proposed could originate, it seems to me, on a state level as well, and Governor Ridge could convene such an assemblage if he so chose—though his priorities seem to be elsewhere. The Pennsylvania Medical Society is disinclined to believe that statewide action is appropriate at this time; the State Society is encouraging counties to create physician organizations in the attempt to counterbalance the economic forces that are inundating practicing physicians.

I thank the staff of PENNSYLVANIA MEDICINE for giving respectability to the thoughts of an amateur system reformer. I was pleased that the *Cambridge Quarterly*, an ethics journal, asked me to prepare a version of the PENNSYLVANIA MEDICINE article for publication in its pages. I haven't as yet been able to prepare that.

Joseph S. Silverman, MD
Altoona

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Physicians Vie for U.S. Senate Seats

Jonathan E. Rhoads Jr., MD

Physicians have several opportunities this year to help elect their colleagues to the United States Senate. As you know, currently there are few physicians in Congress—in fact, William Frist, the junior senator from Tennessee in his first term, is the sole physician in the Senate.

Physician members of Congress get priority in testifying on controversial issues, even if the committee chairman does not particularly want the medical opinion expressed. Senator Frist recently told participants at the AMA Leadership Conference how his voice is heard as a recently practicing physician and surgeon, and what the issues are for medicine and health care. It is greatly in our interest to have additional distinguished physicians in the U.S. Senate.

Nine physicians are candidates for the Senate this year. Five are challenging incumbents, and four are running for three open seats. Although Senator Frist defeated an incumbent, I believe our best chances to elect a physician to the Senate is for an open seat.

In Alabama, Jimmie Blake, MD, is running as a Republican, and Bruce Lucero, MD, as a Democrat for the same open seat. In Georgia, Paul Broun, MD, is running as a Republican. In Wyoming, John Barrasso, MD, is running as a Republican.

Of the four running for open seats, I know John Barrasso personally. He is a native of Pennsylvania, having grown up in the Reading area before going to medical school, orthopedic residency, and finally practice in Casper, Wyoming. John has always been politically active: As a student he was effective in the campaign to retain federal loans for medical students. I worked with him on an AMA committee for a year in the mid-80s, and I have enormous respect for him. Since then, he has served on two AMA councils.

In Wyoming, he has worked hard for his party helping others get elected. He has been active in his precinct, county, and state, and has achieved leadership positions at all levels.

Since he has been in Casper, he has presented a series of public service announcements on radio and television on medical topics—usually one-minute spots on a wide variety of subjects—and he has generated considerable name recognition. Wyoming is a predominantly Republican state. The winner of the Republican party in August is very likely to be elected to the Senate.

I believe John Barrasso is a very viable candidate for the U.S. Senate. He is smart, experienced, well known, and appealing. He has paid his dues both in medical organizations and in his party. He has a good chance to win and give our profession another voice and vote in the Senate—but the competition for the primary in August will be keen. He needs our support. At least one of his opponents is a trial lawyer. I am asking you to join me in contributing to his campaign.

Federal law requires that you notify the campaign of your profession and your employer. Corporate checks cannot be accepted; maximum legal gift is $1,000. Please make checks payable to: Barrasso for Senate, and mail them to: P.O. Box 51996, Casper, WY 82605.

I am not personally acquainted with Paul Broun, MD, of Georgia. The Georgia primary is in July, and Dr. Broun presents another opportunity to elect a physician to the U.S. Senate. Please join me in also supporting Paul Broun's campaign. Send checks to: Broun for U.S. Senate, P.O. Box 501534, Atlanta, GA 31150-1534.

By the time this President's Page reaches you, the winner of the Alabama primary will be determined. I plan to support the campaign of the physician winner of that primary and hope my Pennsylvania colleagues will follow suit as well.

I was gratified by the number of physicians who put aside their practices, took to the road to Harrisburg, and marched with us up the Capitol steps at the Rally for Change. Let us also be heard in Washington, DC.

Only when you have a claim do you learn the real value of your insurance policy.

"Recently, my first and hopefully last malpractice suit . . . concluded . . . Words cannot express the emotional relief and vindication I felt after a swift and favorable verdict was announced.

"What I will attempt to express, however, is my gratitude toward . . . my legal counsel. No attorney could have represented Princeton Insurance Company or myself in a more professional, proficient and compassionate manner.

"I always had confidence in [my attorney's] legal expertise, but he assimilated the medicine so well that by trial I was conversing with him as though speaking to a colleague who was practicing medicine for many years. The area I owe . . . my greatest gratitude is the compassion he showed me. He understood my anxiety, anger, and feelings of betrayal. He refocused these and helped me to display my usual sense of compassion and competence in front of the jury."

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MEDICATION UPDATE

New drugs

Crixivan® (indinavir)—This HIV protease inhibitor was approved under the FDA's accelerated approval process. Supply of the drug will be limited for at least the first six months; therefore, the manufacturer is limiting distribution through a single source mail-order pharmacy to ensure that patients' therapy, once initiated, will not be interrupted.

Nicotrol NS® (nicotine)—A prescription nicotine nasal spray indicated for the relief of nicotine withdrawal symptoms.

Norvir® (ritonavir)—This protease inhibitor is indicated for use in combination with nucleoside analogs or as monotherapy for the treatment of HIV infection when therapy is warranted.

New formulations

Augmentin® (amoxicillin/clavulanic acid)—The newly formulated tablet contains 875 mg of amoxicillin and 125 mg of clavulanic acid, and is dosed twice daily for the treatment of respiratory tract infections and severe infections. The incidence of moderate to severe diarrhea has been shown to be reduced. The 500 mg tablet (also containing 125 mg of clavulanic acid) has also been recently approved for twice-daily dosing.

Naprelan® (naproxen sodium)—This once-daily formulation uses an Intestinal Protection Drug Absorption System (IPDAS developed by Elan).

Tiazac® (diltiazem)—An extended release (capsule) form of diltiazem hydrochloride available for once-daily dosing in doses up to 360 mg.

Voltaren-XR® (diclofenac sodium)—An extended release (tablet) form of diclofenac sodium indicated for chronic rheumatoid arthritis and osteoarthritis.

Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. Responses to questions of general interest are prepared by our clinical pharmacist, Anita Fabert, RPh, based on abstracts of the latest scientific literature. To contribute, contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What are the current recommendations for the treatment of *Helicobacter pylori*-infected ulcer patients?

A: The American College of Gastroenterology (ACG) officially recommends the use of antibiotics when treating *H. pylori* to facilitate healing and decrease ulcer recurrence. Patients' prior exposure to antibiotics and local prevalence of resistance should be considered. The following antibiotics, proton pump inhibitors, and bismuth are used in the indicated dosages.[1]

Amaxicillin (A1)	500 mg QID with meals and HS
Amaxicillin (A2)	1000 mg BID with meals
Bismuth subsalicylate (B)	2 tablets QID with meals and HS
Clarithramycin (C1)	500 mg BID ar TID with meals
Clarithramycin (C2)	500 mg BID with meals
Metranidazale (M1)	250 mg QID with meals and HS
Metranidazale (M2)	500 mg BID with meals
Omeprazale (O1)	20 mg BID AC
Omeprazale (O2)	20 mg BID AC and laading dase
Tetracycline (T)	500 mg QID with meals and HS

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Professional DRUG
EDUCATION & INFORMATION
Pennsylvania Medical Society

The following are the regimens and the cure rates (at a 95 percent confidence level) associated with those regimens:

B-M1-T (1 week)	86-90%
B-M1-T (2 weeks)	88-90%
B-M1-T-O1 (1 week)	94-98%
B-M1-A1 (1 week)	75-81%
B-M1-A1 (2 weeks)	80-86%
M2-O2-C2 (1 week)	87-91%
A2-O2-C2 (1 week)	86-91%
M2-O2-A2 (1-2 weeks)	77-83%

A proton pump inhibitor or H_2-receptor antagonist may be added to the bismuth/metronidazole/tetracycline combination at their usual dosages for the duration of therapy. Other therapy options used in practice today include the following amoxicillin or omeprazole combinations:[2]

Omeprazale Amaxicillin	20 mg BID 1,000 mg BID	14 days	50%
Omeprazale Clarithramycin	40 mg QAM 500 mg TID	14 days with meals	70-82%
Omeprazale Metranidazale Clarithramycin	20 mg BID 500 mg BID 250 mg BID	7-14 days	>90%
Amaxicillin Clarithramycin + pratan pump inhibitar ar H_2-antaganist at usual dasing	750 mg TID 500 mg TID	14 days with meals	>90%

In addition to the above, the Food and Drug Administration (FDA) recently approved the following regimen:[3]

Clarithromycin 500 mg TID
+
Omeprazale 40 mg QD far 14 days
fallawed by
Omeprazole 20 mg QD far 14 days

The FDA also approved a second regimen with a new medication that is a combination of 150 mg ranitidine and 240 mg bismuth citrate (the not yet released *Tritec®)* and clarithromycin. The clarithromycin is taken for the first two weeks of therapy at 500 mg TID, and the ranitidine/bismuth complex is taken for four weeks on a BID schedule. For more information, consult the references below.

References

1. Soll AH. Medical Treatment of Peptic Ulcer Disease Practice Guidelines. *JAMA* 275:622-629, 1996.
2. Jackson Gastroenterology. *Treatment Options for H. pylori Gastritis.* Spring 1996. Camp Hill, PA.
3. Gastroenterology. *Prescriber's Letter* 3:1-2, 1996.

Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of ıre. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or ıring a follow-up investigation may be shared with government officials and the public. Please exclude any information that may entify a patient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate ıre or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care ɔcisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care ɔntexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions so can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

☐ HMO ☐ PPO ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline*
- ☐ Payment policy
- ☐ Reimbursement incentive
- ☐ Other*
- ☐ Referral restriction

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

Mail or fax your forms to the Pennsylvania Medical Society, Department of Medical Economics, P.O. Box 8820, Harrisburg, PA 17105-8820; Fax (717) 558-7841; Questions: (800) 228-7823.

The Antitrust Question: A New Perspective

Sharon R. Orlowski

Increasing development of physician organizations (POs) nationwide has brought to the forefront a new level of antitrust issues. But the author maintains that if a PO is *properly* established, antitrust laws should not apply.

Medical societies, professional advisers, legal counsel, and others have "educated" physicians about antitrust. The education has focused on what antitrust is, what physicians "could not do," and the consequences of violating the law.

That education has worked well. But, many physicians involved in or contemplating negotiating with payers through physician organizations (POs) are confused and concerned about antitrust limitations. This cognitive dissonance is complicated by the evolution of the enforcement activities of the Federal Trade Commission (FTC).

While antitrust is an important issue, the specter of it should not block PO progress. If a PO in Pennsylvania is properly established to share financial risk and to collectively provide health care more efficiently than physicians could provide working individually, the per se violation of antitrust laws should not apply. A per se violation *assumes the PO is illegal* and guilty of anti-competitive behavior.

If an antitrust lawsuit was brought against a PO today, it would most likely fall under a "rule of reason" analysis. The rule of reason approach means it is *assumed a PO is legal* unless there is "injury to competition"—determined primarily through analysis of market share, exclusivity, ease of entry, efficiencies, and market definition.

Having made this distinction, some experts would simplify the argument by saying the ultimate test of a network's competitive value is its effect on the market by way of the prices it charges. If its prices are competitive or lower, antitrust scrutiny is less likely.

Ms. Orlowski is the Society's director of managed care business strategy and special projects.

Risk sharing

The key aspect of antitrust discussed most frequently is risk sharing. *American Medical News* reported in a March 11, 1996, article that under present rules, a PO which negotiates discounted fee for service contracts is illegal *per se* under FTC guidelines even if it spurs competition in the marketplace. That same article reported a recent FTC decision related to the withholds and bonuses controlled by the Ohio Physicians Organization, a 400-doctor Youngstown-based multi-specialty network. The FTC appeared to disregard its previous approach and ruled that the withholds are sufficient to qualify the network for full antitrust protection regardless of payment method.

But risk sharing isn't everything. Risk sharing is also correlated with the PO's impact on marketplace competition.

Children's Healthcare, P.A., a New Jersey pediatric network of 65 to 70 physicians practicing across a seven-county area, instituted a substantial financial risk-sharing mechanism, but was denied approval under a rule of reason analysis because it would probably increase prices to consumers and probably not increase competition in the market. FTC investigators found documented evidence that the physicians had formed the network primarily to gain negotiating clout with payers. This was determined to be restraint of trade and, as such, overshadowed the protection gained from sharing risk.

The "30 percent rule"

FTC guidelines established in 1993-94 say the agency would *not* challenge "a non-exclusive physician network joint venture comprising 30 percent or less of the physicians in each physician specialty with active hospital staff privileges who practice in the relevant geographic market and share substantial risk." The big question: What is "the relevant geographic market?"

Another question involves markets with POs that involve multiple hospitals. Many cases have focused on the 30 percent rule,

and various rulings challenging and approving ventures have been forthcoming from the FTC. Most recently, the FTC has signaled it will increase the 30 percent rule.

Again, experts observing the somewhat conflicting messages from the FTC on the 30 percent rule agree that physicians should focus on offering value through reduced administrative costs, improved utilization review, improved case management, and economies of scale. This value will play a major role in arguing for a venture that may exceed, by someone's standards, 30 percent of a relevant geographic market.

PA's PO prototype works

The Pennsylvania Medical Society's subsidiary, the PennMed Member Services Company (PMSCO), has been actively developing and enhancing POs. While there is no guarantee that a PO will not fall under antitrust scrutiny, several key points are addressed in the development of these business ventures:

- The PO is initially open to all physicians.
- The POs are developed to assume risk for the physician component of the insurance premium. When an entity assumes risk, it almost always falls out of scrutiny for antitrust.
- POs being developed will encourage competition among HMOs—Most antitrust cases involve providers trying to keep payers out of the market.
- Participating agreements between the PO and physicians are not exclusive.

These points received a favorable response from representatives of the FTC, in Washington, DC, who met with AMA legal counsel and PMSCO consultants about the PO model PMSCO is developing in Pennsylvania. That's good news for a change.

"The State Society is pleased that the regulatory climate in Pennsylvania has changed to permit physicians, physician organizations, and independent practice associations to now play a more significant role in shaping managed care developments in the state. What is at stake is whether physicians will have the freedom to make health care decisions based solely upon their expert medical judgment and in the best interest of patients. The new policy statements issued by the Insurance and Health departments related to integrated delivery systems open the door for physician organizations to assume risk-sharing arrangements and take back responsibility for credentialing, utilization management, and quality assurance.

In light of the rapidly changing health care landscape, the change in regulatory policy is a 'breath of fresh air.' The Society has worked hard advocating these policy changes and sees the change as a positive development in managed care."

—Roger F. Mecum, Executive Vice President
Pennsylvania Medical Society

How Will New Risk-Sharing Policies Affect You?

As reported last month in PENNSYLVANIA MEDICINE, the state has announced major changes in policy toward integrated delivery systems (IDSs). Two new statements of policy issued by the Department of Health and the Department of Insurance permit HMOs to contract with various IDSs, including physician organizations, independent practice associations, and physician-hospital organizations.

PENNSYLVANIA MEDICINE asked Daniel F. Hoffmann, acting secretary of health, how the new policies will impact on your practice, as well as health care in the commonwealth.

"The HMO industry appreciates the administration's efforts to establish public policy that recognizes this important balance and allows HMOs to be responsive to the health care demands of Pennsylvania's employers and citizens. We look forward to working with the departments of Health and Insurance as these policies are implemented and refined."

—Margaret N. Gray, Executive Director Managed Care Association of Pennsylvania

Question: *What was the major impetus for the new policies issued by the Department of Health and the Department of Insurance permitting HMOs to contract with IDSs?*

Mr. Hoffmann: For the past few years, providers have been forming alliances in the form of integrated delivery systems such as physician-hospital organizations (PHOs), physician organizations (POs), and independent practice associations (IPAs) for the purpose of obtaining contracts with managed care organizations. The major impetus for promulgating the change in policy was to enhance the role of IDSs in the marketplace to provide better quality care, greater access to care, and greater choices for consumers. The old policy prohibited IDSs from contracting on behalf of their member providers. The purpose of the new HMO-IDS Statements of Policy is not only to permit such contracting, but also to provide clear, succinct standards for those arrangements.

Question: *Federal officials say they may issue a new antitrust policy by the end of August that will be favorable to physicians. Was this a factor in timing the state policy on risk sharing?*

Mr. Hoffmann: The department supports a change in federal antitrust policy such as the one currently under consideration. While the Federal Trade Commission and the U.S. Justice Department published antitrust guidelines for provider networks a few years ago, the courts have failed to even acknowledge the validity of the guidelines. Therefore, provider networks are subject to inconsistent standards. Hopefully, new federal guidelines will bring greater consistency to the rules governing provider networks.

Question: *The new Health Department policy focuses on consumer protection provisions that must appear in risk-sharing contracts. How do you believe these changes—the ability by POs and other entities to share risk—will eventually affect the quality of care in the commonwealth?*

Mr. Hoffmann: The Department of Health policy should enhance the quality of care provided through HMOs, since provider networks will be permitted to perform credentialing, utilization, and quality assurance functions on behalf of HMOs. This responsibility empowers providers to determine what care is appropriate, which health care professional should provide such care, and what types of outcomes are acceptable from a medical perspective.

Question: *Are there any precautions which the department would relay to physicians who are on the verge of forming such entities?*

Mr. Hoffmann: The empowerment of providers through the HMO-IDS policy also creates responsibilities for providers. Credentialing, utilization management, and quality assurance over one's colleagues can be extremely difficult and may affect professional relationships. Moreover, the financial management of capitated arrangements can be complicated, involving accounting for claims incurred but not reported. This responsibility may best be handled by professionals. In complex or large IDS arrangements, provider networks might consider hiring a licensed third-party administrator.

Question: *Where does the new policy place Pennsylvania in comparison with other states in the managed care marketplace?*

Mr. Hoffmann: Pennsylvania's HMO-IDS policy is in the forefront. We know of no other state that took this kind of step without a licensing component.

Public response has been supportive. Pennsylvania's policy "could be a useful guide for other states planning on setting their own standards," notes *Capitation and Risk Contracting* (January 1996). *Health Law Reporter* (April 11, 1996) writes that "Pennsylvania has launched what some observers regard as a unique plan." The new policy has also drawn favorable comment from the health care community. (See quotes throughout this article and on page 17.)

Question: *What recommendations would you have for physicians about to enter into IDS contacts?*

Mr. Hoffmann: We must emphasize that a properly administered IDS requires time, effort, and money. Networks should consult with legal, accounting, and fiscal professionals who have experience not only with creating networks, but with helping physicians and other providers administer them.

To receive the complete Statements of Policy, call:

Sharon Orlowski
Director of Managed Care Business Strategy and Special Projects
(800) 228-7823 or (717) 558-7750
E-mail: sorlowski@pamedsoc.org

"One of the keys to successful development and growth of integrated delivery systems in Pennsylvania will be state guidance geared to fostering development of innovative, community-based systems of health care. We view these statements of policy as an important step toward achieving that objective."

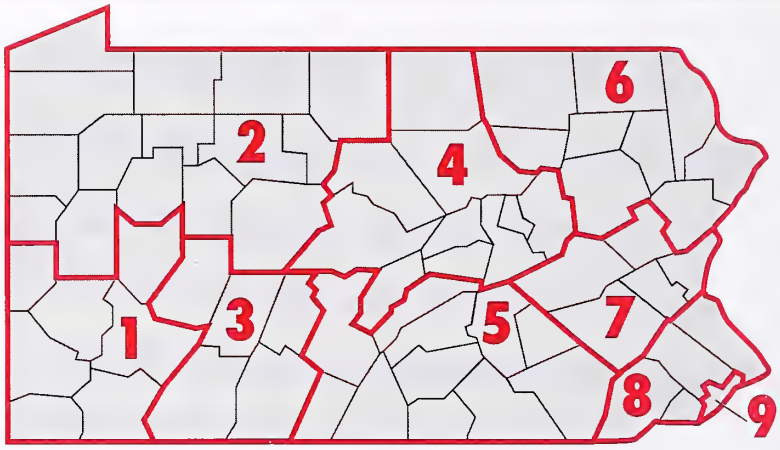
—Carolyn F. Scanlon, President and CEO
Hospital Association of Pennsylvania

"The Department of Health policy should enhance the quality of care provided through HMOs, since provider networks will be permitted to perform credentialing, utilization, and quality assurance functions on behalf of HMOs. This responsibility empowers providers to determine what care is appropriate, which health care professional should provide such care, and what types of outcomes are acceptable from a medical perspective."

—Daniel F. Hoffman
Acting Secretary of Health

Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

▶ The University of Pittsburgh Medical Center (UPMC) and Horizon Hospital System, the largest health care provider in Mercer County, have reached an affiliation agreement: UPMC will help Horizon develop new offerings in neurosurgery, psychiatry, and rheumatology. UPMC has also announced it will acquire Aliquippa Hospital and is in merger discussions with Shadyside Hospital. *[Pittsburgh Post-Gazette; Pittsburgh Business Times]*

▶ St. Clair Hospital and South Hills Health System are exploring the possibilities of an alliance or merger. Spokespersons at both institutions stressed that the talks are preliminary and would have no immediate impact on network participation. *[Pittsburgh Post-Gazette]*

▶ Physicians in Berks County are working with the PennMed Member Services Company (PMSCO), a subsidiary of the Pennsylvania Medical Society, to form the Berks County Provider Organization. Initial results of a preliminary offering showed 120 physicians who had already contributed. Stock was offered at $500 per professional share through May 15. *[Reading Eagle/Times; PMSCO]*

▶ Chester County Hospital and Brandywine Hospital have called off their proposed merger, citing changes in health care delivery since the announcement of the merger two years ago—both agree maintaining their independence is important at this time. *[Philadelphia Inquirer]*

▶ Columbia/HCA Healthcare Corporation has been in touch with several institutions in the Delaware Valley, an indication that the largest hospital chain in the nation may be considering a move into the region. *[Philadelphia Inquirer]*

▶ The Health Care Financing Administration (HCFA) has chosen 25 managed care plans in eight cities and five rural areas to pilot Medicare Choices for elderly and disabled nationwide. Among the cities is Philadelphia. Finalists to administer the program include: Independence Blue Cross, Crozer-Keystone Health System, Mercy Health Corporation, and Health Partners. *[Philadelphia Business Journal]*

▶ Mercy Health Corporation and Keystone Health Plan East announced that they are merging their Medicaid HMO plans, creating the largest plan in the state. The new "50-50" venture will be headquartered in Philadelphia and serve approximately 155,000 members. *[Philadelphia Inquirer]*

▶ Prudential Insurance Company has shut down the Medicaid managed care program in North Philadelphia that it introduced last fall. Prudential cites low enrollment and "tough" competition as the impetus for shut-down. *[Philadelphia Inquirer]*

Managed care moves, state by state

▶ Columbia/HCA Healthcare Corporation has agreed to acquire most of Blue Cross & Blue Shield of Ohio. *[Wall Street Journal]*

▶ A group of 89 Boise, Idaho, physicians have purchased stock to form Patient's Choice, Inc., which will offer a medical savings account (MSA) option to Idaho employers. Under the offering, employers will deposit $3,000 in an MSA, with employees responsible for an additional $1,000 deductible; 100 percent of expenses above the $4,000 threshold will be covered. *[Idaho Business Review]*†

▶ MedPartners/Mullikin of California is apparently the first provider in that state to receive a license to accept full risk capitation. Under the license, Pioneer Provider Network, a MedPartners/Mullikin subsidiary, will be able to accept risk for all physician and hospital services even if it subcontracts for some of the services. However, it cannot sell services directly to employers or individuals. *[Modern Healthcare]*†

▶ A survey, commissioned by the American Association of PHOs/IDSs, found that of 300 hospitals, 71 percent owned or sponsored a PHO. Seventy-four percent of the PHOs had been in existence for less than two years; 67 percent are equally owned by the physicians and the hospital. *[Hospitals & Health Networks]*†

▶ Horizon/CMS Healthcare Corporation shareholders have filed a lawsuit that accuses the company of misrepresenting facts about acquisitions, manipulating the stock price, and then benefiting from those actions. *[Patriot-News, Harrisburg]*

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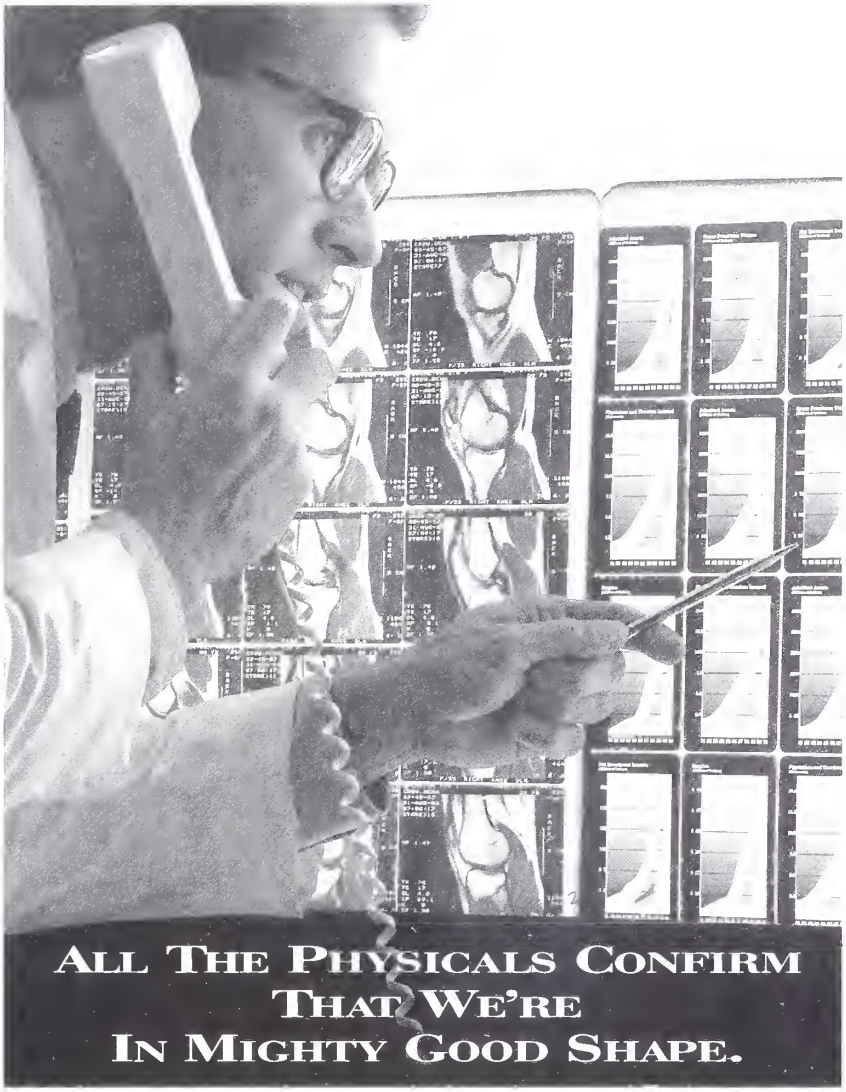
† *Excerpted from "AMA Market Trends"*



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Physician-Hospital Ventures: Is There Added Value?

Michael P. Lance

Hospitals are recognizing the importance of physician organizations in the health care delivery system. This news is encouraging, particularly as we in Pennsylvania move into a more mature managed care environment.

The present and future clearly require closer cooperation and collaboration between hospitals and physicians. While physicians should ordinarily welcome joint ventures with hospitals, they should also be careful not to rush into every joint venture opportunity presented to them. Physicians must ensure that the hospital-physician relationship results in true "added value" for them and their patients.

They should also balance feelings of loyalty to the hospital against business considerations before deciding to enter into a joint venture. Perhaps the biggest mistake physicians make when considering a hospital joint venture proposal is to participate because they feel "physicians should support the hospital." A business venture should not be based solely on what you *should* do, but rather should make good business sense—independent of professional loyalty—or it is unlikely to succeed.

Clearly, physicians should be concerned about their hospital's survival. Most physicians I have spoken with do want their institutions to remain viable and survive in their community, and they realize their future success is tied to the success of the hospital with which they are affiliated. However, no physician should enter a "bad business deal" just because a hospital is establishing a joint venture. Should physicians choose to participate in an appropriate business venture with their hospital, they *must* maintain full control over all medical decisions made by the venture.

Ordinarily, individuals and entities join together in a business to obtain capital or expertise. However, physicians must ensure that the venture is truly a business arrangement and does not include the motive for hospitals to alter the behavior of or exert control over physicians. I recall an article in *Hospitals* magazine a few years ago in which a hospital attorney stated, in effect, that "Physicians can no longer be allowed to exert their traditional independence and patient advocacy role in the hospital. Instead, they must be made partially responsible for equipping the hospital, and the hospital must be more like a business with the physicians acting under the control of businessmen."

A joint venture with a hospital cannot deprive physicians of their independence, prevent them from competing with the hospitals, or control the way they practice. The physician organizations (POs) promoted by the PennMed Member Services Organization (PMSCO) encourage collaborative relationships with hospitals in which control will be truly shared, resulting in both better health care services for patients and fair financial return for the hospitals *and* physicians.

In most business joint ventures, control of the venture is determined to be the party that is investing the most capital or has the most business acumen. However, in an HpO* (hospital-physician organization), if the doctors are the driving force in the venture, it is unreasonable for the hospital to demand control. Conversely, it is not reasonable for physicians to expect to be in control of a business for which they put up little, if any, capital. The reality is that most HpO ventures result in the need for substantial capital whereby the physicians are unable to generate matching capital. When this occurs, the "Golden Rule" ultimately prevails—meaning those with the gold *rule*.

Sometimes physicians are convinced that if they have 50 percent control or ownership in a venture, they are protected when the bylaws require a majority vote for key decisions. However, many of these ventures include the hospital as a 50 per-

** The small "p" in HpO is deliberate—to emphasize the reality of most (not all) of these types of venture relationships between hospitals and physicians.*

→

Mr. Lance is chief executive officer of the PennMed Member Services Company.

Pennsylvania Medicine®

Executive Report®

JUNE 1996

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TORT REFORM PASSES HOUSE!

As the debate raged on the House floor, lawmaker after lawmaker confirmed that our Rally for Change had gotten the message through loud and clear. Most often repeated phrase during the debate: "The physicians in my office last Tuesday told me..."

On the heels of the May 7 Rally for Change at the state Capitol, the Pennsylvania House of Representatives voted May 14 to amend the Society's tort reform language into a Senate bill on criminal justice issues. The House then approved the package by a decisive 150 to 49 vote. Representative J. Scot Chadwick (R-Bradford), prime sponsor of House Bill 2122, which was the substance of the amendment, was instrumental in convincing House leaders to take the amendment through a series of difficult parliamentary maneuvers.

After more than five hours of debate—during which Pennsylvania physicians bombarded the Harrisburg offices of state representatives—the final floor vote was taken, and the bill, as amended with our tort reform language, was sent back to the Senate for concurrence.

The procedural debate throughout the day showed mounting evidence of growing support from members of the House. Early on May 14, the House voted 108-90 that our amendment was "germane" to the bill being considered. During the lunch break, there was intensive behind-the-scenes lobbying from all sides involved. When the House returned late in the afternoon, a vote was taken on the "constitutionality" of the amendment, and we won 111 to 89. Following another victory, 105-95, on a motion to recommit the bill (and the amendment), a key vote—the vote to approve the amendment—was 129 to 71 in our favor, setting the stage for this significant victory for tort reform—and for Pennsylvania physicians.

What the Chadwick Amendment Ensures

The Chadwick amendment—as approved by the House on May 14 and now appearing as an amendment to Senate Bill 790—would ensure the following reforms:

- collateral source,
- statute of limitations,
- definitions of expert witness,
- frivolous lawsuit protections,
- volunteer arbitration,
- limits on punitive damages, and
- 10 percent mandatory insurance premium rollback provisions.

TORT REFORM FIGHT NOW MOVES TO SENATE

And it will be an even tougher battle. Your voice is needed even more.

While we've won in the House, the fight for tort reform now moves to the Senate. We are urging physicians to call their state senator's office to support amended Senate Bill 790, the vehicle containing our tort reform language. Talking points and information on our legislative proposal are available on the Tort Reform Now! hotline, by taking the fax-on-demand option:

(800) 566-TORT (8678)

Physicians may call this hotline to request information on how to reach their state senator. A recorded report on the latest legislative update will be placed on the line periodically as well.

Your State Society is now forming strategies for the battle ahead. If you'd like to help, or simply get more involved in the strongest physician organization in the commonwealth, contact us at the number above.

In this issue...

Rally for Change Is Success—1

Legislative News—3

Rally Sound Bites

"We have a difficult task before us; it will take a persistent and concerted effort. We have shown today that we have enthusiasm. We must show that we also have the commitment to secure meaningful tort reform."

—Jonathan Rhoads Jr., MD, State Society president

"Our tort system has become the joke of the industrial world. We have one lawsuit for every 10 adults in this country per year...This system doesn't just affect doctors; it affects businesses, schools, patients, the entire commonwealth... Stay vigilant and unrelenting in your office and with your legislators, to do something right for Pennsylvania. The Trial Bar stands with a size 12 wing-tip on the throat of prosperity for the citizens of the commonwealth. It's time we helped lift that foot. Tort Reform Now!"

—Mark Piasio, MD, orthopedic surgeon from Clearfield County

"You are here today to carry the message that thousands of us—indeed, all of us—do not wish to see the medical care system destroyed on the alter of avarice."

—John Lawrence, MD, State Society chairman of the board

"Those who oppose this legislation will try to say that there is no problem...You know that there is a serious problem. You know that your ability to serve your patients in a manner consistent with your best professional judgment has been seriously disrupted. We know that [this legislation] is...reasonable reform. Now is the time to carry that message, to share our knowledge with the legislature here in Harrisburg, and to share it with your communities back home. It is our job to help the people of Pennsylvania. Your patients look to you to explain their civil justice system. Together we can achieve that goal."

—Senator David Heckler (R-Bucks)

STATE SOCIETY GIVES TESTIMONY ON BLUES MERGER

Although the testimony was not presented orally due to the insurance commissioner's decision to only allow Blue Shield and Blue Cross to testify, our extensive written comments were submitted.

The Society's written testimony expressed serious concerns with the recent proposed merger of Pennsylvania Blue Shield and Western Pennsylvania Blue Cross, concentrating on three major concerns:

- the lack of any defined commitment, in either programmatic or financial terms, to the continuation of the social mission responsibilities of the two organizations;
- provisions in the proposed governance structure that both diminish the voting power of the physicians (and their concomitant ability to positively impact the quality of care), and create an insular, circular control structure that protects management; and
- the potential anti-competitive impact of the consolidation and the resulting adverse impact on premiums and quality.

The Society continues to monitor the issue.

HELP AVAILABLE WITH WORKERS' COMP QUESTIONS

Q: My patient was injured in 1994. Our billing has been sent on a timely basis with the proper documentation, our office notes, the HCFA 1500 Form and LICB9. We did file a petition for fee review when we did not receive payment after months of waiting. The WC insurance carrier has sent us two letters. The first letter says that our treatment is not "related to" the work injury. The second letter six months later said that a judge's decision had terminated benefits and that we were not going to be paid. What do we do?

A: The Pennsylvania Medical Society understands the difficulties with Workers Compensation paperwork, filing procedures and understanding Act 44. Tom Cook, a recognized expert on workers' comp issues has recently written a book exclusively for the Society, "A Step by Step Guide to Workers' Compensation."

EXECUTIVE REPORT is published by the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820. Phone 717-558-7750 or (800) 228-7823.

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BILL TO CREATE PHYSICIAN GENERAL PASSES HOUSE

A Senate vote was expected in late May on House Bill 216, removing from law the requirement that the Secretary of Health be a physician and creating the Office of Physician General.

The bill was approved by the Senate Public Health and Welfare Committee, after an amendment was adopted addressing many of the concerns raised by the Society. Amendments by House members would retain the community health centers and state laboratories that are privatized in the 1996-97 fiscal year budget. A final amendment removed a Society-supported requirement that the non-physician secretary of health hold at least a graduate degree in public health. Representative Elinor Taylor (R-Chester) is prime sponsor.

OTHER LEGISLATION

House Bill 1468—Medical Savings Accounts

The Senate Banking and Insurance Committee, over the objections of the Insurance Federation, approved this bill to permit the creation of employee-funded medical savings accounts. Sponsored by Representative Nicholas Micozzie (R-Delaware), the bill would permit a person or an employer, for the benefit of an employee, to deposit up to $2,500 in a medical savings account for an individual and up to $5,000 for an employee with dependents. The amounts would be adjusted each year based on the change in the medical component of the national consumer price index. The bill was sent to the Senate Appropriations Committee, but is expected to go back on the Senate calendar after a fiscal note is prepared.

Act 24 of 1996—Domestic Violence Victim Discrimination

The governor has signed into law legislation, strongly supported by the Society, that prohibits insurance discrimination against the victims of domestic violence. Representative Pat Vance (R-Cumberland) is prime sponsor.

House Bill 1977—Mother and Infant Health Security Act

This bill prohibiting "drive through deliveries" by requiring coverage for the mother and new child for at least 48 hours after delivery passed the House on April 9 by a 194-0 vote. Prior to passage, the House added a "gag rule" prohibition amendment and a restriction on co-payment for home health care visits after delivery. The Society will continue its aggressive support in the Senate.

CAT FUND LEGISLATION

House Bill 2210—CAT Fund Payments

In February, the House approved this bill, supported by the Society, to permit those covered under Act 111 to make installment CAT Fund payments in 1996. It is now in the Senate Banking and Insurance Committee.

House Bill 2294—CAT Fund Privatization

Representative Nicholas Micozzie (R-Delaware) introduced this bill shifting the CAT Fund coverage to those under Act 111 to the private sector over a period of five years. The Society opposes this bill, and advocates comprehensive CAT Fund and tort reform.

Senate Bill 1122—CAT Fund Reforms

The Society supports this measure aimed at reforming the CAT Fund by shifting powers to the basic carrier, by using prevailing primary rates as the basis for surcharge calculations, and by foreclosing the need for future "emergency" surcharges. The Senate Banking and Insurance Committee has held several public hearings on it, and inserted amendments.

SEND US YOUR "GAG RULES"

Physicians are encouraged to mail or fax to the State Society any third party payor contracts that include language you believe to be a "gag rule." The Society's Managed Care Priority Work Group is collecting examples and will work with insurers to remove gag rules from physician contracts.

A gag rule is defined as contract language that prevents physicians from giving patients information about treatment options that may or may not be covered by their health plans, even if these alternative treatments are safe, effective, and necessary.

Send contracts to:

Sharon Orlowski
Pennsylvania Medical Society
777 East Park Drive,
Harrisburg, PA 17105-8820

or fax:
(717) 558-7841

or phone:
(800) 228-7823, ext. 1495.

Been Internet Browsing Lately? Stop at these New Web Sites

Say hello to:

- Montgomery County Medical Society at http://www.netaxs.com/-mcms

or

- the Delaware County Medical Society at: http://www.netaxs.com/-dcms.

There's sure to be more to come!

NEW RULES EFFECTIVE JULY 1 TIGHTEN MEDICARE BILLING IN TEACHING HOSPITALS

Watch for more information in Society publications.

These regulations will define when a physician may bill for a resident's services, and will replace those currently in effect based on Intermediary Letter 372 and a number of regulatory and statutory standards.

Generally, the new rules will require the presence of the teaching physician during the "key portion" of the procedure performed by a resident. The State Society's Council on Health Policy and Advocacy reviewed the new Medicare rules and presented information to the Society board at its May meeting. Clarifying information is expected to continue to flow from Medicare.

The new rules do not apply to Medicare managed care patients or to physicians paid on a cost basis—only to Medicare fee-for service patients. The AMA, the State Society, and other groups are continuing to work with Health Care Financing Administration to clarify the new policy. At press time, there were a number of clarifications to the new rules being announced.

The new "rule" will be discussed in the July issue of PENNSYLVANIA MEDICINE. Also, Society staff is working with Xact Medicare Services and Pennsylvania Blue Shield to develop instructional materials such as a "Teaching Documentation Guidelines" handbook, seminars, training programs for residents, and a video. For more information contact the Society's Department of Medical Economics.

PRIVATE BLUES BUSINESS TO DROP PROPRIETARY FORMAT

Is your office prepared for this change?

Beginning July 1, the Health Care Financing Administration (HCFA) will reduce the 400 local and proprietary electronic claim forms it currently handles to two: the National Standard Format (NSF) and the format of the American National Standards Institute (ANSI). The change is caused by HCFA's effort to reduct its administrative costs.

Physicians currently submitting electronic claims to Pennsylvania Blue Shield private business in the proprietary format must also convert to either X12 or National Standard Format by December 31, 1996. This is consistent with the federal Health Care Financing Administration's announced intention to eliminate acceptance of the proprietary format for Medicare electronic claims by mid-1996. Xact Medicare Services has already required the conversion, effective March 31, 1996.

If you don't convert by these dates, you may not be able to submit your claims electronically. For more information contact Dennis Olmstead in the Society's Department of Medical Economics, extension 1466.

BLUE CROSS OF NORTHEASTERN PA AND CAPITAL BLUE CROSS ANNOUNCE INTENT TO MERGE

Coming on the heels of the Western Blue Cross/Pennsylvania Blue Shield merger, the decision is no real surprise.

Blue Cross of Northeastern Pennsylvania and Capital Blue Cross announced on May 3 their intent to merge. If the merger is approved, the resulting company would provide health benefit services for more than 2 million people in 34 Pennsylvania counties. Corporate headquarters will be located in Harrisburg, with significant presence in the Wilkes-Barre and Lehigh Valley areas. The exact date of the merger is not known at this time.

Blue Cross of Northeastern Pennsylvania is headquartered in Wilkes-Barre and serves 630,000 members in Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming counties. Capital Blue Cross is headquartered in Harrisburg and serves nearly 1.5 million members in Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York counties.

cent partner, and the physicians as *individuals* represent the other 50 percent. Such a relationship often results in an illusion of equal control; however, in this situation the experienced corporate attorneys know that when one party has 50 percent control of the stock venture, and the balance is spread among dozens or hundreds of individuals or entities, the 50-percent single-entity shareholder controls.

The likelihood that the hospital directors will always vote in a block is fairly certain, while the individual physician directors may not always be unified. In fact, the hospital may influence the vote of individual directors, which minimizes the effect of truly equal physician control of the decision-making processes. The key message here is that physicians should organize into a PO prior to joint venturing, in order to participate in the joint venture on a reasonably equal footing with the hospital.

True added value for physicians goes beyond whether the joint venture offers a good "business" opportunity. Physicians must carefully evaluate how much of their professional independence and autonomy will be sacrificed in the venture. As good as a deal offered by the hospital might look in the short-term, if the arrangement further erodes physician independence, it could ultimately prove quite costly in the long term.

This is particularly of concern with the trend for primary care physicians to sell their practices for short-term monetary gain, while sacrificing their independence, autonomy, and the future monetary value of their practice. Physicians must remember that a well-managed, appropriately structured PO can provide the same benefits touted by a HpO, such as facilitating contracting for physicians and hospitals, and providing cost-effective, quality health care to the community.

Under the right collaborative circumstances, physicians, hospitals, employers, and patients can and should benefit. Unfortunately and all too often, hospitals do not see a joint venture as a way to improve relations and build a bond with physicians, but rather as a way to improve the hospital's ability to *control* physicians. Given this potential, physicians should seek expert assistance and carefully evaluate all joint venture opportunities.

For more information or to contact the offices of PennMed Member Services Company, call (800) 228-7823 or (717) 558-7750.

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Court Affirms Relatives' Right to Shut Off Life Support

Susan M. Weber, Esq.

The State Society's litigation efforts have included acting as *amicus curiae,* or friend of the court, in many cases which affect the clinical practice of medicine. On April 2, 1996, the Pennsylvania Supreme Court handed down the decision *In Re Daniel Joseph Fiori,* its first-ever guidelines on an important right-to-die issue. The court ruled that a close relative, with the consent of two qualified physicians, can decide to shut off life support to a patient in a persistent coma.

Daniel Joseph Fiori suffered serious head injuries in a motorcycle crash in 1972 at the age of 20. As a result, he was comatose for approximately one year. When he regained consciousness, he was partially paralyzed and had extremely limited cognitive abilities. He remained at home with his mother, Rosemarie Sherman, enjoying a simple life, until he was hospitalized for treatment of a broken leg three years later. During his stay at a Veterans' Hospital, he suffered a seizure, and, from 1976 until his death at the age of 42 in February 1995, he remained in a persistent vegetative state (PVS).

His mother cared for him at their home in Bucks County for 16 years, until ill health forced her to admit Joey to a nursing home. She then came to terms with the fact that Joey was not going to regain consciousness, and after consulting with physicians and her clergy, requested that the nursing home remove the gastrostomy tube through which he had been fed. Joey had prepared no advance directive, but Mrs. Sherman believed that he would not want to remain in a PVS indefinitely.

The nursing home refused to comply without a court order. The Bucks County Court of Common Pleas granted the request, authorizing removal of the gastrostomy tube and all life-sustaining treatment. The attorney general then appealed this decision to the Pennsylvania Superior Court.

The Superior Court, in a divided panel, initially reversed the lower court decision. Both the attorney general and Mrs. Sherman requested reargument *en banc* (including all members of the court), which was granted. The *en banc* court's lengthy opinion, issued just three weeks before Joey died of pneumonia, affirmed the trial court's order.

In instances in which an individual in a PVS left no advance directive, decisions to remove life-sustaining treatment could be made by close family members, with the approval of two qualified physicians. In addition, the court held that ordinarily, courts need not be involved.

The attorney general sought review by the Pennsylvania Supreme Court, which was granted three weeks after Joey's death. Although technically moot, the court granted review because of the important issues involved. Its decision, issued April 2, 1996, affirmed the decision of the Superior Court. The Supreme Court declined to analyze the case on constitutional grounds, opting for a common law approach, particularly with respect to the basis for the right of self-determination.

From the right to refuse medical treatment, long accepted under common law, evolved the doctrine of informed consent and its corollary, the right to withdraw treatment already begun. These rights do not terminate upon the individual's incapacity. These rights, however, are subject to a balancing against the interests of the state: protection of third parties, prevention of suicide, protection of the principles of medical ethics, and the preservation of life.

The court held that the first two state interests did not apply in this case. Joey had no dependents for whom his death would be a financial or emotional burden; moreover, the prevention of suicide was not an issue, because the outcome here was the natural death process. The court relied upon assurances by *amicus curiae,* the Pennsylvania Medical Society, for its finding that the principles of medical ethics would not be compromised, thus eliminating the effect of the third state interest at issue.

Ms. Weber, former assistant general counsel for the Pennsylvania Medical Society, maintains a health law practice, Weber & Weber, in York.

The court held that the fourth state interest, that of preserving not only the life of the individual, but of life in general, while the most significant of the four, does not outweigh the individual's rights: "The state's interest in maintaining the PVS individual in an endless twilight state between life and death is so weak that it cannot overcome the individual's right to self-determination."[1]

In addition to the analysis of the rights of the individual *vis-a-vis* the rights of the state, the court discussed the implementation, including the standards that should be applied, of the individual's right to discontinue life support. Because the Pennsylvania Advance Directive for Health Care Act (20 Pa. C.S. § 5401 *et seq.)* addresses only those circumstances in which an individual has written an advance directive, it did not apply under these circumstances. The court adopted the standard that has been adopted by many other state courts as well as the Pennsylvania Superior Court in its *en banc* opinion in this case, that of a substituted judgment made by a close family member.

Those who are closest to the individual should know the personality of the individual, as well as his or her personal values, philosophy, and religious or ethical perspectives, and would thus be able to achieve as closely as possible the same decision the individual would make if he or she were able.

The court agreed with the Superior Court that the substituted judgment decision should be made in conjunction with the written opinion of two physicians "qualified to evaluate the patient's condition," but did not elaborate concerning the characteristics of these qualifications. In addition, the patient's attending physician, if any, must also concur. The court approved of the lower court's decision to permit Mrs. Sherman to make the decision to remove life support in this case.

In addressing the attorney general's argument that the clear and convincing evidence standard should apply, the court stated, "...we find the clear and convincing evidence test to be overly restrictive, one which would thwart the PVS patient's right to determine the medical care to be received."[2] Further, the court stated that if the clear and convincing evidence standard was required, the unsophisticated or uneducated individual would not be eligible for removal of life support because of his inability to concretely and expressly make his wishes known.

"THE STATE'S INTEREST IN MAINTAINING THE PVS INDIVIDUAL IN AN ENDLESS TWILIGHT STATE BETWEEN LIFE AND DEATH IS SO WEAK THAT IT CANNOT OVERCOME THE INDIVIDUAL'S RIGHT TO SELF-DETERMINATION."

Finally, the Supreme Court held that where there are no disagreements between the interested parties, and when the physicians and the close family members agree, courts should not be involved.

In closing, the court emphasized that its decision was limited to the case in which a previously competent individual left no advance directives with respect to the withdrawal of life-sustaining treatment and was in a persistent vegetative state. It declined to comment on those cases in which the withdrawal of life support for a never competent individual is at issue, where a "best interests" standard might be considered.

"Offering its first-ever guidelines on an important right-to-die issue, the Pennsylvania Supreme Court ruled Tuesday that a close relative, with the consent of two qualified physicians, can decide to shut off life support to a patient in a persistent coma...

According to Choice In Dying, a New York group that advocates the rights of dying patients, the ruling makes Pennsylvania the twenty-fifth state to have a law or legal precedent permitting close relatives to make life-sustaining treatment decisions."

—The Patriot-News, Harrisburg
April 4, 1996

References

1. Slip opinion, at 8.
2. Slip opinion, at 11.

This case summary was prepared for the April 1996 issue of the National Health Lawyers Association's *Health Law Digest* and is reprinted with permission.

Asset Accumulation Is Important to Success

Ronald J. Paprocki, JD, CFP

The achievement of your long-term financial goals is closely tied to your ability to accumulate assets. This process requires three key elements to be successful: First, you need to exercise discipline; second, you need to maximize tax advantages; and third, you need to make the proper choice of investment categories to be used for your savings. A regular and systematic method of setting aside money for future use certainly makes sense.

The impact of beginning this process early is extremely powerful. In addition, the ability to employ various tax advantages will allow you to maximize the long-term growth of your assets. This is especially important in view of our country's increasing tax rates.

In today's investment environment there is certainly no shortage of information, products, and "experts" who can supposedly help you accomplish your goals. In spite of the seemingly endless amount of information, there is a sound method to use when approaching your personal investment strategy. Studies have proven that there are three key determinants that impact how well your investment portfolio will perform. These are: 1) product selection, which relates to the issue of whether or not you buy product A or product B; 2) timing, which relates to whether or not to buy or sell a particular asset at a given time; and 3) asset class selection, which relates to the idea of to what extent you may invest your funds in stocks, bonds, or cash.

Of these three key determinants, the most important element is asset class selection. Over 90 percent of total investment performance can be attributable to this determinant. Your decision in this area is the driving force of the lion's share of your investment performance. Product selection and market timing each contribute less than a five percent impact on the total performance of your investments.

This means, then, that you would do well to concentrate your efforts on this key determinant of portfolio performance. If you are able to accomplish 90 percent of your objective by successfully completing the asset class selection, the value of investing substantial amounts of time in product picking and market timing take on little significance.

This realization has allowed many physicians to appropriately focus their attention on the practice of medicine rather than on trying to capitalize on the latest investment fad. The asset class selection decision is not only important by being able to accomplish over 90 percent of the return of your portfolio, but is also an excellent way to be able to minimize the amount of investment risk that exists with any given investment combination.

Mr. Paprocki is chief executive officer of Medicus Asset Advisers, Inc., an associate of AMA Investment Advisers, LP, Chicago.

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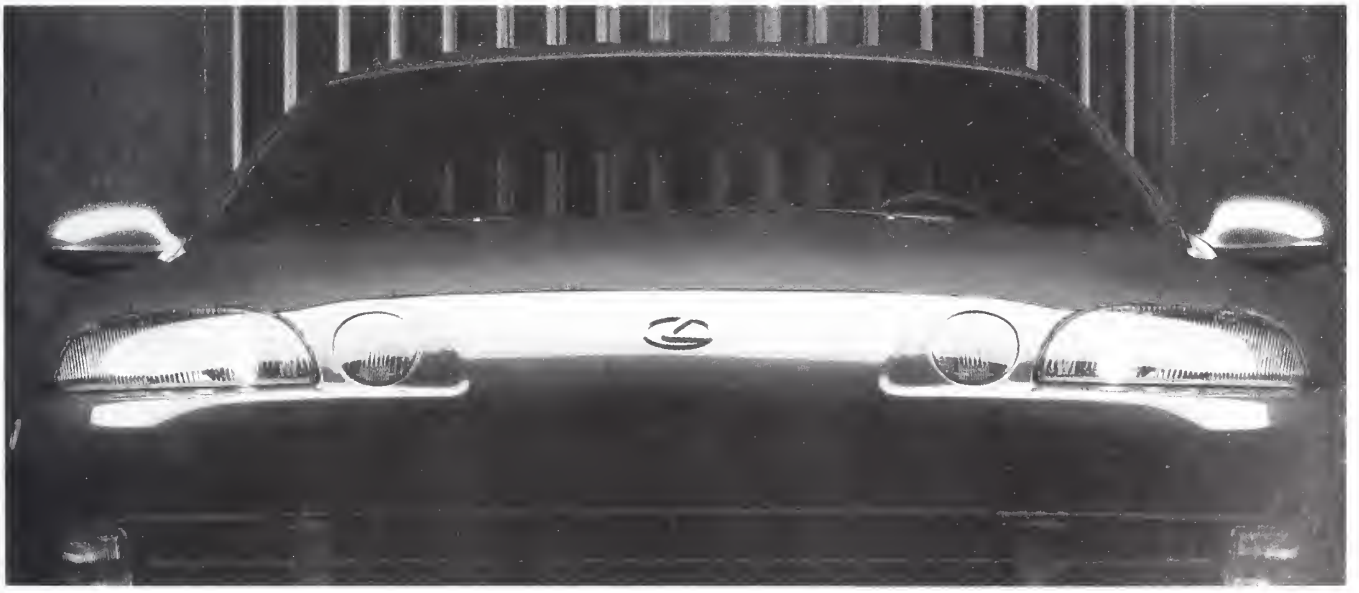

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Making A Difference in Bosnia

Robert P. Carlson

Christopher and Judy Chapman never did go skiing in Colorado in 1992. Instead Christopher underwent an emergency quadruple coronary bypass procedure. As he recovered, they planned another trip, this time to Medjugorje in Central Bosnia. Since their first flight in May 1992, they have returned more than 35 times.

Christopher Chapman, MD, is a radiologist and nuclear physician at Easton Hospital where he serves as the associate in charge of the Division of Nuclear Medicine. He attended Syracuse University Medical School and completed his fellowship in nuclear medicine at the University of Connecticut. He's been practicing medicine in Easton for 10 years.

In a recent conversation, Dr. Chapman shared with PENNSYLVANIA MEDICINE the remarkable story of how his life, his family's life, and thousands of other lives have changed for the better as a result of his work in Bosnia.

Question: *What do you do in Bosnia?*
Dr. Chapman: My wife and I are the founders of the Catholic Medical Foundation. Its mission is to help victims of the war in the former Yugoslavia regardless of their race, creed, or religion. We fly there every six to eight weeks delivering medical supplies, equipment, pharmaceuticals, and personnel—doctors, nurses, dentists, and other people like us who have a desire to help. We go where they have virtually no medical resources.

Question: *No resources because of the conflict?*
Dr. Chapman: Yes. The war's over, but when we started in '92, UN troops were pulling out of war zones as we were going in with local physicians who stayed or had fled from ethnically cleansed areas. We would bring the medicines we had, interview what medical personnel were there to find out what they needed, and leave with a laundry list of requests.

Question: *When you say ethnically cleansed, you're talking about areas captured by the Serbs?*
Dr. Chapman: Correct.

Question: *What kinds of things were on your lists?*
Dr. Chapman: For example, the vascular surgeon at the White Hill Hospital in Mostar had no operating table, so we got him one.

Question: *Where do you get something like that?*
Dr. Chapman: We contact local hospitals like the Lehigh Valley Hospital Center, St. Luke's, and other hospitals along the eastern seaboard that have outdated, retired equipment. They donate it to us.

Question: *How do you get it over there?*
Dr. Chapman: Much of the critical equipment we take is by air freight. We have shipped over 40 sea containers, including a dozen ambulances. We fly over to meet the ships and pick up the medical supplies in the port. The Franciscans donate their warehouses and their personnel to guard them. Everything is on a volunteer basis. Federal Express donated a fleet of vans so we can deliver the materials and go into new cities or towns where we interview the medical personnel, inspect the hospital, take photographs, and make another list.

Question: *Give us an example of an actual town.*
Dr. Chapman: Well, in Mostar, the Herzegovinian provincial capital in Bosnia, the White Hill Hospital formerly had 350 physicians on staff. When the war broke out, many were killed by snipers and most fled. A skeletal crew of 30 physicians remained. We were able to recruit a neurosurgeon, an anesthesiologist, an orthopedic surgeon, and a vascular surgeon from other ethnically cleansed areas to come to Mostar and hold on to that hospital.

We also started medically evacuating individuals, particularly children. One two-year-old boy had a congenital tumor of the brain. The only hospital in Europe that could treat the child was in Paris, and they declined. So I brought the boy's medical records and x-rays back to the Children's Hospital (CHOP) at the University of

Mr. Carlson is a freelance health care writer based in Indianapolis, Indiana.

Pennsylvania in Philadelphia. Dr. Robert Hurst, who's a neuroradiologist, and Dr. Luis Schut, who is the neurosurgeon at CHOP, said they would be happy to help. So we flew the child over with the parents and admitted him at CHOP, where Dr. Hurst did a procedure called thromboembolization and saved this child. This is all unreimbursed, compassionate care. Shirley Bonem, the vice president of administration at Children's Hospital, has been very, very supportive.

Children also make up a large number of the war casualties, because the three primary military targets in ethically cleansed areas have been schools, hospitals, and churches. If you destroy the church, school, and hospital, they have no place to pray, no place to take their children to get an education, and no place to take their wounded. So they leave. That's how ethnic cleansing works.

Question: *Why did you start the Catholic Medical Foundation?*
Dr. Chapman: I had just recovered from coronary bypass surgery and decided to go on a spiritual retreat to the site of the Marian apparition in Medjugorje. The apparitions started in 1981. It became like Fatima in Portugal or Lourdes in France.

The war broke out in Bosnia the day before my wife and I arrived in Medjugorje. The artillery just kept the night sky lit like it was daylight, it was so intense. I remember wondering if I survived heart surgery only to become fertilizer for the Balkans.

Based on the spiritual experiences I had at this holy place, I decided to come back one more time to bring medicine, oxygen, and other supplies the overwhelmed doctors and nurses had requested. We really didn't go with any intention of doing what we're doing today.

Question: *Why Medjugorje?*
Dr. Chapman: While I was recovering, I was given a book on Medjugorje. I have to choose my words carefully so I don't sound like I'm hallucinating, but there was clearly a force, an inner voice, a power, something saying, "You're to go to Medjugorje. You have to go there."

Question: *What do you say to physicians who read this and wonder how a doctor all of a sudden finds himself responding to something that is not very scientific, at least not according to how we define science today?*
Dr. Chapman: I tell them in so many words what I've told you. I just say, hey, I was a dead man. I'm not, and I know why I'm not. Deep down, I would say the vast majority of people who come with me go for the same reason I went four years ago. They're trying to resolve something spiritual, and when they come back, their lives are changed, they've found what they were searching for, and they want to go back.

Judy Chapman (left) and Dr. Chapman (right) visit with Moira Kelly, codirector of the Dispensary Children in Crisis Refugee Camp in Cuplinia, Herzegovina.

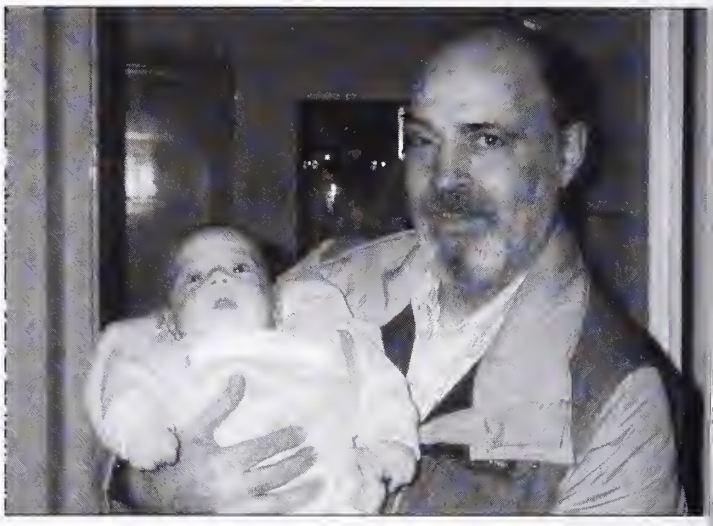
Question: *So this was your second trip to Medjugorje?*
Dr. Chapman: Right. That second trip was in July 1992. We brought about 300 boxes of materials, and the doctors and nurses there were so overwhelmed and grateful, they asked if I could come back just one more time with this and this and this.

Question: *Have these trips changed over time?*
Dr. Chapman: For sure. On our last trip, we shipped a CAT scanner over to Dubrava Hospital in Zagreb. The situation has changed from MASH-type medicine to meeting the conventional needs of metropolitan hospitals in the main coastal cities that are bankrupt and overwhelmed with hundreds of thousands of refugees. On the top of their lists are ambulances, high-tech equipment, pharmaceuticals, and physicians.

Even though the war was still going on in '93, we decided that the Croatians would be able to hold Mostar, so we brought over 25 Cobe dialysis machines that were donated by hospitals such as St. Luke's here in Bethlehem and the Lehigh Valley Hospital. The dialysis company, Fersenius, donated reagents and disposable tubing to run this dialysis center for us.

→

We brought over Dr. Robert Pursell, a nephrologist at St. Luke's Hospital and Easton Hospital, whom I know professionally and personally. He made recommendations, brought over pharmaceuticals, books, teaching materials, and now there's a dialysis center in Mostar. Their nephrologist will probably be coming to the Lehigh Valley to receive advanced training with Dr. Pursell.



Volunteer Gilbert Norstrum holds one-month-old Vlado, the first baby successfully delivered at the Dam Zdravlja Ljubuski Birthing Center in Ljubuski, Herzegovina.

In the capital city of Zagreb, they have thousands of patients who need life-saving heart surgery, so we've recruited willing, dedicated, and talented specialists such as Dr. Michael Sinclair, who is a cardiothoracic surgeon at Lehigh Valley Hospital. He'll be going with Debbie Zarro, who's a perfusionist.

Rheumatic heart disease, which predisposes to valvular involvement, is very widespread in the Balkans, as is end-stage renal disease. So the health minister asked us if we could help open a second heart center.

Well, we did that last year at Dubrava. We brought ultrasound machines, heart-lung machines, Datascope balloon pumps, and opened three operating rooms. The physician who performed my surgery is a highly respected valvular surgeon at Norfolk Heart Center by the name of Hormo Azar. He's going over at the end of Ma with an invasive cardiologist to show ther the latest techniques in valvular repair.

Replacement aortic or mitral value cost $3,000 to $5,000. Over there, $5,00 could save 100 people with antibiotics. S we went to valve companies like St. Jude' Baxter, Medtronic, Carbonetics, and sai "Would you give us some valves?" The were extremely generous and donate about 150 valves. In a couple of year these Eastern European hospitals will b on their feet, and they're certainly going t remember these American companie that helped them.

Question: *What's been the response physicians who volunteer in Bosnia?*

Dr. Chapman: D Pursell and Dr. Si clair have found it very rewarding exp rience, and they wa to keep going bac Dr. Sinclair is goi back his third tin for two months th summer. I think gives new meaning being a physicia You are the diffe ence between som one living or dyir and you reali maybe you do ha a purpose in life, give back—even it's not in your ov

Even in war, there are moments of happiness. Here, Dr. Chapman talks with a young boy in remission.

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References:

1. U.S. Patent #4,931,305. (Ingredients also include L-lysine hydrochloride and Silicon dioxide.) **2.** Kawasaki, K, Itoh, K. The report on Pansalt*: medical and nutritional studies on the mineral salt "Pansalt." Presented at CGC (3/23/96). **3.** Mervaala, EMA et al. Replacement of regular salt by a novel alternative improves the cardiovascular effects of the ACE inhibitor enalapril. *Hypertens Res.* 1994;17:59-69. **4.** Mervaala, EMA et al. Replacement of salt by a novel potassium- and magnesium-enriched salt alternative improves the cardiovascular effects of ramipril. *Br J Pharmacol.* 1994;111:1189-1197. **5.** Mervaala, EMA et al. Cardiovascular effects of felodipine are not antagonized by dietary salt. *Eur J Pharmacol.* 1994;255:73-79. **6.** Mervaala, EMA et al. Improvement of cardiovascular effects of metoprolol by replacement of common salt with a potassium- and magnesium-enriched salt alternative. *Br J Pharmacol.* 1994;112:640-648. **7.** Data on file, Applied Microbiology, Inc.

**Pansalt is a registered trademark of Oriola Oy for the Cardia formulation.*

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borders—something that was given to you.

Question: *I understand your wife is a nurse?*
Dr. Chapman: Right. Judy was an intensive care nurse, and she's also a speech pathologist. She has been fitting children with hearing aids through the help of Janet Westland, who is a speech and hearing audiologist, and Dr. William Weber, an otolaryngologist here in Easton. Janet has gotten all of these hearing aids donated for little kids who are deaf from shel-ling. My wife has accompanied me, as have our three boys... Chris is 25, Jeremy is 18, and Ian is 13.

At first, they were resentful because Judy and I really had no time with our family for two years. We finally said, "Why don't you come with us?" We brought Jeremy, and then we brought Ian. They just loved the people and their sincerety. Last summer, Chris went. He's in medical school and was overwhelmed by the plight of these people. So finally they said, "Okay, we realize why you're doing this now."

"...you realize maybe you do have a purpose in life, to give back—even if it's not in your own borders—something that was given to you."

Question: *How do you maintain your practice in Easton?*
Dr. Chapman: I just use all my vacation time to go over there. The radiologists in my group have been very supportive and allow me flexibility with my time.

Question: *How long are you going to do this?*
Dr. Chapman: Well, until the good Lord directs me someplace else. We've had no problem getting people interested because Bosnia is in the news. Now that this war has stopped, their problems are really going to start. We can't save the world, but the commitment we want to make is, we're going to stay there five, 10 years, until their medical system is back on its feet.

If You'd Like to Help...

"What we're interested in is good, used medical equipment in hospitals," says Dr. Chapman," especially equipment that would help our cardiothoracic center in Zagreb." His wish list includes x-ray units, lab equipment, angiographic equipment, ultrasound units, diagnostic equipment, cavitrons, surgical equipment, and pulse oximeters.

"Essentially, if you have something that's in good working order, we can find a home for it. It should be no more than five to seven years old, unless it's something unusual. All we ask is that the hospital has it checked out and that it works," says Dr. Chapman.

He encourages physicians to contact their hospital's purchasing agent. That's the individual in the organization who would know what equipment is tucked away and retired. The Catholic Medical Foundation is registered with the government for tax deduction purposes, but for most hospitals, that's usually not important, because they're tax exempt themselves.

"Any doctors who read this and say, 'Gee, I'd like to do that,' we'd be very interested in talking with, especially cardiothoracic surgeons who would like to go to a university environment in Zagreb and donate a couple of weeks to a month," Dr. Chapman says. "We need another surgeon there to help out, showing them techniques and helping them expand their program. We provide you with free room and board over there, so the only expense to you is really your time off and your plane fare."

Here's how to get in touch:
Catholic Medical Foundation
3555 Santee Mill Road
Bethlehem, PA 18017
(610) 865-5437

Leadership Conference Draws Families and Friends

The crowds at Leadership Conference had a different look this year, as the State Society hosted its first weekend conference attended not only by physicians but also, for the first time, by their families. The three-day event—held April 19-21 and themed, "Medicine in the '90s: A Family Affair"—brought more than 420 people to the Holiday Inn Lancaster Host Hotel, in the heart of Amish Country.

A look at technology

Technology was the focus of the first afternoon of the conference, as keynote speaker David Pearce Snyder, LifeStyles editor of *The Futurist* magazine and a social forecaster, discussed "Inevitable Forces Altering Our Health Care System."

According to Snyder, there are several problems confronting American medicine in the '90s, most notably that American medicine is in the middle of a technological revolution. "Health care is the largest industry in America," he said, "so whatever happens in America will happen to health care." Snyder believes it takes 50 to 100 years "to assimilate" new technology, so we shouldn't be surprised to find ourselves in the midst of this revolution.

He also referred to managed care as "a transitory problem," which would solve itself as the revolution progresses. He touched upon the concepts of "virtual organizations" (which go beyond groups without walls), expert systems, and the new "Intranet." And he explained that in order for computers to help our economy—in which family income has been stagnant for the past 20 years—they must help people make better decisions.

Medicine is in interesting times, he concluded. We've come a long way, but we've a long way yet to go.

One example of how far technology has come since the 1950s is the development of teleconferencing, demonstrated following Snyder's session. Lt. Governor Mark Schweiker addressed physician attendees live via satellite from Harrisburg. The subject of this interactive discussion was how the commonwealth is using technology, including in programs for children and safety initiatives. PA HealthNet, a state-funded project linking Temple University, Penn State's College of Medicine at The Milton S. Hershey Medical Center, and the University of Pittsburgh with many other sites, was also discussed.

Diane Swanciger, a computer consultant from Camp Hill, explains to workshop participants how Windows 95 can make PCs more user friendly.

Regina M. Benjamin, MD, MBA, a solo family practitioner from Alabama who in 1995 became the first Young Physician Trustee elected to the AMA, concluded Friday's formal program with talk of another rapidly changing subject—medical ethics. "We are the *profession* of medicine," said Dr. Benjamin, "and as such we have twin obligations: to heal or bring comfort to our patients, not to harm them; and to bring only honor and respect to our profession." She advocates making ethics part of medical licensure and believes, "To me as a young physician, the way to reinvent medicine is to always keep our ethical principles and professionalism in every aspect of medicine. If we do that, [no matter what changes come our way], we will be prepared for the twenty-first century."

Workshops emphasize skills

Saturday's program featured seven workshops:

Dr. Dench

- *Hands-On Computers: Windows 95*—Edward H. Dench Jr., MD, a member of the Society's board, and Dianne Swanciger, a computer consultant from Camp Hill, demonstrated how Windows 95 can make PCs more user friendly.
- *Coping with the Stress of a Medical Career*—Timothy R. Brigham, PhD, assistant dean for graduation and continuing medical education, Jefferson Medical College of Thomas Jefferson University, Philadelphia, explored how "life management" skills can help manage stress and achieve professional satisfaction.

Dr. Freiberg

- *Exercising Effective Leadership in a Managed Care Environment*—Kevin Freiberg, PhD, president of the San Diego Consulting Group, examined the qualities of extraordinary leaders and how physicians can apply these qualities to affect change in a managed care environment.

Ms. Dugan

- *Principles of Effective Public Speaking*—Amy Dugan, the Society's director of media relations and an experienced instructor in public speaking, showed participants how to influence, motivate, and inform when speaking in public.
- *Strategies for Boosting Dollars Spent on Patient Care*—Gerald R. Phelan, MD, shared the knowledge he gained about the managed care marketplace while developing an independent practice association in Chestnut Hill. He discussed how premiums are distributed, negotiating leverage, hospital relationships, and risk sharing.
- *Gender Communications: You Just Don't Understand Me!*—Nancy Dering Stark, president of the Dering Consulting Group, explored the

During a panel discussion on "Physician Empowerment," Robert Pyatt Jr., MD, a radiologist involved in PHO activities in Chambersburg, suggested new and innovative CME topics to educate physicians on changing health care models.

communications styles of men and women, and offered advice on how to communicate more effectively with the "opposite" sex.

Dr. Ubel

• *The Ethics of Managed Care*—Peter A. Ubel, MD, of the University of Pennsylvania's Center for Bioethics, examined some of the ethical dilemmas physicians face because of managed care dictums and offered a practical framework for making ethical decisions.

Saturday concluded with a dinner hosted by the Pennsylvania Medical Political Action Committee and featuring U.S. Senator Rick Santorum as speaker.

Recognition, managed care

Sunday's program began with the Presidential Address by State Society President Jonathan E. Rhoads Jr., MD, who focused on the Society's legislative activity, the commonwealth's new risk-sharing policy, and the May 7 "Rally for Change" (see pages 5-9). James R. Regan, MD, vice chair of the Society's board, then presented the Society's Physician Volunteer of the Year Award to Charles R. Mershon, MD, a Lititz family practitioner (see box at right).

The remainder of Sunday's program focused on managed care, beginning with a panel discussion moderated by Dr. Regan and concluding with Executive Vice President Roger Mecum's annual "State of the State" presentation.

The panel discussion, entitled "Physician Empowerment: The Attainable Goal," focused on reasons to empower physicians in the changing medical environment. Panelists—including Pennsylvania physicians Thomas Brandecker, MD; Gary Brown, MD; Frederick Doerfler Jr., MD; William Mahood, MD; Robert Pyatt Jr., MD; and Earl Schulte, MD—relayed personal experiences with IPAs and PHOs, the need for physician unity, the role of CME in the changing medical environment, medical ethics in the '90s, and how to organize.

State Society Executive Vice President Roger Mecum, in analyzing the trends of today's health care environment, noted the increasing market share of managed care statewide. Pennsylvania currently has 24 licensed HMOs, and another 11 managed care plans are in the pipeline. Nationwide, 20 percent of patients are in managed care plans; but in Pennsylvania, that number is approaching 25 percent.

Though managed care is moving in quickly, the Society is taking a lead in several efforts to assure that physicians' marketplace needs are met and to promote physician independence, according to Mecum. Because Society membership remains a priority, he also urged physicians "to bring their colleagues in" to listen to what the Society has to say.

In the end, Mecum said, it will come down to survival of the fittest. The Society, he said, is "putting forth extraordinary effort in these extraordinary times."

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State Society President Janathan E. Rhaads Jr., MD, was "picketed" by members of his audience during his address at the Pennsylvania Medical Palitical Actian Cammittee (PAMPAC) dinner an April 21 in Lancaster. The picketers supparted his message to attend the May 7 Rally far Change.

Lititz Physician Honored for Volunteer Efforts

The Pennsylvania Medical Society awarded its 1996 Physician Volunteer of the Year Award to Charles R. Mershon, MD, a Lititz family practitioner. The award, presented at the Leadership Conference breakfast on Sunday morning, April 21, honors Dr. Mershon's commitment to those without health coverage, especially for his work in opening a free health care clinic for the homeless residents of the Water Street Rescue Mission in Lancaster.

A graduate of Oral Roberts University School of Medicine, Dr. Mershon completed his family practice residency at Lancaster General Hospital. He has been active in community and volunteer efforts throughout his life, and currently is involved with the Hospice of Lancaster County, the New Life Pregnancy Center, and his church.

As for the clinic, it opened in 1994 after the mission's board—of which Dr. Mershon was and remains a member—committed space and financial resources. Dr. Mershon took a lead in the setting up the clinic, recruiting medical volunteers, and requesting equipment donations. Two years later, he considers the clinic a success because "a population that was not getting care otherwise is now getting care."

When asked why he is so involved in the mission and clinic, as well as other community efforts, Dr. Mershon says, he enjoys "helping other people"—whether they are able to pay or not. He is quick to tell you, "Although I individually received this award, I really think that it's a community award," one that honors all the people involved in the mission.

And what can be learned from Dr. Mershon's efforts? "I certainly hope others will take the challenge to provide some volunteer services and help those who are less fortunate," he says. "I think that is part of our mission as physicians."

Notice Requirements for Physician Employers

As part of their obligations as employers, physicians must comply with applicable state and federal notice requirements. This means that physicians must be sure that relevant federal and state employment law posters are placed in conspicuous places in their office workplace.

Federal law mandates the following notices be present in the workplace:

- Federal Minimum Wage (Fair Labor Standards Act)
- Equal Employment Opportunity (various discrimination laws, including Americans with Disabilities Act)
- Job Safety and Health Protection (Occupational Safety and Health Act)
- Employee Polygraph Protection Act
- Family and Medical Leave Act of 1993

Similarly, Pennsylvania law requires these postings:

- Pennsylvania Human Relations Act—Employment Provisions
- Pennsylvania Minimum Wage Poster and Fact Sheet
- Pennsylvania Workmen's Compensation Act (notice of name and address of insurance carrier)
- Pennsylvania Unemployment Compensation, UC-700
- Pennsylvania Equal Pay Act
- Abstract of the Child Labor Law (if applicable)

For copies of federal law notices, call the U.S. Department of Labor, Employment Standards Administration at (202) 219-8743, or the U.S. Equal Employment Opportunity Commission at (800) 669-EEOC. For state posters, call the Pennsylvania Department of Labor and Industry at (717) 787-5279. Also, various commercial organizations which focus on employment law compliance have "poster kits" available for purchase.

Prepared by Mark A. Fontana, Esq., of Reed Smith Shaw & McClay, Harrisburg. Mr. Fontana is the primary author of the Society's "Employment Law" publication, which focuses on the physician as employer. For ordering information, call the Society at (800) 228-7823.

BLUES' REPORT TARGETS TRENDS IN WESTERN PA

Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield have released a new report focusing on health care issues in Western Pennsylvania.

"The State of Health Care in Western Pennsylvania: A Community Comparison" studies the supply of physicians and facilities, the cost of medical services, the impact that lifestyle has on both health and the cost of care, and the growth of managed care. Blue Cross representatives say the report establishes a baseline for monitoring trends in health care costs, quality of care, and access.

Copies of the report—summarized or in full—are available by calling Pennsylvania Blue Shield at (717) 975-3061.

GUIDE FOR OLDER PATIENTS AVAILABLE FREE OF CHARGE

The National Institute on Aging (NIA) of the National Institutes of Health has announced the availability of a new publication, "Talking with Your Doctor: A Guide for Older People." The 32-page, illustrated booklet provides helpful solutions to the problems most older people have dealing with their doctors. Topics include:

- Why Does It Matter?—Choosing a doctor you can talk to.
- What Can I Do?—Tips for good communication.
- Where Should I Begin?—Getting started with a new doctor.
- What Should I Say?—How to talk about your health issues.
- Can I Really Talk About That?—Discussing sensitive issues.
- Who Else Will Help?—Involving family and friends.
- Is There More Information?—A resource list.

The guide is available free of charge by contacting:

NIA Information Center
(800) 222-2225
via e-mail:
niainfo@access.digex.net

AHCPR UNVEILS NEW INPATIENT DATA PRODUCT

The Agency for Health Care Policy and Research (AHCPR) has announced the availability of its Nationwide Inpatient Sample (NIS) Release 2, containing 1993 data on hospital inpatient care, conditions, services, and costs. The sample consists of 6.5 million patient records from a geographically dispersed sample of 900 community hospitals in 17 states.

According to AHCPR, the data will prove useful to both public- and private-sector organizations interested in hospital care.

Both NIS releases are available from the National Technical Information Service. Release 1 is available on a set of 26 CD-ROMs and sells for $300; Release 2 is available on a set of six CD-ROMs and sells for $160. Call (703) 487-4650 to order. Or, for more information, call:

AHCPR
(301) 594-2314

STATE SOCIETY REPORT

QUARTERLY REPORT OF HOUSE AVAILABLE

In accordance with Resolution 92-27 of the House of Delegates, the quarterly report on actions of the House is now available from the State Society. The report is provided to members to enable them to respond to and participate in upcoming House activities. To request a copy, call:

(800) 228-7823,
extension 1403

ADDITIONAL RESOURCE

In April 1996, PENNSYLVANIA MEDICINE published the article, "Computers Help Reprogram Injured Brains" (pages 34-36). Included at the end of the article was a list of related resources, one of which was inadvertedly omitted. For additional information about cognitive prosthetics, readers may also call Michael K. Matthews Jr., MD, PhD, chief of the Division of Behavioral Neurology, Medical College of Pennsylvania and Hahneman University, Philadelphia, at (215) 842-7723.

New Therapeutic Agents Marketed in 1995

Daniel A. Hussar, PhD

This third in a series of articles on new drugs approved and marketed in the U.S. in 1995 overviews drugs used to treat infectious diseases and neoplastic disorders, and also an agent used to prevent rejection of renal transplants.

In 1995, the Food and Drug Administration (FDA) approved 28 new molecular entities (NMEs), 26 of which are for therapeutic use and two of which are diagnostic agents. Fourteen of the NMEs for therapeutic use were both approved and marketed in the United States in 1995. In addition, eight other NMEs and a biological agent for therapeutic use that the FDA approved before 1995 (most in late 1994) were marketed during the year. Thus, a total of 23 therapeutic agents reached the U.S. market for the first time in 1995. Many of the 12 therapeutic agents approved in 1995, but not marketed before the end of the year, were available in early 1996.

This review considers the drugs' most important properties and compares them with other available agents with similar properties. This discussion is not intended to be all inclusive; when additional information is needed, more comprehensive references and the product literature should be consulted.

Antibiotic

Dirithromycin (Dynabac-Bock; Lilly) is the fifth macrolide antibiotic to be marketed in the United States, joining erythromycin (e.g., E-Mycin) and troleandomycin (TAO), which have been available for many years, and clarithromycin (Biaxin) and azithromycin (Zithromax), which were marketed in the early 1990s. The new agent is a prodrug that is converted during intestinal absorption to the microbiologically active agent, erythromycylamine. It is rapidly distributed into tissues, and high concentrations within cells result in significantly higher concentrations in tissues than in plasma or serum.

The spectrum of antibacterial action exhibited by dirithromycin is similar to that of erythromycin and includes a number of microorganisms that frequently cause respiratory tract infections (e.g., *Streptococcus pneumoniae*). However, strains of *Haemophilus influenzae* are often resistant to erythromycin and dirithromycin, and these agents are less active than azithromycin against this bacterium.

Dirithromycin is indicated for the treatment of patients 12 years of age and older with mild to moderate respiratory tract and skin infections caused by susceptible strains of the microorganisms identified in the table below. In the clinical studies in which dirithromycin has been compared with erythromycin, the effectiveness of the two agents was considered to be similar.

The indications for dirithromycin are more limited than those for erythromycin, clarithromycin, and azithromycin. Indeed, even with most of its labeled indications, the use of dirithromycin is subject to certain limitations. For example, because its effectiveness in the treatment of infections caused by *H. influenzae* has not been demonstrated, dirithromycin is not indicated for the empiric treatment of acute bacterial exacerbations of chronic bronchitis or secondary bacterial infection of acute bronchitis. Because the effectiveness of dirithromycin in the treatment of skin infections caused by *S. pyogenes* has not been demonstrated, it is not indicated for the empiric treatment of skin and skin structure infections.

Labeled Indications and Dosage Recommendations for Dirithromycin

Indication	Recommended dosage*
Pharyngitis/tonsillitis caused by *Streptococcus pyogenes*	500 mg once a day for 10 days
Acute bacterial exacerbations of chronic bronchitis caused by *Moraxella catarrhalis* or *Streptococcus pneumoniae*	500 mg once a day for seven days
Secondary bacterial infection of acute bronchitis caused by *Moraxella catarrhalis* or *Streptococcus pneumoniae*	500 mg once a day for seven days
Community-acquired pneumonia caused by *Legionella pneumophila*, *Mycoplasma pneumoniae*, or *Streptococcus pneumoniae*	500 mg once a day for 14 days
Uncomplicated skin and skin structure infections caused by *Staphylococcus aureus* (methicillin susceptible)	500 mg once a day for seven days

* *Should be administered with food or within one hour of having eaten*

The use of dirithromycin is contraindicated in patients with a known hypersensitivity to any of the macrolide antibiotics. The type and frequency of the adverse reactions most commonly associated with its use are similar to those reported for erythromycin in the comparative studies and include gastrointestinal effects (e.g., abdominal pain [10 percent], nausea [eight percent], diarrhea [eight percent], vomiting [three percent], dyspepsia [three percent]); headache (nine percent); dizziness/vertigo (two percent); pain (two percent); and asthenia (two percent).

Erythromycin, troleandomycin, and clarithromycin have been reported to inhibit the metabolism and increase the activity of agents such as terfenadine (Seldane) and theophylline, whereas azithromycin is not likely to interact with these medications. In a prospective study involving six volunteers, dirithromycin did not affect the metabolism of terfenadine. However, the labeling for the new agent notes that until further data are available, it is prudent to monitor terfenadine levels when dirithromycin is coadministered.

In a study of the concurrent use of dirithromycin and theophylline, the plasma concentration of theophylline was not significantly altered. Some patients who are taking these agents concurrently may not require empiric adjustment of theophylline dosage or monitoring of theophylline plasma concentrations. However, theophylline plasma concentrations should be monitored in patients whose pulmonary disease requires maintaining a given concentration for optimal pulmonary function or in patients with theophylline concentrations at the higher end of the therapeutic range.

The oral bioavailability of dirithromycin is approximately 10 percent. The administration of the drug with food slightly enhances absorption whereas, when it was administered one hour before food, there was a significant decrease in the maximum serum concentration (33 percent) and area under the curve (31 percent). Therefore, dirithromycin should be administered with food or within an hour of having eaten. Dirithromycin tablets are enteric coated to protect the antibiotic from gastric acid and to permit absorption in the small intestine. Patients should be advised that the tablets should not be crushed, chewed, or cut.

Dirithromycin has a long duration of action and can be administered once a day. This represents an advantage when compared to erythromycin (administered every six, eight, or 12 hours) and clarithromycin (administered every 12 hours). However, azithromycin is also administered once a day and is used in a five-day course of treatment for respiratory →

tract and skin infections, whereas the recommended dosage of dirithromycin is 500 mg once a day (with food or within one hour of having eaten) for seven to 14 days. The dosage recommendations for the management of specific infections are noted in the table (see page 33).

Dirithromycin tablets are supplied in a 250 mg potency.

Antiviral Agents

In late 1995, the FDA approved two new agents for use in combination regimens in the treatment of human immunodeficiency virus (HIV) infection. The new drug applications for both agents were considered using the accelerated approval process and were approved based on analyses of surrogate endpoints (i.e., an increase in CD4 cell counts).

Lamivudine (Epivir-Glaxo Wellcome), formerly known as 3TC, is the fifth nucleoside analogue to be marketed in the United States for the treatment of HIV infection, joining didanosine (Videx), stavudine (Zerit), zalcitabine (Hivid), and zidovudine (Retrovir). This class of agents exerts antiviral activity primarily by inhibiting HIV reverse transcriptase and inhibiting viral DNA synthesis.

Lamivudine is indicated for use in combination with zidovudine for the treatment of HIV infection when therapy is warranted based on clinical and/or immunological evidence of disease progression. In the clinical trials, the use of the two agents in combination produced sustained higher increases in the CD4 cell counts than were attained with the use of either agent administered alone. The greater effectiveness of the combination regimen in increasing CD4 cell counts raises the hope that such combination therapies may provide a synergistic action against HIV, and may also reduce the emergence of resistance to the individual agents.

The adverse reactions most commonly associated with the use of the lamivudine/zidovudine combination regimen include gastrointestinal effects (e.g., nausea [33 percent versus 27 percent with zidovudine alone], diarrhea [18 percent/22 percent], nausea and vomiting [13 percent/12 percent], anorexia [10 percent/seven percent]); nervous system effects (e.g., neuropathy [12 percent/10 percent], dizziness [10 percent/four percent], insomnia [11 percent/seven percent]); headache (35 percent/23 percent); malaise and fatigue (27 percent/23 percent); fever or chills (10 percent/12 percent); nasal signs and symptoms (20 percent/11 percent); cough (18 percent/13 percent); musculoskeletal pain (12 percent/10 percent); and neutropenia (seven percent/five percent).

Pancreatitis was observed in less than 0.5 percent of the adult patients in the controlled clinical trials. However, pancreatitis occurred in about 15 percent of the pediatric patients, especially in children who had received prior treatment with a nucleoside. In children with a history of pancreatitis or other significant risk factors for the development of pancreatitis, the lamivudine/zidovudine combination should be used with extreme caution and only if there is no satisfactory alternative therapy.

The concurrent administration of trimethoprim/sulfamethoxazole (e.g., Bactrim) with lamivudine has resulted in a 44 percent increase in the area under the curve (AUC) of the new agent, and concomitant use of these agents should be closely monitored.

The recommended dosage of lamivudine for adult and adolescent (12 to 16 years) patients is 150 mg twice a day administered in combination with zidovudine (that was usually administered in a dosage of 200 mg three times a day in the clinical studies). The dosage should be reduced in patients with impaired renal function. For adults with low body weights (less than 50 kg), the recommended dosage of lamivudine is 2 mg/kg twice a day administered in combination with zidovudine. For pediatric patients three months to up to 12 years of age, the recommended dosage of lamivudine is 4 mg/kg twice a day (up to a maximum of 150 mg twice a day) administered in combination with zidovudine. The higher mg/kg dosage in pediatric patients is due to a lower mean bioavailability of the drug in children.

Lamivudine tablets are supplied in a 150 mg potency, and an oral solution is available in a concentration of 10 mg in each ml (in 240 ml plastic bottles). The manufacturer provides a program for patients needing financial assistance or who are not covered by insurance.

Saquinavir mesylate (Invirase-Roche) is the first of a new class of drugs designated as HIV protease (or proteinase) inhibitors and is an important addition to the group of agents that are indicated for the treatment of HIV infection. Whereas nucleoside analogues such as zidovudine inhibit HIV reverse transcriptase, saquinavir inhibits HIV protease at a later stage of the HIV growth cycle. Both enzymes are critical to the replication of HIV.

Saquinavir is indicated for use in combination with nucleoside analogues (e.g., zidovudine, zalcitabine) for the treatment of advanced HIV infection (i.e., a CD4 count of 300 cells/mm^3 or less) in selected patients. Patients treated with combinations including saquinavir had greater increases in CD4 counts and greater suppression of viral loads (i.e., the amount of HIV in the blood) than patients given corresponding treatments without saquinavir.

A number of recent studies support the use of combination therapy in the treatment of HIV infection, with the potential benefits including enhanced suppression of HIV replication, reduced emergence of viral resistance, and a reduced likelihood of serious adverse reactions if a combination regimen permits the use of a lower dosage of an individual agent having a significant risk of toxicity. Although combinations of nucleoside analogues have been used effectively, the availability of saquinavir provides the opportunity for combination therapy that interferes at two phases of the HIV replication cycle.

A question has been raised regarding the possibility of cross-resistance between saquinavir and other HIV protease inhibitors in clinical development.† This possibility needs to be continuously monitored, but preliminary data suggest that starting protease inhibitor treatment with saquinavir would not compromise further therapy with other protease inhibitors if saquinavir had to be discontinued.

Saquinavir was well tolerated in the clinical studies, and the adverse reactions reported were usually of mild intensity. The most commonly experienced adverse events, at least possibly related to saquinavir treatment, and of at least moderate intensity, included diarrhea (four percent), nausea (two percent), and abdominal discomfort (one percent).

In a study in healthy volunteers who received a single 600 mg dose of saquinavir following a high-fat breakfast, the absolute bioavailability averaged four percent. The low bioavailability is thought to be due to a combination of incomplete absorption and extensive first-pass metabolism. Food significantly increases the AUC of saquinavir and, when the drug is taken without food, the concentrations in the blood are substantially reduced and may result in no antiviral activity. Therefore, patients should be advised that saquinavir should be taken within two hours after a full meal. The manufacturer is currently working on the development of another oral formulation that would improve the bioavailability of saquinavir.

The metabolism of saquinavir is cytochrome P450 mediated with the specific isoenzyme, CYP3A4, responsible for more than 90 percent of the hepatic metabolism. By increasing the activity of this isoenzyme, rifampin (Rifadin, Rimactane) decreases saquinavir plasma concentrations by 80 percent, and the two drugs should not be administered concomitantly. Rifabutin (Mycobutin) also substantially reduces saquinavir plasma concentrations (by about 40 percent), as might other drugs that are known to induce CYP3A4 (e.g., phenobarbital, phenytoin, carbamazepine).

Saquinavir may inhibit the cytochrome P4503A pathway that is involved in the metabolism of agents such as terfenadine (Seldane) and astemizole (Hismanal). It is recommended that other agents be used when a patient taking saquinavir requires an antihistamine.

The recommended dosage of saquinavir (in combination with a nucleoside analogue) is 600 mg (three 200 mg capsules) three times daily taken within two hours after a full meal. Doses of less than 600 mg three times a day are not recommended because lower doses have not shown antiviral activity.

Saquinavir mesylate is supplied in capsules containing 200 mg of saquinavir free base. The Roche HIV Therapy Assistance Program is available for patients who are uninsured and cannot afford to pay for the drug, and for patients who are waiting to be approved for coverage and reimbursement through their existing insurance sources.

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†Two additional HIV protease inhibitors, ritonavir (Norvir) and indinavir sulfate (Crixivan), were approved by the FDA in early 1996.

Immunosuppressant

Mycophenolate mofetil (CellCept-Roche) is an ester of mycophenolic acid (MPA), an immunosuppressive agent. Following oral administration, mycophenolate mofetil undergoes rapid and extensive absorption, and complete presystemic metabolism to MPA, the active metabolite.

The new drug is indicated for the prophylaxis of organ rejection in patients receiving allogeneic renal transplants, and should be used concomitantly with cyclosporine (Sandimmune, Neoral) and corticosteroids.

Continued on page 39

Bayer

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In 1975, Bayer AG introduced Adalat® (nifedipine) in Europe. We've since made the Adalat brand available in several formulations around the world, and nifedipine has been in clinical use for over twenty years. Backed by a worldwide clinical database of tens of thousands of patients and hundreds of clinical studies, the Adalat brand today provides therapy for millions of patients* around the globe.

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Frequency and type of side effects, eg, peripheral edema, headache, flushing/heat sensation, dizziness and fatigue/asthenia, are typical of dihydropyridine calcium channel blockers.

Please see brief summary of Prescribing Information on following page.

*Data on file, Bayer Corporation, Pharmaceutical Division.

Once-A-Day

Adalat® CC

nifedipine EXTENDED RELEASE TABLETS

30mg, 60mg & 90mg

BRIEF SUMMARY
CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION
For Oral Use

PZ500025B5 6/95

INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, pharyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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Pharmaceutical Division

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The primary role of mycophenolate mofetil is as an alternative to azathioprine (Imuran) in immunosuppressive regimens that also contain cyclosporine and corticosteroids. In the clinical studies, mycophenolate mofetil, azathioprine, or placebo was used in combination with cyclosporine and corticosteroids. The regimens containing mycophenolate mofetil were considered to be as effective or more effective than the other regimens, and the new drug represents an important addition to the small group of agents that are effective in preventing rejection of organ transplants.

It is likely that mycophenolate mofetil is also effective in preventing rejection of other transplants (e.g., liver, heart, pancreas). However, these are not labeled indications at the present time.

Patients receiving immunosuppressive regimens are at increased risk of developing lymphomas and other malignancies, particularly of the skin, and lymphoproliferative disease or lymphoma developed in about one percent of patients receiving mycophenolate mofetil in combination with other immunosuppressive agents. Oversuppression of the immune system can also increase susceptibility to infection, and 18 percent of the patients treated with mycophenolate mofetil, in combination with other agents, experienced sepsis. These opportunistic infections were fatal in about two percent of patients.

Up to two percent of patients receiving mycophenolate mofetil have developed severe neutropenia (absolute neutrophil count [ANC] less than 500/mm^3), most frequently in the period from 31 to 180 days post-transplant. Complete blood counts should be performed weekly during the first month, twice monthly for the second and third months of treatment, then monthly through the first year. If neutropenia develops (ANC less than 1300/mm^3), treatment with mycophenolate mofetil should be interrupted or the dosage reduced, appropriate diagnostic tests performed, and the patient managed appropriately.

Other principal adverse reactions experienced with the use of mycophenolate mofetil include diarrhea (31 percent) and vomiting (13 percent). Gastrointestinal tract hemorrhage has been observed in about three percent of patients, although most of these individuals were also receiving other drugs known to be associated with these complications. Caution must be exercised when mycophenolate mofetil is used in patients with active serious digestive system disease.

Mycophenolate mofetil has been shown to have teratogenic effects in animals and is classified in Pregnancy Category C. Women of childbearing potential should have a negative serum or urine pregnancy test within one week prior to beginning therapy, and it is recommended that treatment with the drug not be initiated until a report of a negative pregnancy test has been obtained. Effective contraception must be used before starting mycophenolate mofetil therapy, during therapy, and for six weeks following discontinuation of therapy. Two reliable forms of contraception should be used simultaneously unless abstinence is the chosen method.

The concurrent administration of cholestyramine (Questran) has been reported to reduce the area under the curve (AUC) for MPA by about 40 percent, and this interaction has been attributed to the action of cholestyramine to interfere with enterohepatic recirculation. It is recommended that mycophenolate mofetil not be given with cholestyramine or other agents that may interfere with enterohepatic circulation. Antacids containing aluminum and magnesium hydroxides have also been reported to reduce the AUC for MPA, and it is recommended that doses of mycophenolate and an antacid not be administered simultaneously.

Although food has no effect on the extent of absorption (MPA AUC) of mycophenolate mofetil, it has been reported to decrease the maximum serum concentration of MPA by 40 percent. Therefore, it is recommended that the drug be administered on an empty stomach.

The initial dose of mycophenolate mofetil should be administered within 72 hours following transplantation. The recommended dosage is 1 gram twice a day on an empty stomach, for use in combination with cyclosporine and corticosteroids.

Mycophenolate mofetil capsules are supplied in a 250 mg potency. Because the drug has demonstrated teratogenic effects in animals, it is recommended that the capsules not be opened or crushed. If the powder from the capsules comes in contact with the skin or mucous membranes, the area should be washed thoroughly with soap and water.

Antineoplastic Agents

Vinorelbine tartrate (Navelbine-Glaxo Wellcome) is the third vinca alkaloid with antitumor activity to be marketed in the United States, joining vinblastine (Velban) and vincristine (Oncovin). It is indicated as a single agent or in combination with cisplatin (Platinol) for the first-line treatment of ambulatory patients with unresectable, advanced non-small cell lung cancer (NSCLC). It is the first new treatment for NSCLC in 20 years and is indicated as a single agent or in combination with cisplatin in patients with Stage IV NSCLC, and in combination with cisplatin in Stage III NSCLC.

Advanced NSCLC that is inoperable is almost always fatal, and survival is usually measured in weeks. The median survival of patients who are not treated with antineoplastic agents is about 20 weeks. In the clinical studies, the use of vinorelbine alone resulted in prolonged median survivals of approximately 30 weeks, and the use of vinorelbine in combination with cisplatin resulted in prolonged median survivals of approximately 40 weeks.

The use of vinorelbine is also being evaluated in the treatment of other neoplastic disorders such as advanced breast cancer, advanced ovarian cancer, hormone-refractory prostate cancer, Hodgkin's disease, and non-Hodgkin's lymphoma. However, these are not labeled indications for the new drug at the present time.

Myelosuppression occurs in most patients treated with vinorelbine, with granulocytopenia, leukopenia, and anemia occurring in upwards of 80 percent of patients. Granulocytopenia is the major dose-limiting toxicity, and the use of vinorelbine is contraindicated in patients with pretreatment granulocyte counts of less than 1,000 cells/mm^3. In the clinical studies, granulocytopenia resulted in hospitalizations for fever and/or sepsis in eight percent of patients. Septic deaths occurred in approximately one percent of patients. Granulocytopenia is generally reversible, and manageable by patient monitoring and dose modification. Granulocyte nadirs occur seven to 10 days after the dose with granulocyte recovery usually within the following seven to 14 days. Complete blood counts with differentials must be obtained and reviewed on the day of treatment prior to each dose of vinorelbine. Patients should be advised to immediately report the occurrence of fever or chills.

Other adverse reactions associated with the use of vinorelbine are usually mild or moderate in comparison to those experienced with many other antineoplastic agents and include fatigue (27 percent), peripheral neuropathy (20 percent), alopecia (12 percent), constipation (29 percent), diarrhea (13 percent), nausea (34 percent), and vomiting (15 percent). Severe nausea is infrequent (less than two percent) and, when vinorelbine is used as a single agent, the use of a serotonin antagonist (ondansetron [Zofran], granisetron [Kytril]) is generally not required.

Like the other vinca alkaloids, vinorelbine is a moderate vesicant, and injection site reactions (e.g., erythema, pain at injection site, vein discoloration, chemical phlebitis along the vein proximal to the site of injection) were reported in 38 percent of patients, with the reactions classified as severe in five percent.

Chest pain was reported in five percent of patients treated with vinorelbine, most of whom had either a history of cardiovascular disease or a tumor within the chest. Shortness of breath was experienced by three percent of patients and was severe in two percent. Acute pulmonary problems were most commonly observed when vinorelbine was used in combination with mitomycin.

About one-half of the patients treated with vinorelbine develop transient elevations of liver enzymes, but without clinical symptoms, and there is no evidence that the toxicity of the drug is increased in patients with elevated liver enzymes. Vinorelbine undergoes extensive hepatic metabolism and is primarily excreted in the bile. The effects of hepatic dysfunction on the elimination and activity of vinorelbine have not been assessed. However, it is recommended that the dosage be adjusted in patients with impaired hepatic function.

Vinorelbine may cause fetal harm if administered during pregnancy, and it is classified in Pregnancy Category D. Women of childbearing potential should be advised to avoid becoming pregnant during treatment with vinorelbine.

Vinorelbine is administered only by the intravenous (IV) route. Deaths have resulted from the intrathecal administration of other vinca alkaloids, and syringes containing vinorelbine should be labeled with a warning that it is for intravenous use only.

The usual initial dose of vinorelbine is 30 mg/m^2 administered weekly. In the controlled trials, vinorelbine as a single agent was given weekly until progression or dose-limiting toxicity. Vinorelbine was used at the same dose in combination with 120 mg/m^2 of cisplatin, given on days one and 29, then every six weeks. The product labeling should be con-

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sulted for the specific recommendations for dosage adjustment in patients who have reduced granulocyte counts, who experience fever and/or sepsis while granulocytopenic, or who develop hyperbilirubinemia during treatment.

Vinorelbine injection must be diluted in either a syringe (to a concentration between 1.5 and 3 mg/ml) or intravenous bag (to a concentration between 0.5 and 2 mg/ml) using five percent Dextrose Injection or 0.9 percent Sodium Chloride Injection (selected other solutions are also suitable for the dilutions in the intravenous bags). The diluted solution should be administered over six to 10 minutes into the side port of a free-flowing IV closest to the IV bag, followed by flushing with at least 75 to 125 ml of one of the solutions.

It is very important that the intravenous needle or catheter be properly positioned before any vinorelbine is injected. Leakage into the surrounding tissue during intravenous administration may cause considerable irritation, local tissue necrosis, and/or thrombophlebitis.

Skin reactions may result from accidental exposure to vinorelbine solutions, and the use of gloves is recommended. If the solution of vinorelbine contacts the skin or mucosa, the area should be immediately and thoroughly washed with soap and water.

Vinorelbine tartrate is supplied in vials containing the equivalent of 10 mg (1 ml vial) or 50 mg (5 ml vial) of vinorelbine in Water for Injection.

Bicalutamide (Casodex-Zeneca) is a nonsteroidal antiandrogen with properties that are most similar to those of flutamide (Eulexin). It is indicated for the treatment of advanced prostate cancer and is used in combination with a luteinizing hormone-releasing hormone (LHRH) analogue—goserelin acetate (Zoladex) or leuprolide acetate (Lupron). Antiandrogens such as bicalutamide and flutamide inhibit the action of androgens by binding to androgen receptors in the prostate and, when used with a LHRH agonist, the combination treatment provides maximal androgen blockade (MAB).

In the clinical studies, either bicalutamide or flutamide was used in combination with goserelin acetate or leuprolide acetate. At a median follow-up period of 49 weeks, patients receiving a bicalutamide regimen had a significantly longer time to treatment failure than patients receiving a flutamide regimen. However, at a median follow-up of 95 weeks, the two groups were similar with respect to time to treatment failure and also survival.

The adverse reactions most commonly associated with the bicalutamide-LHRH analogue regimens include hot flashes (49 percent), general pain (27 percent), back pain (15 percent), pelvic pain (13 percent), asthenia (15 percent), constipation (17 percent), nausea (11 percent), and diarrhea (10 percent). The frequency of most of these and other reactions was similar to those reported with the flutamide-LHRH analogue regimens. However, diarrhea was experienced by 24 percent of the patients receiving the flutamide regimens, and six percent of the patients withdrew from treatment because of this reaction, compared to a 0.5 percent withdrawal from treatment because of diarrhea in the group treated with bicalutamide.

Bicalutamide is extensively metabolized in the liver and should be used with caution in patients with moderate to severe hepatic impairment. Some patients experience elevated serum transaminases, and periodic liver function tests should be considered. If transaminases increase over two times the upper limit of normal, treatment should be discontinued.

Because of its indication and mechanism of action, bicalutamide has not been studied in women or children. Bicalutamide may cause fetal harm if administered during pregnancy. It is classified in Pregnancy Category X and is contraindicated in women who are or may become pregnant.

Bicalutamide is highly protein bound (96 percent), and in vitro studies have shown that it can displace coumarin anticoagulants (e.g., warfarin) from binding sites. Prothrombin times should be closely monitored in patients already receiving coumarin anticoagulants who are started on bicalutamide therapy.

Bicalutamide is well absorbed following oral administration. The recommended dosage (in combination with a LHRH analogue) is 50 mg once a day (in the morning or evening) with or without food. Bicalutamide has a longer duration of action than flutamide (that is administered three times a day), and the convenience of once-daily administration provides an advantage for the new agent that will be helpful in attaining patient compliance. Treatment with bicalutamide should be started at the same time as treatment with a LHRH analogue, and the drug should be administered at the same time each day. Patients should be informed about the importance of using both drugs as part of the treatment regimen and advised that they should not interrupt or stop taking either of these medications without consulting their physician.

Bicalutamide tablets are supplied in a 50 mg potency.

Dr. Hussar is Remington professor of pharmacy, Philadelphia College of Pharmacy and Science, Philadelphia.

Next Month in Part IV

In the final installment of this series, Dr. Hussar details:

- antisecretory and antihyperglycemic agents,
- agents for osteoporosis and glaucoma, and
- a corticosteroid for ocular inflammation.

Several agents approved by the FDA, but not marketed in 1995, will also be charted.

New Therapeutic Agents Marketed in 1995—Part III*

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Route of Administration	FDA Classification**
Bicalutamide	Casodex	Zeneca	Antineoplastic agent	Oral	1-S, E, H
Dirithromycin	Dynabac	Bock; Lilly	Antibiotic	Oral	1-S
Lamivudine	Epivir	Glaxo Wellcome	Antiviral agent	Oral	1-P, AA, E, H
Mycophenolate mofetil	CellCept	Roche	Immunosuppressive agent	Oral	1-P
Saquinavir mesylate	Invirase	Roche	Antiviral agent	Oral	1-P, AA, E, H
Vinorelbine tartrate†	Navelbine	Glaxo Wellcome	Antineoplastic agent	Intravenous	1-P

* Part IV will appear in the July issue of PENNSYLVANIA MEDICINE.
** Food and Drug Administration (FDA) classification of new drugs:
1 = new molecular entity
E = drug used to treat a life-threatening or severely debilitating illness
H = accelerated approval
P = priority review, therapeutic gain
S = standard review, substantially equivalent
AA = treatment for acquired immunodeficiency syndrome (AIDS) and/or its complications
† Approved by the FDA before 1995, but not marketed until 1995

Dr. Farrar

Earlier this year, **George E. Farrar Jr., MD,** former chairman of The Educational and Scientific Trust, celebrated his 90th birthday. Friends, colleagues, and leaders in medicine honored him by making contributions to the Trust. The Trust received 52 gifts totaling $5,440, which will be used to support its educational programs in public health and leadership. Dr. Farrar played a vital role in the Trust's growth, serving as chairman from 1981 to 1985. He also authored *From Black Bag to White Coat*, a personalized history of medicine, published by and available through the Trust.

Regis M. Maher, MD, a retired surgeon from Uniontown, has donated his collection of medical artifacts to the Penn State Fayette Campus. Among the artifacts are an 1854 amputation kit, an 1890s microscope, a 1930s wheelchair, the 1941 honor roll of the Fayette County Medical Society, and about 200 other antiques. Dr. Maher began collecting medical instruments in the 1960s, but he credits his friend, Dr. George Tolstoi, a former pathologist at Uniontown Hospital who died in 1982, with starting the collection.

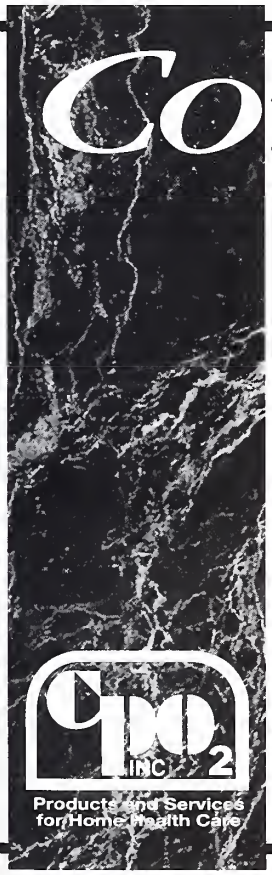
Jeannette District Memorial Hospital, has appointed **Ralph A. Capone, MD,** of Greensburg, medical director.

Leonard D. Ehrlich, MD, was named medical director of Einstein Community Health Associates, Albert Einstein Healthcare Network's primary care physician network in Philadelphia.

AMA/Glaxo Wellcome Achievement Awards were presented to the following Pennsylvania physicians: **Jennifer E. Trottman, MD,** resident, Medical College of Pennsylvania, Philadelphia; **J. Ricardo Loret de Mola, MD,** resident, University of Pennsylvania, Philadelphia; and **Scott W. Wise, MD,** resident, Penn State's Milton S. Hershey Medical Center, Hershey. The award recognizes exceptional leadership abilities in medicine or achievements in non-clinical community activities.

Albert Einstein Medical Center, Philadelphia, has appointed the following: **Leonard F. Greenberg, MD,** cardiologist, president of the medical staff; and **William R. Dubin, MD,** associate chairman of psychiatry and director of clinical services, Belmont Behavioral Health, which is the integrated mental health service of Albert Einstein Healthcare Network.

Jon J. P. Warner, MD, assistant professor of orthopedic surgery, University of Pittsburgh Medical Center, has received the 1996 Young Investigator Kappa Delta Award of the American Academy of Orthopedic Surgeons. Dr. Warner and his team—**Freddie H. Fu, MD,** and **Richard E. Debski**—were honored for developing a dynamic shoulder model. The model simulates motion and stability which allow for the examination of the effects of injuries to the ligaments and tendons around the shoulder.



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For details on classified advertising, call Kelly Wharton at (717) 558-7843.

ADVERTISERS' INDEX

Automotive
Autoflex Leasing **27**

Home Health Care
CPO2, Inc. **41**
Medical Personnel Pool **42**

Insurance
Medical Inter-Insurance Exchange **Cover 2**
Medical Protective Company **1**
Pennsylvania Blue Shield **Cover 4**
Pennsylvania Medical Society Liability Insurance Company **3**
PIE Mutual Insurance Company **21**
Princeton Insurance Company **13**

Pharmaceuticals
Applied Microbiology **Insert**
Bayer Corporation **37-38**

Specialized Programs & Services
Hahnemann School of Public Health **23**
Joella Realty **43**
Klym, Olszewski & Nedlik **11**
Pennsylvania Medical Society
Center for Professional Drug Education and Information **Cover 3**
Penn State's College of Medicine **43**

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William H. Mahood, MD

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Because of the shift in emphasis from access to quality care toward controlling the cost of care, physicians are being watched to uncover financially motivated behavior. Mind you, physicians have always had the temptation to direct medical care for financial enhancement rather than pure quality of care issues. Fortunately, statistically small numbers succumb to the temptation. But now, even the perception of profiteering is problematic, and physician-owned facilities and services have made us sensitive to "self-referral" accusations. Many physicians have divested from ownership even though there was no self-referral issue present.

The need for physicians to be their patients' advocate precedes antisepsis or anesthesia. We have argued with family, church, and state, and when money was the issue, we have traditionally rendered the needed care without compensation. This has not changed with the advent of third-party payers. As the Wickline case reminds us, no "1-800-don't do it" should ever interfere with our judgment of needed care. We must not relinquish the very essence of our professionalism: the contract of trust between the physician and the patient.

Nor can we stand quietly by when a patient finds himself in a contractual relationship that wrongly restricts access to appropriate care. There is no "gag rule" that absolves a physician from sharing the specialized knowledge that only he or she can be expected to have. That is a moral and ethical prerequisite to our profession.

Yet, let there be no doubt that well within those ethical guidelines there is great variation in practice behavior. When we look at studies on small market variations, we are astonished to see multiples of a particular procedure being performed in neighboring townships by physicians who feel no less professional and proper as we. This is where our managed care course comes in.

It is my opinion that physicians and other health care providers are learning a very expensive lesson in resource conservation. It is my view that medicine had to learn how to minimize care (e.g., hospital days, diagnostic tests, and prescription drugs) without compromising quality. This lesson is being taught, sometimes intrusively, sometimes disruptively, often very rapidly, by "managed care companies," mostly through HMOs, and it has been difficult for physicians to see their income reduced while these companies make large profits.

However, physicians are quick learners, and since it is the physicians who control utilization, it is only logical that they want to share in the profit of improved efficiencies in practice management. The shift of risk from the purchaser of health care to the physicians and other providers will mark the demise of managed care companies as we have traditionally thought of them. In mature markets, where managed care has penetrated thoroughly, even the patients not covered by these contracts are being treated in the same efficient way; thus we have "managed fee-for-service."

In this type of market, overall premiums drop, and the benchmark for Medicare managed care reimbursement—the Average Adjusted Per Capita Cost (AAPCC)—often is much lower than elsewhere. This limits the historically obscene profits for the managed care companies. With physicians more and more willing to come together to form entities able to contract with purchasers of health care to take risks for full-service care, these managed care companies will no longer be necessary. Their added layer of administrative costs will be unsustainable.

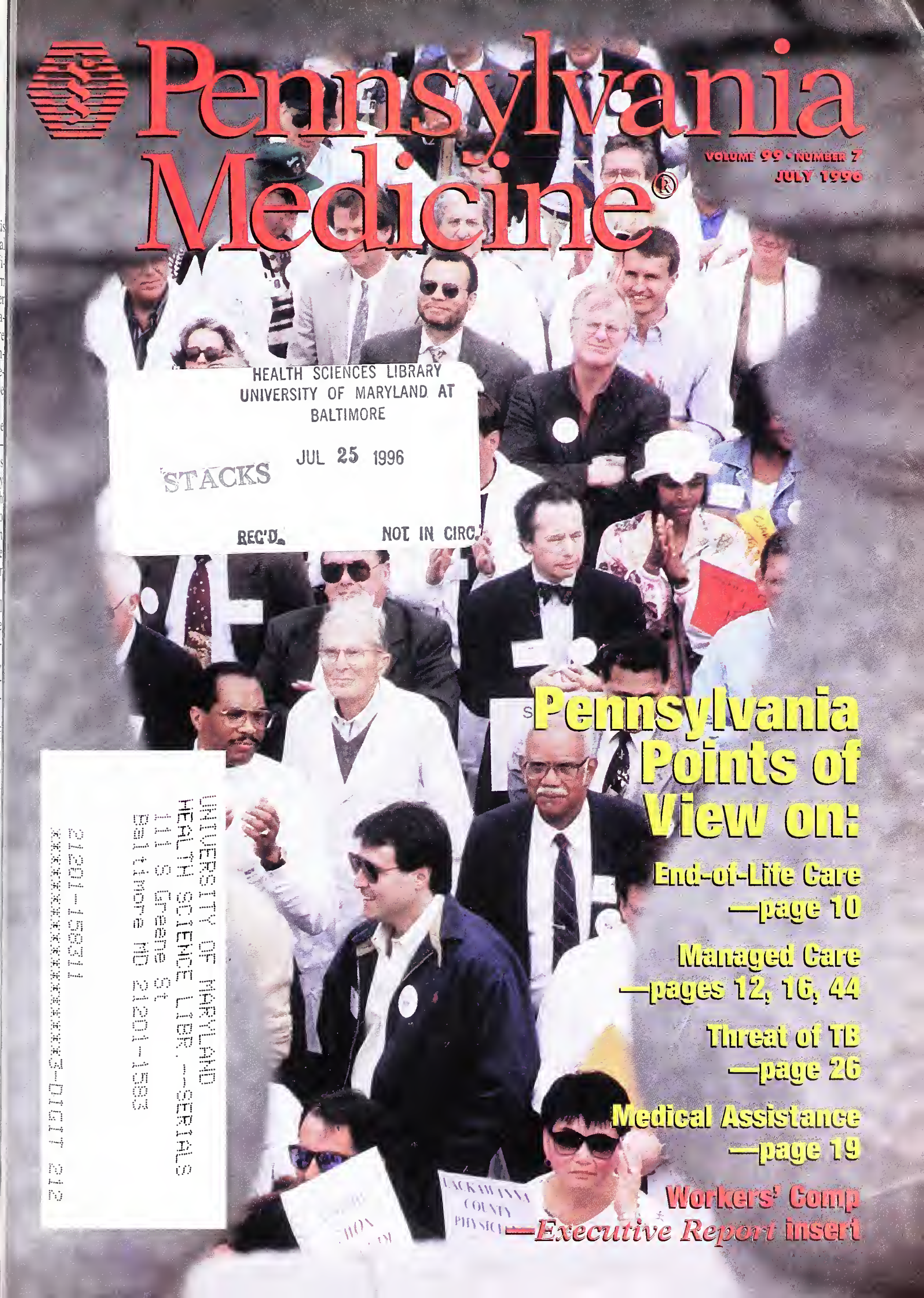
More importantly, physicians and other providers will be encouraged to work together as they have never done before. To maximize system surpluses and reimbursement, common information systems, practice algorithms, and benchmarking will enhance outcomes with *proper* resource utilization. For one group to be seen as more desirable than another, quality of care will be critical.

Quality will be measured by clinical outcomes, ease of access, and patient satisfaction. The transfer of care from primary to specialist back to primary, from medical to surgical and back to medical, and from outpatient to inpatient back to outpatient will have to be seamless. We will see choice drive the market.

Purchasers of health care will no longer allow restricted panels or single hospital care. Where managed care has penetrated, this lesson has already been learned. Open access plans are outperforming their restrictive competitors in competitive markets. But through this process of transformation, this process of learning, this extraordinarily expensive course on conserving resources, we must not lose our focus on what Hypocrites of Cos said: "In every house where I come I will enter only for the good of my patients."

Consider, if you will, the definition of profession. It is the act of taking the vows of a religious community; the act of declaring that you have taken the vows; an avowed religious faith; or a calling requiring specialized knowledge, and often long and intensive academic preparation. Contrast that with the definition of a business: a particular field of endeavor. We must never allow medical care to be a business.

Dr. Mahood is a Montgomery County gastroenterologist. He prepared this commentary from a speech he presented at the Society's Leadership Conference in April.



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Pennsylvania Points of View on:

End-of-Life Care —page 10

Managed Care —pages 12, 16, 44

Threat of TB —page 26

Medical Assistance —page 19

Workers' Comp —*Executive Report* insert

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CONTENTS

JULY 1996
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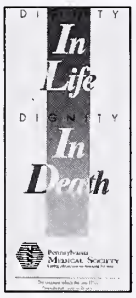
10 Die Hard: End-of-Life Care in America

Two of Pennsylvania's leading bioethicists discuss the possible implications of developing public policy to allow physician-assisted suicide.



The Society's Living Will brochure

20 HCFA Issues New Medicare Rules for Teaching Physicians

In teaching hospitals nationwide, the federal payment rules laid down 27 years ago to guide attending physicians and their residents are changing this month.

37 Graduation '96

At graduation exercises this spring, nationally known speakers offered insights to Pennsylvania's newest physicians on '90s medicine and the importance of education.

Cover photo by Carl Socolow

See page 8 of this issue for more comments from physicians who attended the May 7 Rally for Change, pictured left.

Medigram

4 Late news at press time

Issues of Interest

16 Managed Care—Integration insider
18 Policy Briefs—Actions of the Board of Trustees, May 7-8, 1996
19 Government—New law changes state's Medical Assistance program/Testimony reiterates need for changes to CAT Fund
20 Medical Economics—HCFA issues new Medicare rules for teaching physicians—*Dennis L. Olmstead*
24 Public Health—PA health department offers information on DES/Pesticide regs establish hypersensitivity registry/Alzheimer's research is focus of new publication/HIV-AIDS news
26 Public Health Education—New treatments for new TB strains—*P. J. Brennan, MD, and Rob Roy MacGregor, MD*
28 Practice Management—Will your practice manager survive a merger?—*The Health Care Group*
32 Drug Education—Q&A: drug utilization/Medication update
33 New Drugs—New therapeutic agents marketed in 1995 (Part IV)—*Daniel A. Hussar, PhD*

Opinion

6 Editorial—Be the healer you profess to be—*John W. Mills, MD*
8 Letters to the Editor—Rally for Change: voices heard on Capitol Hill/Senate bill would control sale of tobacco to minors/Controversy continues over physician general
10 Medical Ethics—Die hard: end-of-life care in America—*Lois Snyder, JD, and Arthur Caplan, PhD*
12 Commentary—A prescription for healing the system—*Steve Lopez*
44 Discharge Summary—Good medicine is managed care—*Leonard H. Finkelstein, DO*

Departments

30 Newsmakers
37 Newsfronts—Graduation '96
41 Obituaries
42 Classified Advertising
43 Advertisers' Index

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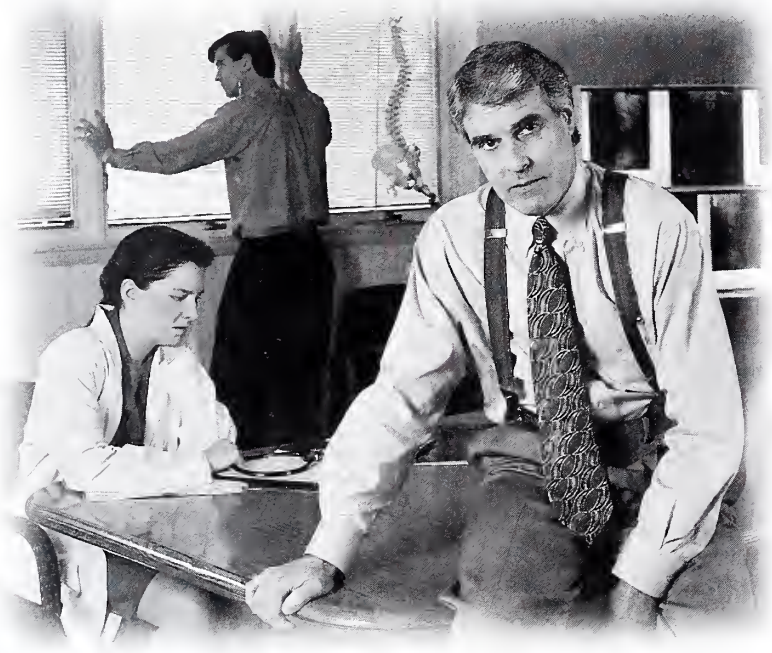
"OK, Tom was right.

After forming our group two years ago, we really shopped around for medical



liability coverage. Not all of us were in favor of the policy from the discount carrier. Especially Tom. He felt the risks of our profession were already high enough, and we couldn't trust just anyone to protect our practice and our reputation. But Liz and I wanted to lower monthly expenses. We honestly thought we'd get the same peer review on claims that PMSLIC offers its policyholders. Boy, were we misinformed. After Liz was sued, we found ourselves defending her actions to the very people we were paying to defend us. I mean, they're supposed to be on our side, right? I still can't believe how much time we've already spent trying to get our practice back on track. If we had gone with PMSLIC, we wouldn't be in this mess. I wish we had made the right move from the start. I wish we had listened to Tom."

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Legislative Update:

RECESS MOVES TORT REFORM TO THE FALL: The General Assembly has adjourned until September 24, leaving tort reform on hold until the fall. Prior to the recess, House Judiciary Committee Chair Tom Gannon (R-Delaware) postponed a second public hearing on House Bill 2122, Representative J. Scot Chadwick's (R-Bradford) original tort reform bill, because of the busy House schedule focusing on the budget and workers' compensation. The hearing was rescheduled on July 9. The Society believes attempts will be made to amend the bill with language it cannot support. Meanwhile, the Society's attention remains focused on Senate Bill 790, which passed the House in May with the Chadwick language amended into it. *PHYSICIANS ARE ENCOURAGED TO CALL THEIR SENATORS IN SUPPORT OF SENATE BILL 790.*

NEW LAW PROHIBITS "GAG RULES" IN MANAGED CARE CONTRACTS: Governor Tom Ridge on July 2 signed into law House Bill 1922, addressing the issue of "drive-thru deliveries" by requiring coverage for the mother and newborn for at least 48 hours post partum. Prior to passage by the House and Senate, a "gag rule" prohibition amendment was added to the bill, along with a restriction on copayments for post-delivery home health care visits. The Society aggressively supported passage of the bill in both the House and the Senate.

CAT FUND REFORM STALLED: Senator Edwin Holl (R-Montgomery) and Representative Nicholas Micozzie (R-Delaware), chairmen of the respective Senate and House committees with insurance industry jurisdiction, this spring introduced legislation to address medical CAT Fund reforms brought to light by the emergency surcharge in 1995. Although both committees have moved toward legislative remedies related to the operation of the CAT Fund, each has been stalled over the issues of allowing hospitals to "opt out" of the CAT Fund and increasing the mandated primary carrier coverage. The committees are expected to work on Senate Bill 1122 and House Bill 2294 over the summer.

BLUES MERGER REMAINS UNDER DISCUSSION: The merger of Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania remains under discussion while the Insurance Department reviews the Blues' latest submission. As reported last month, Attorney General Thomas W. Corbett Jr. supported concerns the State Society voiced about the merger—including the impact the merger would have on the social mission of the Blues and the possibility that it would diminish competition. Pennsylvania Blue Shield's response is now under review.

INSTALLMENT OF XACT CLAIMS SYSTEM DELAYED: The Health Care Financing Administration (HCFA) has instructed Xact Medicare Services to cease all activities directly related to the installation of a new shared maintenance claims processing system being developed by GTE. HCFA's instruction is based on its decision to obtain a single claims processing system to be used by all Part B carriers in the country. HCFA plans to select a new vendor by September 1, 1996. Xact expects to resume its efforts to install a standard system with the new vendor "at the earliest opportunity." Watch for additional information as it is released; direct questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

PENNSYLVANIA PHYSICIANS ELECTED TO AMA POSTS: At the annual meeting of the AMA House of Delegates in June, William H. Mahood, MD, a Montgomery County gastroenterolologist, was elected to the AMA Board of Trustees to fill the one-year, unexpired term of Percy Wooten, MD, of Virginia, who was named president elect. Ronald J. Clearfield, MD, a Westmoreland County radiologist, was re-elected to a second term on the Council on Constitution and Bylaws; and Stuart Gitlow, MD, an Allegheny County psychiatrist, was elected to the position of member-at-large on the AMA's Young Physicians Section Governing Council.

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"My special thanks to [our medical expert], who tightened quite a few loose ends in our defense. He really had an enormous impact on behalf of our case which I feel helped the jury shape their final verdict.

"In conclusion, one of the most important highlights in my medical career, so far, occurred [on that day] when I was exonerated by the jury and again, I am glad that I have a very good malpractice insurance company behind me."

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John W. Mills, MD
Medical Editor

Last month I noted the recent emergence of some medical ethical issues into national public debate. Witness the article in *USA Today* on May 23 entitled, "1 in 5 ICU Nurses Help Patients Die," based on a survey in the *New England Journal of Medicine*. The survey was just that—only a survey, and, as pointed out in a nursing editorial in the same journal issue, was not well controlled and too anecdotal.

"Culture of Death," another recent *USA Today* editorial by Linda Chavez, discussed the Dutch experience with euthanasia and indeed how slippery the slope is when half of the deaths are administered *without* the patient's consent. Imagine what the trial bar could do with this! Wrongful death suits would take off like rocket ships.

On page 10 of this issue, a thought-provoking article, "Die Hard: End-of-Life Care in America," by two prominent University of Pennsylvania bioethicists, explores some of the same ground as my editorial last month about a presentation by Emily Friedman, nationally recognized writer, lecturer, and health policy adviser, at the AMA Leadership Conference in March. This month, I'd like to point out three additional areas Ms. Friedman felt deserved our profession's serious attention and *leadership*: greed and health care, rationing of health care, and the lack of adequate health care for millions of citizens.

According to Ms. Friedman, when the AMA cuts deals with Congress, it looks bad; when *JAMA* Editor George D. Lundberg, MD, is criticized for admonishing physician's greed, it looks bad. When for-profit HMOs skim 30 percent off the top and leave the risk to physicians, it's not right and is a threat to patient safety and physician autonomy; when Medicaid patients are shunted into a sleazy HMO, it's not right and again a threat to patient safety. In essence, profiteering by any medical entity (physician, hospital, HMO) is perceived as greed by patients (the general public).

This really is an ethical debate and not a financial one, suggests Ms. Friedman; and we physicians have to be careful how we relate to such profiteering. Medicine's criticism of a for-profit HMO, while protecting our fees through deals with Congress, is perceived as "hollow."

Rationing of health care and lack of adequate care or health insurance leave us all—patients and physicians—uncomfortable. Ms. Friedman believes American medicine is being given a second chance to help "right" these serious medical ethical "wrongs." She attributes the explosion of alternative care to distrust of medical practitioners.

Ms. Friedman makes a good case for rationing health care. The translation of rationing from the original Greek is "fair distribution of a limited resource." She believes properly managed care can do this with meaningful informed consent. Unfortunately, according to Ms. Friedman, controlling the revenue torrent and convincing payers that it's someone else's fault that medical costs are so high is the way the public perceives our profession's restructuring, reorganizing, and downsizing, instead of wanting to provide better care to more people.

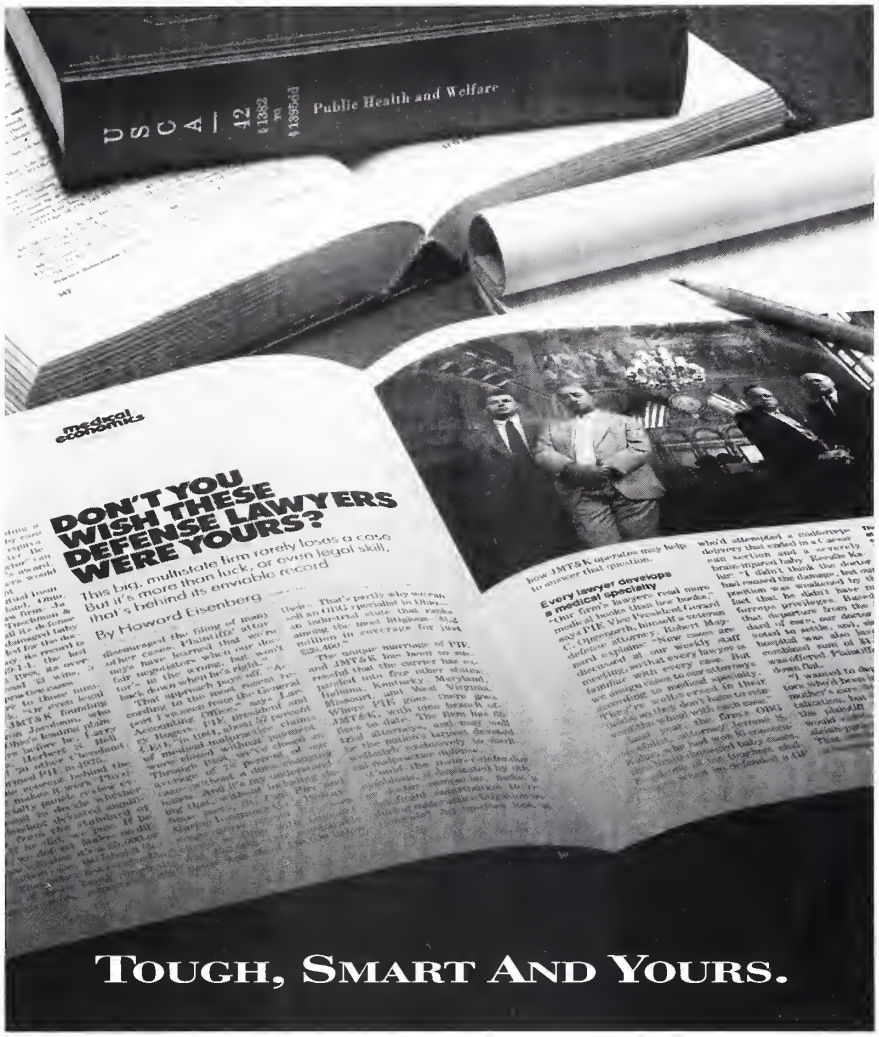
She firmly believes that practicing physicians—not investors or lawyers—should make all medical decisions on the basis of outcomes, study, and research; that there should be no lies concerning treatment, diagnosis, etc., and no attempt to tie decisions to gender, race, or financial status; and that all money saved by rationing should go for care for the uninsured, frail, aged, and demented.

Ms. Friedman concluded by noting two rules that must prevail in our health care system if we are to earn back the respect and trust of our patients that the profession used to have: 1) Do no harm, and 2) stand up for patients by speaking out against all inequities.

We must realize that *inaction is also a decision*.

What patients want is *real leadership* in the health care arena and medical treatment based on proven outcomes.

Stand up...be counted...speak out...be the healer you profess to be!



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RALLY FOR CHANGE: VOICES HEARD ON CAPITOL HILL

Editor's note: Last month, we printed excerpts of several letters received by Society Executive Vice President Roger F. Mecum regarding the May 7 Rally for Change. Here's what others have said since then.

I am writing on behalf of myself and the Wayne/Pike County Medical Society to congratulate the staff for the excellent job they did on the tort reform rally. Everyone in our group was amazed at the smoothness of how the entire performance was handled.

I spent some time with Senator Charles D. Lemmond Jr. (R-Luzerne), and he assured me he was most interested in the bill and that, on a previous occasion, he had taken part in a similar bill which was defeated. Representative Jerry Birmelin (R-Wayne) has cosigned the bill. We were told we made more noise than the "biker" group!

William R. Dewar, MD
Tafton

Thank you for your superb efforts at the rally for tort reform on May 7, 1996. You really achieved the impossible—you "herded cats." I was certainly impressed with the results of the rally. I hope the legislators were too.

Keep up the good work! As someone famous once said, "We have only begun to fight."

Robin B. Scheiner, MD, President
Delaware County Medical Society

I am very appreciative of the pro-active stance, cooperative nature, and member support of the Pennsylvania Medical Society...I [also] had the opportunity to talk personally to Pat Stapleton, David Wright, Howard Fargo, and an assistant for Tim Pesci...Certainly the passage of House Bill 2122 reflects the effort of everyone involved in the rally.

D. Wesley Minteer Jr., DO
Worthington

On behalf of the board of directors and members of the Luzerne County Medical Society, we extend a sincere thank you and congratulations on a job well done in the planning and execution of the tort reform rally on May 7, which produced the most successful outcome desired in the passage of the Chadwick Amendment by the Pennsylvania House of Representatives on May 14.

All of our attendees noted and advised us of how impressed they were at how well each part of the rally and related activities were carried out by the staff and leadership of the Pennsylvania Medical Society. From our point of view, it was truly an impressive rally, of which we were glad to be active participants.

Once again, a "tip of the hat" to the Society for a job well done. The Luzerne County Medical Society is appreciative of all of your efforts.

David H. Moore, MD, President
Luzerne County Medical Society

SENATE BILL WOULD CONTROL SALE OF TOBACCO TO MINORS

We both [the authors] agree that kids under 18 shouldn't smoke. For years, we have been looking for an effective and reasonable way to accomplish this objective. Senate Bill 1008, pending in the state Senate, does this and more.

In the often contentious and highly politicized field of tobacco regulation, a new approach has emerged. It's a practical piece of legislation that will unquestionably reduce youth access to tobacco without imposing new costs or impractical burdens on small businesses or consumers. This plan, the Hart Amendment to Senate Bill 1008, advanced by Senator Melissa Hart of Allegheny County, represents unprecedented progress in this long-debated arena in terms of limiting how and where cigarettes can be sold, and stepping up inspections and enforcement.

The proposal is the result of almost a year of good-faith negotiations among doctors, small businesses, groups who want to ban tobacco, and groups who produce tobacco. The discussions, held by Senate Finance Committee Chairman Hart, generated frank and productive input on a complex and contentious bill. *The end result is a plan that not only is tougher than present law, but better than the original proposal.*

To limit youth access, tobacco products would have to be kept in an area under the direct control or supervision of a cashier. More importantly, clerks will have to check kids' IDs to prove that they are 18 or older.

Many kids, however, obtain tobacco products from vending machines. In fact, recent surveys indicate that kids have a 95 percent success rate in obtaining cigarettes from vending machines. The Hart Amendment addresses this by limiting where cigarette vending machines can be placed. Right now, they can be anywhere. Under the Hart amendment, they would be restricted to places with liquor licenses and other adults-only facilities.

The bill requires the state Department of Agriculture, with the state Department of Health, to conduct inspections of tobacco vendors, using trained law enforcement agents and minors. Those who violate the law will receive stiff fines and vendor license suspensions. The great majority of retailers comply with the law. Those who don't should be penalized.

While some groups involved in the discussions oppose a provision that limits local governments' ability to implement regulations that are different from the state's, the bill creates state enforcement. It would be too costly and impractical to mandate that the state enforce a hodgepodge of over 2,600 different laws that could result if each community set its own standards.

Additionally, businesses that own more than one store across the state would be forced to try to comply with this potential patchwork of local laws. The 16 already-existing local ordinances, however, would remain in place. Moreover, local governments and police could still enforce the laws and conduct inspections on their own as often as they want.

The Hart Amendment to Senate Bill 1008 makes substantial progress on a difficult issue. But let's look beyond the rhetoric and at the bottom line: a final product that will make it harder for kids to get tobacco and will penalize retailers who don't do their job. All of this is done without creating a new bureaucracy or raising taxes. This is progress.

Robert Sklaroff, MD, President-Elect
Pennsylvania Society of Internal Medicine

John Kulik, Vice President
Pennsylvania Food Merchants Association

Editor's note: The State Society supports Senate Bill 1008. At press time, the bill remained in the Senate Appropriations Committee, and the Society was advocating its passage before the June budget session concluded.

CONTROVERSY CONTINUES OVER PHYSICIAN GENERAL

Editor's note: The following editorial, excerpted from the April 2, 1996, edition of the Delaware County Daily Times, *was forwarded to* PENNSYLVANIA MEDICINE *by John P. Maher, MD, MPH, of the Chester County Health Department. Dr. Maher believes the editorial "goes right to the heart of the controversy over the current attempts to dismantle the Pennsylvania Department of Health." He questions the Society's support of House Bill 216, which seeks to create a physician general position. "I cannot bring myself to believe any of you have actually read the bill," he says. "Otherwise, you would know that the position...as described...is a mere part-time advisory figurehead." A response from the medical editor appears at the end of the editorial.*

...The governor has proposed closing the 60 state health centers throughout Pennsylvania, laying off their more than 200 employees, and contracting the services they provide out to the private sector. He estimates it will save the state $8 million by June 1998.

In the eyes of our governor, health care is business, pure and simple. If there was ever any question about that, it was clearly answered in his recent appointment of an acting secretary of health. Did he choose a physician, an epidemiologist, a public health educator? No. He chose Dan Hoffmann, a 41-year-old hospital administrator and hospital consultant with a master's degree in business administration.

In an effort to justify this appointment, House Bill 216 proposed not requiring Pennsylvania's secretary of health to be a physician or health expert as long as a new cabinet position of physician general is created. It passed 197 to 1 on March 20.

The same day, our state representatives had the good sense to pass unanimously an amendment to House Bill 216 which requires the Pennsylvania Department of Health to continue operating a system of state health centers and not contract with private providers or private laboratories unless authorized by the General Assembly. A similar bill is in the state Senate.

While we're happy that our legislators seem to care about ensuring the delivery of health care to the state's poor and protecting the public health in general, the first part of the bill is odd.

Why eliminate the requirement of health care expertise for the head of the health department, then create a new position in the governor's cabinet that requires health care expertise? Isn't that creating more government? Isn't that spending more money? Less government and less spending, after all, are two of Ridge's cause celebre.

It makes as much sense as the governor's recommendation in the request for proposals sent out to potential contractors in the private sector that they hire the state health department employees he plans to layoff.

If indeed the governor succeeds in privatizing public health services, how does he expect Hoffmann to objectively oversee the awarding of contracts? A man who founded a hospital consulting firm can hardly be considered a disinterested party in the case.

While the practicality of business acumen can't be discounted when it comes to administering any government department, it is far from the heart of the matter when it comes to public health.

Our country's health care delivery system is suffering enough because it has fallen into the hands of big business. Americans are paying the price either through outrageous health insurance premiums or by going without. It is one of the reasons we need a public health department which remains just that—a system headed by someone whose foremost concern is the health of the people, not the bottom line.

Response: As a member of the Board of Trustees, I have read House Bill 216. Unfortunately, there has been a long-standing criticism of a physician secretary of health, because rarely have these physicians been good administrators. In fact, the most recent physician secretary was in office less than a year before his resignation to pursue promising clinical studies.

The physician secretary has usually been immersed in administrative detail, and that has prevented the physician secretary's examination of issues from a clinical perspective. On most issues, the physician secretary's role in the cabinet has not been to make recommendations to the governor that are founded on the best judgment of a professional with medical training; rather, the physician secretary has been focused on administrative detail and decisions more likely to preserve the bureaucracy of the department.

Debate at the Society's board was extensive, and many of us felt that the secretary should have a master's degree in public health—but the legislature felt otherwise. We believe there will be further change to House Bill 216, before and during consideration by the Senate.

John W. Mills, MD
Medical Editor

Letters

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

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Letters are published at the discretion of the editors and are subject to editing.

Die Hard: End-of-Life Care in America

Lois Snyder, JD
Arthur Caplan, PhD

Physician-assisted suicide should not become our next constitutional right. Words of the deeply religious? The staunchly conservative? Activist pro-lifers? Borkian original intent subscribers? Those unsympathetic to suffering?

No. You need not be in one of those categories to oppose physician-assisted suicide, to take what is increasingly becoming a politically incorrect, legally unfashionable, and purportedly, a publicly and professionally unsupported view.

So who would condemn the dying and disabled in this way? Isn't public and professional opinion strongly behind the right to doctor assistance in dying?

True, an April 3, 1996, *Wall Street Journal* news story reported that a recent study of doctors in Michigan found that a mere 17.2 percent of physicians supported laws banning assisted suicide, most of those noting that their views were based on "strong religious identification." A 1994 Harris poll found that 73 percent of Americans favor legalizing physician-assisted suicide. Both polls are cited approvingly in the recent Ninth U.S. Circuit Court of Appeals decision striking down a Washington state law, insofar as it prohibited physician-aided suicide, and finding a constitutional right to such assistance for the competent terminally ill.

There have always been people who seek death and who want doctors to help them accomplish it. What is new in the mid-1990s? Have society and the medical profession become more enlightened and compassionate about the demands of patients who want control over the method and timing of death?

No. This movement is as much a reflection of the inability of Americans to engage in moral discourse as it is anything else. The sudden shift toward legalizing assisted suicide is another manifestation of our national legal and ethical fascination with autonomy. On the health care front, there has been virtually no middle ground, essentially no other value in evidence but autonomy. Physicians risk be coming mere medical technicians, with out a strong professional ethic and clinica authority, who carry out the demands o patients, including the demand for death

Is this really what doctors want o should want? No. Is this what patient want? Probably not.

Patients want support and care at the end of life. They want adequate pain con trol. They want help when they are de pressed. They want compassion. They want someone who can talk to them. They want to be assured they will not become prisoners of technology or of the hospital They want to know their doctors will no abandon them when they can no longe cure them, as the hospice movemen teaches and practices. They deserve, and should get, this kind of support and care a the end of life.

Too many people are dying a hard death. The cry for physician-assisted sui cide is likely a sign that patients see tha they may not get what they want when they need it—real death with dignity. So ciety and its health care providers have no fulfilled their obligations to help the indi viduals (and their families), whose an guish pushes them to the point where they consider suicide to be their best option.

We are not dying well, as the latest phase of the $28 million SUPPORT study tells us SUPPORT is the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment. The culture o medicine and of hospital life to fight hard against illness and disease is right in mos cases. But when it is wrong, it is harmful.

SUPPORT found there is still too much unwarranted aggressive treatment going on in contrast to patient wishes. Despite advances in pain relief, too many people are still dying without adequate pain con trol. There is still not enough patient-physi cian communication going on—many patients (or their families, when appropri ate) are never asked about treatment pref erences. We can, and should, do better.

In the age of medical high technology physician-assisted suicide falls in the mid

Ms. Snyder is faculty associate and Dr. Caplan is director of the University of Pennsylvania Center for Bioethics, Philadelphia.

dle of a continuum of life and death issues. On the one end is the withholding or withdrawal of life support where patients shun tubes and machines and let nature take its course; then there is physician-assisted suicide—the patient receives medical help such as a prescription, but ultimately performs the actual life-taking deed, usually taking a fatal dose of pills; and then there is active euthanasia in which the physician administers death through, for example, lethal injection.

There is professional and public consensus that, on balance, after a careful weighing of patient autonomy and self-determination interests against societal interests, a patient may refuse life-sustaining treatment. Some people, including two federal appeals courts, see physician-assisted suicide as a logical next step to take. Hippocrates saw otherwise.

Reams have been written on why euthanasia and assisted suicide should be prohibited. It is a fundamental tenet of medicine that physicians be, and be seen as, healers and comforters, not agents of death. For thousands of years, doctors have taken an oath to do no harm and "give no deadly medicine to anyone if asked, or suggest any such counsel." Doing otherwise would compromise the physician/patient relationship and the trust that is necessary to sustain it. It would also undermine the integrity of the profession. Slippery slopes are invoked about the possibilities for misuse and abuse of power, and about a crack in our moral infrastructure that could lead to crumbling.

Reams have also been written in support of assisted suicide or euthanasia or both. These arguments center on the desire to relieve patient suffering and on a seemingly absolute right of patient autonomy.

Those who would "make an ideology out of autonomy," as one commentator has observed, undervalue the role and interests of society, the necessary pre-conditions for the exercise of autonomy. Respect for life and an interest in the preservation of life, whether based in religion or on the belief that these principles provide a foundation for social order, are important societal goals to consider. Americans correctly place a high value on individual rights. But rights should have limits and corresponding responsibilities. And rights should be set in a context, a community of interest.

The federal courts have begun to weigh in. The recent Ninth Circuit decision and an even more recent opinion reaching a similar result by the federal appeals court in New York are built on tenuous legal foundations and questionable applications of constitutional theories. These decisions discount the meaningful and ethically and legally valid distinction between the refusal of life-sustaining treatment and requests for physician-assisted suicide, extending by leaps and bounds the "liberty interest" in the former to what amounts to a full-blown constitutional right to physician-assisted suicide.

Some courts had invented rights and remedies out of whole cloth for suffering patients—in ordering insurers to pay for experimental autologous bone marrow treatments for breast cancer when effectiveness and safety have yet to be proven and real harm has been shown. The suffering is real. But the remedy is wrong. There, too, it was a blow for society, and for medical integrity and clinical authority as well.

People who want to will commit suicide. We as a society should encourage them not to. We should provide the necessary social support, health care, hospice care, pain control, and compassion to those who feel they face an undignified life, or an undignified painful death, and want to turn to suicide.

In the United States, there is no general "right" to health care. Should a right to physician-assisted suicide precede the creation of fundamental entitlement to basic health care? The poor and the uninsured do not appear to be among the ranks of those pushing for the right to help in bringing on death.

Can we as health care providers, policy makers, families, and communities do a better job of caring for, meeting the needs of, and demonstrating support for those who would see suicide as their best option? Yes. Will the nation show the requisite political will to make this happen if physician-assisted suicide becomes law? Doubtful. And that is a reason why even those who do not hold professional, religious, or other concerns about physician-assisted suicide should carefully consider its desirability as public policy, given the current state of death and dying in America. ✪

"Some people, including two federal appeals courts, see physician-assisted suicide as a logical next step to take. Hippocrates saw otherwise."

A Prescription for Healing the System

Steve Lopez

As we speed toward the time when a visit to the doctor will be replaced by a phone call to a recorded message—Push 1 for a headache, 2 for a broken bone—I'd like to say a thing or two about my doctor, who is stuck in the past. I had to go in for a checkup last week and was reminded that Michael Helzner is sort of an urban Marcus Welby. Except that Marcus Welby, as I recall, wasn't bogged down in bureaucracy and didn't have to think of himself as a businessman.

Helzner, who's in his 40s, says that when you're sick, you deserve to see a good doctor, regardless of your income or health plan. And he thinks you should do it right away, instead of waiting until the problem is worse and the cost is higher.

So when you call him at Complete Physicians' Services in West Oak Lane, you don't get someone on the phone telling you they'll try to squeeze you in a week from Tuesday. They tell you to just come on in. You don't need an appointment.

While I took deep breaths and let them out, Dr. Helzner told me about an award he and one of his partners, Dr. Steven Schmidt, had just won. It was the Philadelphia Quality of Care Award from Pfizer Pharmaceuticals, and they also got a commendation from the governor.

As the press release from Germantown Hospital says:

"Drs. Helzner and Schmidt have built a reputation in the northwest community for ensuring that people in need of medical services receive care in spite of financial barriers or inconvenience of hours."

Dr. Helzner's practice has been that way for the 11 years I've known him, but every time I see him, he seems a little more stressed out about the changes in medicine. It's all going the way of big business, he was saying the other day. And it's hard to keep fighting the beast.

He's got full-time people who do nothing but shuffle paper, and there's a bulletin board in the office that's plastered with insurance regulations and guidelines.

That's why he was ready to listen when first one hospital and then another approached him and his partners to talk buyout. With competition among hospitals tightening, each one wants its own guaranteed source of patients.

"They'll buy you out and give you a five-year contract to stay on, but after that, who knows? They'll dump you and your 15 years of experience and hire someone out of medical school who has a $150,000 debt and will work for half the salary but can't give you the quality we're giving you now."

None of which should surprise anyone who's been paying attention as Wall Street gradually alters the quality of life in America.

Medicine is becoming less a profession of doctors and more a business of accountants, actuaries, and attorneys. And as it evolves toward conglomeration, the issue isn't how good the patient feels. It's how good the shareholder feels.

What do you think made U.S. Healthcare Inc. so attractive that Aetna Life & Casualty coughed up $8.9 billion to buy it out?

U.S. Healthcare bumped down hospital payments and chintzed on patient care while profits jumped and the chief officer took home $3.87 million in 1994. Wall Street celebrates, and some new mom is dumped out of a hospital bed before Junior is a day old.

This is the kind of thing that keeps Dr. Helzner up until 2:00 and 3:00 a.m., chatting with other doctors on the Internet and trying to think up ways to build a better health care system that serves more people. He admits to not having all the answers, but he has a few suggestions.

We ought to legalize drugs, he says, because so many of the trauma cases he sees are drug related, and nothing costs more than trauma. If it were up to him, he'd make the manufacturers of drugs, tobacco, and alcohol kick a percentage of their profits into health care. And he'd crack down on frivolous lawsuits that cost doctors a fortune in malpractice insurance.

"I'll have a patient come in with a headache, and he wants an MRI of his head," he says, "and if a kid doesn't have an IQ of 160, some lawyer will be in here telling me I didn't catch something."

He'd also like to see Jack Kevorkian left alone to help people end their misery with dignity, if that's their choice. And now is the time, he says, for society to ask why it spends "the same health care dollars on a 98-year-old terminal patient and a four-year-old salvageable child."

But those are broad conspiracies. Dr. Helzner's more immediate concern is to hold off the beast of consolidation and keep practicing medicine the way he always has.

So far, the buyout offers have been turned down.

So far.

Mr. Lopez is a regular columnist for The Philadelphia Inquirer.

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INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and an occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness 14%, versus 2% placebo incidence); Fatigue/asthenia 14%, versus 4% placebo incidence); Nausea 12%, versus 1% placebo incidence); Constipation 11%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, pharyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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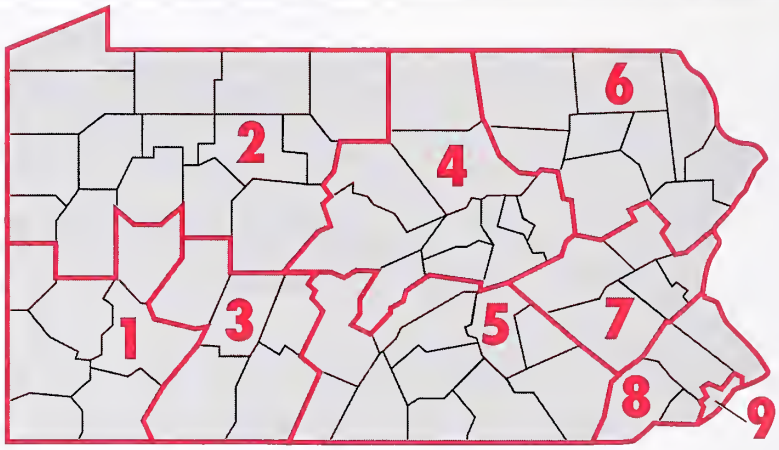

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

▶ Highmark, Inc., is the name officials from Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania have selected for their proposed merger. *[Patriot-News, Harrisburg]*

▶ Blue Cross of Western Pennsylvania and the University of Pittsburgh Medical Center (UPMC) are in final talks that would give UPMC ownership in a new Blue Cross Medicare HMO. Discussions focus on UPMC taking a 20 percent stake in the HMO, called SecurityBlue. At press time, no agreement had been signed. *[Pittsburgh Business Times]*

▶ Washington Hospital has begun negotiations with the University of Pittsburgh Medical Center that are expected to lead to a merger before the end of the year. *[Pittsburgh Post-Gazette]*

▶ Shadyside Hospital and Blue Cross of Western Pennsylvania have entered a "partnership." Future implications are unclear, but the agreement appears to center on a primary care center in Squirrel Hill. The agreement also calls for a computer information system that will enable the hospital, its doctors, and Blue Cross to access patient care information. Blue Cross will provide administrative services for Shadyside. *[Pittsburgh Post-Gazette]*

▶ The Southwest Integrated Delivery Network, a group of five hospitals—Allegheny General, Sewickley Valley, Allegheny Valley, St. Clair, and Forbes Health System—and the doctors affiliated with them, signed an agreement to provide nearly exclusive service for an estimated 70,000 of HealthAmerica's 175,000 HMO members in the region. A capitated payment system will be used. *[Pittsburgh Post-Gazette]*

▶ California-based Health Systems International agreed to buy Advantage Health, the smallest of four HMOs operating in the Pittsburgh area, for $12.5 million in cash. As part of the deal, St. Francis Health System, Advantage Health's parent, has an option to repurchase 20 percent of Advantage Health for $2.5 million. St. Francis plans to exercise that option. *[Pittsburgh Business Times]*

▶ Blue Cross of Northeastern Pennsylvania and Capital Blue Cross announced their intent to merge. If the merger is approved, the resulting company would provide health benefit services for more than two million people in 34 Pennsylvania counties. Corporate headquarters will be located in Harrisburg, with significant presence in the Wilkes-Barre and Lehigh Valley areas. The exact date of the merger is not known at this time. *[Blues press release]*

▶ The Health Care Financing Administration (HCFA) has approved SeniorBlue, a new managed care program from Keystone Health Plan Central for Medicare recipients. The plan began operations June 1, with an estimated 10,000 Central and Northeastern Pennsylvania residents expected to sign up by the end of the year. *[Patriot News; Central Penn Business Journal, Harrisburg]*

▶ As part of a new trend hitting Berks County, St. Joseph Medical Center, Reading, is aggressively buying physician practices. Also, though Reading's Community General Hospital is not directly buying practices, a company owned by its parent organization is buying practices as well. *[Reading Times]*

▶ Lehigh Valley Hospital and Health Network (LVHHN) will reduce workforce expenses by $13 million in the next fiscal year as part of an ongoing operations improvement effort to cut costs. Reductions include a salary freeze for all employees and a three percent wage cut for members of the network's top management. Some programs and services will be curtailed, eliminating the equivalent of 84 full-time positions—40 new reductions and 44 vacant positions that will not be filled. *[LVHHN press release]*

▶ U.S. Healthcare was ordered by a federal jury to pay $1.3 million in damages to Brokerage Concepts, Inc., a privately held insurance broker that also runs self-insured health plans. Brokerage accused U.S. Healthcare of violating antitrust laws by forcing retail pharmacies to buy employee coverage from it. The jury found U.S. Healthcare liable under antitrust, racketeering, and state laws. *[Philadelphia Inquirer; New York Times]*

▶ Universal Health Systems, Inc., a King of Prussia hospital management company, agreed to acquire four

behavioral health hospitals in Pennsylvania and seven contracts to manage behavioral health from privately held First Hospital Corporation. *[New York Times]*

▶ Primary Health Systems, Wayne, acquired the 189-bed Roxborough Memorial Hospital, Philadelphia, for an undisclosed selling price. As a result, Roxborough will become the first for-profit community hospital in the region. Two other unidentified area hospitals are expected to join Primary Health Systems by year's end, and the chain hopes to buy an additional five hospitals within the next three years. *[Philadelphia Inquirer; Philadelphia Business Journal]*

▶ Blue Cross and Blue Shield of New Jersey announced it would acquire Blue Cross Blue Shield of Delaware in a $100 million deal that is the first between Blues united across state lines. The companies will maintain their separate identities, saying the change will not affect health care services for customers in either plan, and will allow the companies to become bigger, stronger, and more competitive in the Philadelphia region.

One week after announcement of the Delaware merger, Blue Cross and Blue Shield of New Jersey agreed to merge with the Anthem Group, based in Indianapolis. Anthem East will operate as the company's hub on the East Coast, selling medical insurance in New Jersey and Delaware as Anthem Blue Cross and Blue Shield. A Blue Cross of New Jersey subsidiary, Medigroup HMO, which entered the Philadelphia market less than a year ago, will also become part of Anthem East. *[Philadelphia Inquirer; New York Times]*

▶ South Philadelphia's Methodist Hospital intends to merge with Thomas Jefferson University Hospital. The new arrangement will allow both hospitals to combine their services while maintaining separate identities in their communities. *[Philadelphia Inquirer]*

▶ Greater Atlantic Health Service, Inc., changed its name to QualMed Plans for Health, Inc., effective May 1, 1996. The change is the culmination of the company's recent acquisition by Health Systems International. *[QualMed press release]*

Managed care moves, state by state

▶ The Medical Society of Virginia (MSV) announced that it has entered an agreement with United HealthCare Corporation to establish a statewide HMO. The proposed HMO will involve a new company that will be jointly owned by United HealthCare and an IPA to be established by MSV. *[AMA Medical Practices & Managed Care]*

▶ Blue Cross of California completed a $3 million deal which establishes a publicly traded health care company, Wellpoint Health Networks, Inc., and two charitable foundations—California Health Care Foundation and the California Endowment. Wellpoint, which has 3.2 million members in the state, was created by Blue Cross of California in 1993 to compete with other privately owned health care groups. It retains the right to use the Blue Cross name. *[New York Times]*

▶ The American Association of Retired Persons (AARP) plans to ask managed care companies to bid on Medicare managed care insurance products to be sold to AARP members. The association will offer its 33 million members Medicare supplemental insurance for those over 65 and traditional hospital-indemnity insurance for those under 65. *[Wall Street Journal]*

▶ Nashville-based Columbia/HCA Healthcare Corporation said it agreed to acquire St. Luke's Medical Center in Cleveland, Ohio. Terms weren't disclosed. St. Luke's includes a 474-bed hospital, medical office buildings in three Ohio cities, and an emergency center. *[Wall Street Journal]*

▶ PhyCor Inc., Nashville, said it completed the acquisition of certain assets of Harbin Clinic & Harbin Professional Association, a physicians' clinic with multiple specialties based in Rome, Georgia. PhyCor, which operates 35 clinics, said it also entered into a long-term service agreement with the 62-physician group at the clinic. *[Wall Street Journal]*

▶ FPA Medical Management, Inc., a manager of doctor networks in San Diego, announced it will acquire Sterling Healthcare Group, Inc., a manager of physician practices that is based in Coral Gables, Florida. *[New York Times]*

▶ Health Partners of Alabama agreed to purchase Physician Corporation of America's Georgia and Alabama units for $25 million. *[New York Times]*

▶ Alabama-based Healthsouth Corporation announced it would acquire Professional Sports Care Management, a Harrison, New York, provider of outpatient physical therapy, for $67 million. *[New York Times]*

Facts, figures, etc.

▶ More than 80 percent of 207 hospitals in a national survey reported providing some form of managed care in their increasing effort to cope with rising costs. Eighty-two percent of the hospitals polled reported taking steps to reduce compensation costs, including staff reductions. Among other findings: The number of managed care contracts at hospitals showed a 16 percent increase in 1995 over 1994. *[Central Penn Business Journal, Harrisburg]*

A New Order

The largest Blue Cross and Blue Shield plans in the U.S., assuming all announced mergers are completed, include:

1. Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania
2. The Anthem Group and New Jersey and Delaware Blue Cross and Blue Shield
3. Empire Blue Cross and Blue Shield
4. Blue Cross and Blue Shield of Michigan
5. Blue Cross and Blue Shield of Illinois and Texas
6. Wellpoint (formerly Blue Cross of California)

Source: New York Times survey of industry analysts

ACTIONS OF THE BOARD OF TRUSTEES, MAY 7-8, 1996

WORK GROUP DRAFTING NEW MANAGED CARE LEGISLATION

The Society's Managed Care Priority Work Group, in keeping with its charge, continues efforts to help the Society serve the managed care needs of members. An information report, presented to the board, overviewed the group's current efforts.

The group met in April to review draft utilization review safeguard legislation that includes some of the Society's policies on selective contracting. The draft legislation represents a compromise between the State Society and the Hospital Association of Pennsylvania. When the drafting process is complete, a final copy of the legislation will be forwarded to the board.

In January 1996, the board approved a recommendation from the work group related to the Society's selective contracting policy and an amendment to pending legislation prepared by Representative David King (R-Mercer). A vote of this amendment was defeated in mid-March. "Despite the vote," Dr. Harberger says, "there is sentiment in the legislature that is supportive of the Society's goals."

The report also outlined efforts of the Society to communicate with members about the two statements of policy regarding risk sharing released in early April by the departments of Health and Insurance. In addition to extensive coverage in this publication in April, May, and June, the Society contacted every member by fax or mail to announce the statements and explain the Society's role in the development of the statements. Several physician organizations also referenced the new policy in their newsletters.

POLICIES ON WELFARE REFORM TO GUIDE SOCIETY ACTIONS

The Society is taking a proactive stance in preparing for welfare reform: The board approved a recommendation to develop short-term and long-term policies to guide Society actions in dealing with the Department of Public Welfare and the General Assembly.

Current Society policy stems from complaints from physicians concerning problems experienced during the delivery of medical services to the medically indigent, including access to care issues. In the past three years, state legislative proposals have sought to increase access to welfare recipients either by voluntary participation or by mandatory acceptance of assignment by physicians and other health care providers.

The Society encouraged extending the physician referral network, seeking added awareness to increase outreach to school-age children, and removing administrative obstacles and burdens. Also, at the direction of the House of Delegates, the Society encouraged forming regionalized networks to ultimately privatize the system.

Now, the nation's governors have drafted a policy for federal Medicaid reform, which stresses flexibility for states to tailor their needs, contain costs, and set provider reimbursement rates and qualifications. Although there is no word as to when this proposal will be considered by Congress, it is likely that governors—including Tom Ridge—will begin using the policy as the framework for future state proposals dealing with Medicaid.

The Ridge administration is currently proceeding with the expansion of MA managed care in the five counties surrounding Philadelphia and is preparing to submit a waiver to the Health Care Financing Administration to permit mandatory managed care statewide. The development of policies, as approved by the board, will prepare the Society to enter this and other Medicaid debates, and to support appropriate changes at both the state and federal levels.

Other actions

In other action at the May meeting, the board:

- approved a recommendation that the board continue to provide information to all specialties and the Interspecialty Section about the proposed Blue Shield merger and related issues;
- approved a recommendation that the Society submit a resolution to the AMA, calling for the AMA to oppose ultimate fighting and extreme fighting events, and to support legislation at the state and federal levels further restricting such practices;
- accepted as information the document, "Utilization Review Guidelines," as published by the Philadelphia County Medical Society, the Hospital Association of Pennsylvania, and the Delaware Valley Hospital Council; and
- appointed the following members to the 1997 Leadership Conference Committee:

Chair—John W. Lehman, MD
Robert R. Corrato, MD
Edward H. Dench Jr., MD
Victor F. Greco, MD
James R. Regan, MD
Blairanne H. Revak, MD
William J. West Jr., MD

Commission Members Appointed

At the recommendation of Society President Jonathan E. Rhoads Jr., MD, the board appointed the following to the Society's Commission on Quality:

Chair—Carl A. Sirio, MD (Allegheny County)
Paul N. Casale, MD (Lancaster County)
James A. Cowan, MD (Northampton County)
Enrico J. DiRienzo, MD (Bucks County)
Michael J. Gallagher, MD (Lackawanna County)
Ancil A. Jones, MD (Delaware County)
Marlon T. Maus, MD (Philadelphia County)
Ratnakar S. Shetty, MD (Beaver County)
David J. Shulkin, MD (Philadelphia County)

NEW LAW CHANGES STATE'S MEDICAL ASSISTANCE PROGRAM

Governor Tom Ridge in May signed into law sweeping changes to the state's Medical Assistance program. Most notable of the reforms was the elimination of medical coverage for approximately 220,000 recipients who don't meet certain work requirements.

Through its major health provisions, the law:

- allows low-income Pennsylvanians to remain eligible for Medicaid if they work 100 hours a month;
- retains benefits for people between the ages of 59 and 64;
- imposes a $150 deductible on all General Assistance recipients for ambulatory surgical center services, inpatient and outpatient hospital services, except for laboratory services and x-rays (does not apply to individual physicians' charges);
- retains pharmacy services under managed care;
- institutes a 90-day residency requirement for Medicaid and one year for General Assistance;
- requires welfare recipients to sign an agreement spelling out the steps they must take to receive benefits;
- requires recipients to look for work immediately, and requires them to work at least 20 hours a week or lose their benefits after two years; and
- raises the amount of money a welfare recipient can earn and still receive benefits.

For physicians, the law increases reporting responsibility. Physicians had previously been required to report whether an applicant for benefits was partially or totally disabled. The new law requires the physician to evaluate the recipient and complete an employability assessment form verifying either permanent or temporary disability, precluding *any* form of employment. Applicants who are employable will not receive benefits.

The law stipulates that the physician or psychologist determine that the applicant is employable if he or she doesn't meet the specific definition of disability. The law also requires documentation of tests used in making the determination and precludes simple acceptance of a statement of symptoms by the applicant. The department has yet to determine what the documentation requirements are to be.

The State Society immediately objected to two provisions of the law:

Objection: The law places the physician in the position of denying disability and, therefore, causes the recipient to be denied benefits.

Response: The department is considering a process where it notifies the recipient that the decision to deny or terminate benefits is solely the responsibility of the department.

Objection: The law mandates submission of medical records, x-rays, and lab reports.

Response: The department asked the Society to develop an alternative to these records, such as a provider checklist. At press time, such a checklist was under discussion and development.

TESTIMONY REITERATES NEED FOR CHANGES TO CAT FUND

Editor's note: More than a year ago, the State Society, the Hospital Association of Pennsylvania, and the Trial Bar agreed on the changes necessary to improve CAT Fund operations. Those changes included a twice-a-year surcharge and a transfer of claims-handling responsibilities from the CAT Fund.

The original Senate Bill 1122, introduced by Senator Edwin G. Holl (R-Montgomery), embodied this compromise. The Ridge administration, after it settled into office, determined to strongly oppose the bill, especially the loss of claims-handling authority. This deadlock led to the advancement of other proposals and counterproposals.

Dr. Hobart

Testimony of Immediate Past President John H. Hobart, MD—presented to the Senate Banking and Insurance Committee on June 11, and excerpted here—reflects the Society's response to a variety of those proposals. The most important is the proposal to increase basic limits.

There are a number of proposed amendments [to Senate Bill 1122].

[One] changes the calculation and payment of the surcharge from yearly to every six months. We originally supported that provision as a means of ensuring that the fund was adequately funded. We understand now that a 15 percent buffer and some ability to borrow by the fund will ensure the needed funding. Under these circumstances, we doubt that the administrative burdens of a twice-a-year surcharge are justified.

The next amendment calls for an increase in the primary limits over time to $500,000 and a corresponding decrease in the CAT Fund layer. The Society originally supported Senate Bill 1122 to avoid just such a result.

The CAT Fund is being examined by this committee because of the outcry from physicians and hospitals over the emergency surcharge in 1995 and the 164 percent surcharge for 1996. The problem is that the costs of professional liability coverage are too high. The proposal to increase the basic limits is basically a proposal to increase those costs further with no additional coverage or other meaningful benefit. Estimates of an increase to $400,000 in primary coverage have ranged from roughly 25 to 40 percent. We cannot justify that to our physician members.

Next is an amendment to allow the fund to make adjustments to the surcharge paid by a hospital based on its claims experience. We wish to maintain the fund as the financing mechanism and do not support privatization, but we do not want the fund to become a state monopoly insurance company either. Therefore, we do not want the fund making underwriting decisions; we do not want [the fund] determining risk and adjusting the surcharge as a state agency outside the influence of the competitive market. That requires actuaries and underwriters and other trappings of a traditional insurance company.

The amendments also provide for a cap on fund surcharges over the next three years. We believe that this may be reassuring to some physicians, but essentially is for appearance only; the fund surcharges will be less than that cap.

Finally, the amendments create an advisory board and establish duties for that board. Many of the past criticisms of the fund could be adequately addressed with the involvement of the board. We view this as a necessary and helpful step. We'd note, however, that physicians pay 80 percent of the monies into the fund, but have only two of the seven members.

Direct questions about this issue to the Society's Office of General Counsel at (800) 228-7823 or (717) 558-7750.

HCFA Issues New Medicare Rules for Teaching Physicians

Dennis L. Olmstead

In teaching hospitals nationwide, the federal payment rules laid down 27 years ago to guide attending physicians and their residents are changing this month.

Background

In response to identified problems with statutory guidelines concerning payment for services of residents and interns provided in a teaching setting, in April 1969 the Health Care Financing Administration (HCFA) issued Intermediary Letter 372 (I.L. 372). Medicare carriers were paying charges for physician services in some teaching hospitals, even though interns and residents were primarily responsible for the care of patients. The physicians who were billing for these services were often assuming only limited responsibility for the medical management of the patients' treatment.

I.L. 372 set forth specific conditions that physicians in teaching settings were required to meet to be considered attending physicians and, thus, qualify to charge the carrier for services in which they involved residents. It also specified how carriers were required to determine the reasonable charges for these services.

The key requirement, according to the 1969 rule, is: "...to receive payment from Part B, the attending physician relationship must be established with the patient, and appropriate documentation must be present in the patient's medical records. If no attending physician/patient relationship is established, only personally provided, identifiable services to the patient, properly documented in the medical records according to the requirements, are eligible for payment."

The existing guidelines—including numerous updates through legislative amendments, regulations, and other intermediary letters—were valid until the new rules became effective on July 1. Many of the new guidelines are also applicable to Pennsylvania Blue Shield private business programs. HCFA has already clarified a number of issues not addressed in the rule, many of which are addressed in this article.

The new regs

Practices vary widely among and within teaching hospitals with respect to the degree of physician involvement in the care of patients. In some cases, teaching physicians personally direct residents in furnishing patient care; in others residents assume a greater degree of responsibility, and teaching physicians exercise only general control over the residents' activities.

The most important consideration under the new rules, in determining if the services of a teaching physician are eligible to be billed to Medicare or Blue Shield private business programs, is the presence of the teaching physician during the "key portion" of any service or procedure for which payment is sought. This physical presence requirement, according to HCFA, identifies situations when the teaching physician is sufficiently involved in the service, and at the same time it provides a standard that can be readily documented and verified.

It should be noted that the new rules do not apply to those Medicare beneficiaries who are enrolled in a Medicare HMO. Additionally, the rules do not apply to those physicians who teach at hospitals that have elected to reimburse physicians through cost reimbursement rather than through the RBRVS fee schedule.

Key portion

Defining what is meant by the term "key portion" has and will continue to be difficult. The preamble of the new rule states that HCFA does not intend for carriers to second guess physicians' judgments concerning the identification of the key portion of a service. The only guidance provided in the new rule is that the teaching physician must be physically present during the portion of the service that "determines the level of service billed." For example, if the medical decision making in an individual service is highly complex to an inexperienced resident, but straightforward to the teaching physician, the appropriate level of service to be billed should reflect the involvement of the teaching physician in the service.

HCFA has since clarified that it will defer to the teaching physicians to decide what are the key portions of the service. After the key portions are determined, the attending physician must document his or her involvement in the medical record. HCFA believes that "typical scenarios" of what is considered a key portion for various illnesses will become somewhat standard in the future.

E/M services

The key components of evaluation and management (E/M) services include relevant patient history, major findings of the physical examination, assessment and diagnosis, and plan of care. HCFA has identified three acceptable ways for E/M services to be rendered:

1) The teaching physician performs the service entirely himself or herself.

2) The teaching physician and the resident jointly perform the service at the same time.

3) The resident gathers the history and performs the physical exam with the identified key elements being redone by the teaching physician.

It is the direct responsibility of the teaching physician to ensure that the

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level of treatment a patient receives is appropriate for that patient.

The note in the patient's medical record *must* support the presence, activity, and involvement of the teaching physician. The key elements and the presence and involvement of the teaching physician should be reflected in the medical record in such a way that it would be clear to anyone who looked at the medical record at a later date that the involvement of the teaching physician justified the service which was billed.

It is not acceptable for the teaching physician to simply state or to use a stamp which states "Seen, examined, and agree with Doctor Resident." This is not to infer that the teaching physician must repeat all of the documentation entered into the medical record by the resident. The teaching physician, as stated already, should enter into the medical record additional notes to indicate his or her involvement in the service.

If the teaching physician believes that a key portion of an entire E/M service cannot be identified, then he or she should be present for the entire service. For subsequent visits, the teaching physician must oversee the key portions of two out of the following three: history, physical exam, and the medical decision-making process.

There is one exception to the physician presence requirement. Under this exception, Medicare and Blue Shield can be billed for reasonable and necessary low- to mid-level E/M services (CPT codes 99201, 99202, 99203, 99211, 99212, and 99213), when furnished by a resident without the presence of a teaching physician, if all of the following criteria are met:

- Services are furnished in a center located in the outpatient department of a hospital or other ambulatory care entity in which the time spent by residents in patient care activities is included in determining Blue Cross and Part A payments to the hospital.
- The resident furnishing the service without the presence of a teaching physician completed more than six months of an approved residency program.
- The teaching physician does not direct the care of more than four residents at any given time and directs the care from such proximity as to constitute immediate availability.
- The range of services furnished by residents in the center includes all of the following: acute care for undifferentiated problems or chronic care for ongoing conditions; coordination of care furnished by other physicians and providers; and comprehensive care not limited by organ system, diagnosis, or gender.
- The patients seen are an identifiable group of individuals who consider the center to be the continuing source of their health care and in which services are furnished by residents under the general medical direction of teaching physicians.

Surgery and diagnostic surgery

As with E/M services, the teaching physician must be present for the key portion of the surgical service for that service to be eligible for reimbursement. In the case of endoscopies, HCFA considers the entire endoscopy viewing as the key portion of that service and therefore requires teaching physicians to be present for the entire procedure. Also, the teaching physician must be present the entire time for minor surgical procedures.

For major surgical procedures, the teaching physician must be immediately available to return to the operating room or must designate another teaching physician to be immediately available during non-key portions of the surgery. HCFA has not stated where the attending is allowed to be, but recommends the words "at hand" or "in the surgery suite" be included in the documentation. It is unacceptable that the surgeon be performing billable services somewhere away from the hospital, even if it is in the building next door.

The teaching physician may be involved in two "overlapping" procedures. However, the teaching physician presence requirement is not met when he or she is required in two places for "concurrent" surgeries. For example, the teaching physician may finish up key portions of one procedure, and then move on and start another procedure.

Two recent clarifications:

1) HCFA is not requiring teaching physicians to be scrubbed to supervise a surgery.

2) In some surgeries, "opening and closing" are the key portions of the surgery.

The operative notes must indicate when the teaching physician's presence in individual procedures began and ended. Presence may be demonstrated by notes in the medical record made by the physician, resident, or nurse. A personal note by the teaching physician which identifies the key portions and attests to his or her presence and involvement during the key portions should also be in the medical record.

Finally, if a teaching surgeon believes that a third- or fourth-year resident is capable of performing surgical services without his or her presence, and therefore is not present in the operating room but rather is in the operating suite, the teaching surgeon cannot bill for the service. HCFA still considers this a teaching service and not a physician service to an individual patient.

Psychiatric services

The teaching physician will be considered to be "present" during each psychiatric visit for which payment is sought, as long as the teaching physician observes the key portion of the visit through a visual device (i.e., a one-way mirror, video equipment, etc.) and meets with the patient after the visit. HCFA also requires that the teaching physician view a resident's therapy session while it is happening. Therefore, the teaching physician cannot be involved in supervising more than one resident simultaneously. HCFA would consider these services furnished for the general benefit of patients rather than a specific patient service.

Further, supervising physicians can only bill for the amount of time they actually spend supervising a psychotherapy session—not for how long the resident spent providing the session. For example, a teaching physician can't watch a 10-minute portion of a resident's 30-minute therapy session through a one-way mirror, but still bill for 30 minutes.

Anesthesia

For a teaching physician who provides anesthesia services in a teaching setting to be paid, a number of conditions must be met. The physician must:

1) Perform a pre-anesthetic exam and evaluation. A resident is permitted to perform these services as long as the teaching physician is present during the key portions of the exam and evaluation. This must be documented in the medical record. →

2) Prescribe the anesthesia plan.

3) Personally participate in the most demanding procedures in the anesthesia plan, including induction and emergence.

4) Ensure that any procedure in the anesthesia plan that he or she does not perform is performed by a qualified individual.

5) Monitor the course of anesthesia administration at frequent intervals.

6) Remain physically present and available for immediate diagnosis and treatment of emergencies.

7) Provide indicated post-anesthesia care.

The teaching physician is not permitted to direct more than four anesthesia procedures concurrently and cannot perform any other service while he or she is directing the concurrent procedures. Effective January 1, 1996, a teaching physician is reimbursed as if he or she personally performed the service, if he or she is involved in a single anesthesia procedure involving a single resident. To receive payment as if he or she personally performed the service, the physician cannot perform services involving other patients during the period the anesthesia resident is furnishing services in a single case.

Moonlighting residents

As it was under the 1969 guidelines, residents are still permitted to moonlight. The term "moonlighting" refers to services that licensed residents perform outside the scope of an approved Graduate Medical Education (GME) program.

The following criteria must be met to bill for these moonlighting services:

- The services are identifiable physician services.
- The resident is fully licensed to practice medicine, osteopathy, dentistry, or podiatry by the state in which the services are performed.
- The services can be separately identified from the services that are required as part of the approved GME program.

If the above criteria are met, the following situations could qualify for payment with both Medicare and Pennsylvania Blue Shield:

- Services of residents that are not related to their approved GME programs and are performed in an outpatient department or emergency department of a hospital in which they have their training program.
- When an intern or resident is in an approved GME program at one hospital and is concurrently furnishing moonlighting services in another hospital that lacks an approved GME program, the services in the second hospital may be billed.
- The intern or resident moonlights in another teaching hospital, and sufficient information can be furnished to ensure that the moonlighting resident is not being included in the residency count of either hospital for the period of time in question.

Additional resources

More details on the new rules can be found in the December 8, 1995, *Federal Register* (see page 20 for ordering information), as well as in a guide to be issued to providers by Pennsylvania Blue Shield. Rules for other specialties such as radiology and pathology, although not outlined in this article, do exist and should not be forgotten.

Detailed questions can be referred to the Society's Department of Medical Economics at (800) 228-7823, Xact Medicare Services at (717) 763-5700, and through Pennsylvania Blue Shield Professional Service and Review (PS&R) representatives. Watch for additional information on upcoming seminars, release of the Blue Shield guide book, and other educational materials in the near future.

Mr. Olmstead is the Society's group director of medical economics.

PENNSYLVANIA MEDICINE Presents...

The 1996-97 Membership Directory of the Pennsylvania Medical Society

Available in August: Our Directory of Membership brings you the most up-to-date information on Pennsylvania's health care providers. The State Society's more than 17,000 members are listed alphabetically, cross-indexed by county of practice location, and coded by medical specialty. Pennsylvania's physicians and other health care providers rely on this special edition of PENNSYLVANIA MEDICINE for a comprehensive listing of the physician leaders they need to reach.

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Executive Report®

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LONG-DEBATED WORKERS' COMP REFORM BECOMES LAW

This controversial legislation, passed 27-22 in the Senate and 106-92 in the House, was signed into law as Act 57 on June 26. The far-reaching reforms limit benefits for employees hurt on the job.

Riding the top of the governor's agenda this spring, workers' compensation reform was pushed by business leaders and opposed by labor. The measure stiffens penalties for fraud, prohibits workers from earning more in compensation than on the job, and requires workers to submit to physicals after two years to determine whether injuries warrant continued benefits.

Near the end of its controversial course through the General Assembly, the measure was amended to ensure that those now receiving workers comp benefits would not be cut off, and to reduce the impairment rating that would be required to receive total benefits for more than two years.

The State Society's battle to preserve physicians' concerns in the workers' comp fray goes back to the previous administration. This spring, Society leaders intensified their ongoing dialogue with Ridge administration officials concerning the key medical components of the reform, and Society representatives met with Governor Ridge, as well as with cabinet members, business, labor, and the trial lawyers.

The Society, while working closely with the Pennsylvania Orthopedic Society, continues regular contact with the Department of Labor and Industry and the Bureau of Workers' Compensation in response to questions and complaints from physicians regarding operation of the law.

See page three of this *Executive Report* insert for a more detailed synopsis of the key medical provisions of the new measure and watch for answers to physicians' questions about workers' compensation in upcoming issues of PENNSYLVANIA MEDICINE.

State Society Creates Resources on Workers' Comp

If you have questions concerning the new law, or need continuing updates, watch for seminars coming this fall from the State Society.

Send your specific questions about workers' compensation to this publication. A continuing series of articles is being developed for publication in PENNSYLVANIA MEDICINE.

LEGISLATURE HOLDS TORT REFORM FOR FALL SESSION

Workers' compensation reform and other budget issues bumped tort reform out of the spring legislative lineup. But Pennsylvania physicians are urged to "keep the heat on" their legislators over the summer.

House Judiciary Committee Chair Tom Gannon (R-Delaware) postponed his second public hearing on House Bill 2122—Representative Scot Chadwick's (R-Bradford) original bill—in mid-June, because of the busy House schedule. While he may reschedule the hearing at any time, the Society believes attempts will be made to amend the Chadwick bill with language we can't support.

Meanwhile, the Society's attention remains focused on Senate Bill 790, which passed the House last month with the Chadwick language amended to it. We are encouraging physicians to seek support for Senate Bill 790 by arranging meetings this summer in the district offices of their state senators. For continuing updates on our tort reform efforts, call the State Society's Tort Reform NOW! hotline at:

(800) 566-TORT (8678)

In this issue...

PHC4 Report Issued on AMI—2

Synopsis of New Workers' Comp Law—3

Update on Statewide Medicare Managed Care Initiatives—4

How Do We Do It?

Your State Society is in constant communication with numerous governmental and regulatory entities that affect medical practice or medical care. Here's a sampling of some of the groups with which we conduct ongoing dialogues:

- Medicare Carrier Advisory Committee
- Practicing Physicians Advisory Council
- Medical Assistance Advisory Committee
- Health Care Financing Administration
- State Board of Medicine

HEALTH CARE COST CONTAINMENT COUNCIL RELEASES LATEST STATEWIDE REPORT ON AMI

Intended to give Pennsylvanians some idea of how the state is responding to this serious medical condition, the report also gives patients and physicians a starting point for improving our response.

The latest report, released June 19, from the Pennsylvania Health Care Cost Containment Council (PHC4), contains statistics on treatment of acute myocardial infarction patients in 1993 by more than 5,000 physicians. This includes 1,800 groups, 2,400 solo practitioners, and 200 hospitals.

Pennsylvania is the only state in the nation that prepares a report of this depth for citizens and health care providers. PHC4's report, "Focus on Heart Attack in Pennsylvania," looks at the response and performance of all parties involved in treating this condition after admission to a hospital, and reviews the impact on communities and payers.

In a letter to editors of major newspapers statewide, Donald E. Harrop, MD, chair of the Society's Task Force on Health Care Cost and Quality Data, said, "There are some who would say, correctly I might add, that this report doesn't have all the data that might be useful when studying how well we treat folks who have had heart attacks. But I think it's a remarkable first step in making outcomes data available for review." He noted that it gives physicians and hospitals some frame of reference for reviewing their systems for handling heart attack victims, which, in turn, can improve quality of care. The State Society has worked to ensure accuracy and clarity of data by working closely with PHC4 since its inception.

The report includes statistics on risk-adjusted in-hospital mortality, risk-adjusted length of stay, heart attack mortality rates (in and out of hospital), and average charges. It reports data by hospital, by physician practice group, patient's residence, and by payer type. Three regional summary reports are available for Western, Central and Northeastern, and Southeastern Pennsylvania.

CONCERNS OF MEDICAL SPECIALTIES DRAWING ATTENTION THIS LEGISLATIVE SESSION

This legislative session saw an increase in legislation of interest and/or concern to specialty organizations.

State Society and specialty lobbying efforts have dovetailed frequently in this legislative session, and efforts will continue to coordinate them.

These specialty issues are part of the Society's overall lobbying strategy:

- prudent layperson definition of emergency (emergency medicine);
- definition of medical necessity (family physicians);
- anti-smoking (internal medicine);
- coverage of maternity stays (obstetrics/gynecology and pediatrics);
- optometric therapeutic drug use (ophthalmology);
- workers' compensation (orthopaedic surgery);
- psychologist admitting privileges, abolition of insanity defense (psychiatry).

The Society's Department of Regulatory Affairs and Specialty Legislation continually communicates with the Interspecialty Section and representatives of individual specialties in developing responses to proposed regulations and legislative issues.

SOCIETY COMMENTS ON HCFA INCENTIVE PLAN RULE

State Society comments were forwarded to the Health Care Financing Administration in June on the Medicare and Medicaid programs' requirements for physician incentive plans in prepaid health care organizations. Comments included the need for public disclosure where there may be contractual or ownership provisions that may restrict referral or treatment options. Also indicated was the need to broaden these guidelines to include patient and physician protections for physicians advocating for appropriate medical care.

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PENNSYLVANIA'S NEW WORKERS' COMP LAW: A SYNOPSIS OF MEDICAL PROVISIONS

The following synopsis of Senate Bill 801, prepared by the State Society's Department of Regulatory Affairs and Specialty Legislation, includes only the medical portions of the law.

- Employees are required to visit one of the providers on their employer's designated list for a **period of 90 days** (previously 30 days).

- The list must contain **at least six providers**, no more than four (previously two) coordinated care organizations, and **no fewer than three physicians**.

- The **definition of "coordinated care organization"** (CCO) is amended to transfer the certification authority for CCOs from the Department of Health to the Department of Labor and Industry.

- **After receiving total disability compensation for 104 weeks**, an employee is required to submit to a medical examination by a licensed, board-certified, Pennsylvania physician, practicing at least 20 hours per week, chosen by mutual agreement between parties or designated by the Department of Labor and Industry.

- **The evaluation** is to be performed using the American Medical Association's "Guides to the Evaluation of Permanent Impairment." The employee is considered totally disabled if the evaluation results in an impairment rating of 50 percent or more and will continue to receive total disability payments. If the rating is 50 percent disabled, the employee will receive partial disability benefits. The employee may appeal the change to partial disability at any time during the next 500 weeks. Payments for partial disability are limited to 500 weeks.

- **The term "impairment"** means an anatomic or functional abnormality or loss that results from the compensable injury and is presumed to be permanent.

- **The term "impairment rating"** means the percentage of permanent impairment of the whole body resulting from the compensable injury. It does not relate to impairment from any preexisting condition or non-work-related injury.

- **If the insurer receives medical evidence** that the employee is able to return to work in any capacity, he or she will be notified to look for available employment or their benefits may be jeopardized.

- **If invasive surgery is recommended** by one of the designated providers, the employee has the right to receive an additional opinion from a provider of their choice. If they decide to follow the second course of treatment, this will be performed by one of the designated providers for 90 days.

- **Nonpayment to providers** within 30 days of treatment will only apply to treatment or the portion in dispute. Payment must be made for treatment not in dispute.

- **Application for fee review** must be made no more than 30 days following notification of a disputed treatment or 90 days following the original billing.

- **Utilization review of all treatment** will be performed by a health care provider licensed in the same profession and having the same or similar specialty as the provider of the treatment under review. The reconsideration phase of the utilization review process has been deleted, permitting parties dissatisfied with the initial utilization review to appeal directly to the Department of Labor and Industry. The utilization review report will be part of the record before the workers' compensation judge; however, the judge is not bound by the report.

- At any time after an injury, employers may request that the **employee submit for a physical examination** or expert review by a health care provider or other expert. The employee is entitled to have the examination performed by a provider of his/her own selection, to be paid for by him/her.

- **An employer may file a petition with the department to terminate**, suspend, or modify a notice of compensation payable alleging that the employee has fully recovered. The petition must be accompanied by an affidavit from a physician based upon an examination performed within 21 days of the filing of the petition.

- **Collective bargaining between the employer and employee** may be used to establish binding agreements regarding such issues as: the use of a limited list of providers for medical treatment for any period of time agreed upon, the use of a list of impartial physicians, and the adoption of 24-hour medical coverage.

Been Internet Browsing Lately? Stop at these New Web Sites

Say hello to:

- Montgomery County Medical Society at:

http://www.netaxs.com/mcms

or

- the Delaware County Medical Society at:

http://www.netaxs.com/dcms

There's sure to be more to come!

UPDATE ON PRIMARY CARE CASE MANAGEMENT AND MANAGED CARE INITIATIVES IN THE STATE

The Society continues to monitor activities of the Department of Public Welfare in developing these initiatives.

The Family Care Network (FCN) is operational in virtually all of the 60 target counties of the state not covered by other initiatives. FCN serves the under-21 Medical Assistance (MA) population. Its requirements are to match a recipient to a primary care provider or clinic to serve as the "medical home." The primary care case manager (PCCM) provides all primary care, including early, periodic screening, diagnosis, and treatment (EPSDT) services and coordinates all specialty care. PCCMs are paid a monthly per-patient case management fee in addition to MA fees for services actually performed. The program has resulted in significant increases in the number of children receiving EPSDT services and immunizations, which was one of its goals.

Lancaster Community Health Plan (LCHP) is a PCCM program similar to FCN for the entire population of Lancaster County. To date, LCHP has enrolled over one-half of the MA population. A proposal is being considered to develop an arrangement between LCHP and Berks County to expand LCHP. Berks was deleted from the proposed managed care proposal for the region, HealthChoices.

HealthChoices, DPW's plan for the five counties of southeastern Pennsylvania, is slated for expansion. A request for proposal was developed after more than a year and a half, with bids due by the end of this summer. Full implementation is now planned for July 1, 1997. Successful health maintenance organizations will be responsible for providing all health care, except for behavioral care, to all MA recipients in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

DPW is now developing a proposal to seek a waiver from the federal government to expand mandated managed care to all counties in Pennsylvania. It is not clear how existing programs such as FCN and LCHP will fit into this initiative, but early discussions with the department indicate that these may continue to function as parallel alternatives.

STATE SOCIETY PARTICIPATES ON QUALITY TASK FORCE

Subject of discussion: Medicaid reform.

At the request of Governor Ridge, the Department of Health has organized a task force to identify: issues based on general concepts relating to quality assurance; the techniques and measures used to establish standards; and the relationship of these standards to the financial decisions regarding Medicaid. The task force held its first meeting May 23, and a second was scheduled for June 20.

Task force members representing the Departments of Aging, Health, and Public Welfare shared information about the aspects of the welfare program in which they are involved. Other members discussed these programs from the perspective of the recipient, provider, payer, and advocacy communities' points of view.

The concepts are to be developed into a working document from which the task force will begin to develop recommendations to be reported to the governor, and to serve as a basis for programs to evaluate proposed changes to the welfare program.

QMB CROSSOVER PAYMENTS REACH $62 MILLION

In 1994, the State Society won our challenge to the state Medicaid program's failure to pay the full Medicare patient cost-sharing (deductibles and coinsurance) for low-income beneficiaries—known as Qualified Medicare Beneficiaries (QMB). Although a few outstanding problems remain, most issues have been resolved. Medicaid recently made back interest payments that were due—approximately $500,000—as well as payment for claims paid incorrectly for the period September 26 through year's end 1994, approximately $1.3 million. Total payments to date are approximately $106 million for all providers, and of that, $62 million for physicians.

The State Society continues to work with other groups to develop patient materials educating seniors about the QMB program.

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PA Health Department Offers Information on DES

Women born between 1945 and 1971 to mothers who took a certain synthetic hormone during pregnancy should be especially vigilant about annual gynecologic exams.

DES, a synthetic form of estrogen, was prescribed from the early 1940s until 1971 to help women with certain complications of pregnancy, primarily spontaneous abortion. Use of DES declined in the 1960s after studies showed that it might not be effective in preventing pregnancy complications. It is estimated that as many as two million U.S. women used DES to reduce the risk of fetal loss from the late 1940s through 1971.

When given during the first five months of a pregnancy, DES can interfere with the development of the reproductive system in a fetus. For this reason, DES and other estrogens may be prescribed for some medical problems, but they are no longer used during pregnancy.

Scientists found a link between DES exposure before birth and an increased risk of developing abnormal cells in the tissue of the cervix and vagina. These abnormalities may be clinically defined as dysplasia, cervical intraepithelial neoplasia (CIN), and squamous intraepithelial lesions. Abnormal cells are quite similar to cancer cells in appearance. This condition is not cancer, but it may develop into cancer if left untreated. Therefore, it is important that DES-exposed daughters have an annual Pap smear and pelvic exam to check for dysplasia.

DES-exposed daughters also may have structural changes in the vagina, uterus, or cervix. However, most of these structural changes do not cause medical problems. DES-exposed daughters may also have irregular menstruation, and an increased risk of miscarriage and premature delivery.

In 1971, DES was linked to an uncommon cancer (called clear cell adenocarcinoma) in a small number of DES-exposed daughters. This distinct cancer of the vagina or cervix usually occurs after age 14, with most cases found at age 19 or 20. Most DES-exposed daughters are now 30 years or older.

The number of reported DES-related cases of clear cell adenocarcinoma has declined from about 30 per year in 1976 to 15 in 1991. However, the upper age limit, if any, for DES-exposed daughters to develop this type of cancer is not known. Some few cases have been reported in women in their thirties and forties. There is concern that DES-exposed daughters may have an increased risk of developing squamous cell carcinoma. Therefore, it is important that DES-exposed daughters continue to have annual pelvic examinations.

Evidence suggests that DES-exposed sons may have testicular abnormalities, such as undescended testicles or abnormally small testicles. However, DES exposure has not been shown to increase the risk of testicular or other cancers or to cause infertility in males.

Women treated with DES may have an increased risk of breast cancer. There is an approximate twofold increase of breast cancer in these women. All women over 50 should be referred for a mammogram regardless of their DES exposure status.

Patient or physician questions on DES may be directed to the National Cancer Institute's Cancer Information Service at (800) 4-CANCER.

HIV/AIDS News

- A recent AIDS clinical trial performed by the Centers for Disease Control and Prevention (CDC) demonstrated that the use of AZT during pregnancy, labor, and delivery—coupled with administration to the infant for the first six weeks of life—reduces perinatal transmission of HIV by 67 percent. As a result, the CDC recommends that the use of AZT be discussed and offered to HIV-infected pregnant women.
- The National HIV Telephone Consultation Service, "Warmline" (800-933-3413), based at San Francisco General Hospital, provides free HIV clinical information and case consultation to health care providers. Warmline faculty—including physicians, clinical pharmacists, and nurse practitioners who have extensive experience treating patients with HIV—are available to answer questions between 7:30 a.m. and 5:00 p.m. PST. A 24-hour voice mail system is available at other times.

PESTICIDE REGS ESTABLISH HYPERSENSITIVITY REGISTRY

New regulations adopted earlier this year to protect individuals with pesticide hypersensitivity require physician verification for an individual to be placed on the Department of Agriculture's new Pesticide Hypersensitivity Registry.

The registry is a list of people who have been verified by a physician to be excessively or abnormally sensitive to persticides. Commercial and public pesticide applicators must contact anyone on the registry whose listed location is within 500 feet of a pesticide application site. By having prior notification, the sensitive individual can take appropriate precautions.

To receive a registry application form and more information about the new program, call the Department of Agriculture's Bureau of Plant Industry, Division of Agronomic Services at (717) 787-4843.

ALZHEIMER'S RESEARCH IS FOCUS OF NEW PUBLICATION

The National Institute on Aging of the National Institutes of Health has published a new guide, "Alzheimer's Disease: Unraveling the Mystery." Sections focus on: What Is Alzheimer's Disease, The Search for Causes, Research on Diagnosis, Investigating Treatments, and Related Publications and Organizations. For ordering information, call the institute at (301) 496-1752.

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AMAState-5/96

New Treatments for New TB Strains

P. J. Brennan, MD
Rob Roy MacGregor, MD

Since the discovery of penicillin in the 1930s and antituberculous agents a decade later, antimicrobial chemotherapy has advanced tremendously. New generations of older antibiotics and combinations of drugs have resulted in greater efficacy in the treatment of life-threatening infections. Yet multi-drug resistant tuberculosis remains a threat today, particularly in Pennsylvania.

At times in the recent past, our progress in treating infection has led to confident assertions that infectious diseases had fallen under mankind's control and would soon be eradicated altogether. In the West, formidable achievements exist to support such assertions, but in less developed societies, the prospects for eradication of infectious diseases are not so promising.

The World Health Organization is in the final phases of preparing to destroy the last laboratory stockpiles of smallpox—the first infectious disease to be eliminated from the human race. Polio has been declared eradicated from the Western Hemisphere, measles cases dropped to an all-time low in the United States in 1995, and *Hemophilus influenzae* Type B has been drastically reduced through the introduction of HiB vaccine. These accomplishments rest on public health measures rather than eradication through treatment of disease.

In the shadow of these achievements, the U.S. predicted the elimination of tuberculosis on its shores by 2010. The data indicated this was near at hand: Tuberculosis cases had fallen from nearly 400 cases per 100,000 population at the turn of the last century, when it was the leading cause of death in the U.S., to fewer than 10 cases per 100,000 population by the mid-1980s.

Unfortunately, the last two decades of this century have taught us that threats to the public health are at large in the land, and that prevention and control occur at a significant price. A confluence of events in the 1980s—including immigration, the HIV epidemic, and the loss of the tuberculosis control infrastructure in this country—led to a reversal of the successes of mid-century and witnessed the emergence of multi-drug resistant (MDR) strains of *Mycobacterium tuberculosis* as a threat to the public health.

Managing TB in PA

To what extent is multi-drug resistance a problem in managing tuberculosis in Pennsylvania? First, some background:

Officially, there was an increase in the total number of cases of tuberculosis in Pennsylvania from 621 to 680 between 1994 and 1995. The commonwealth was one of 18 states to report such an increase, but in Pennsylvania this represents an artifact of the methodology for case counting that was introduced in 1994.

Overall, the five-year trend in Pennsylvania has been very favorable, with a reduction from 782 cases of TB in 1991 to 680 in 1995, a five-year decline of 13.7 percent. It is likely the 1996 numbers will reflect a further decline in cases.

These figures parallel the national trend between 1992 and 1995, when a decline of 14.5 percent in the number of TB cases occurred. A combination of factors has led to a reversal in the trend towards increased numbers of cases of TB which was first recognized in the mid 1980s.

There are other parallels in tuberculosis surveillance between the commonwealth and the nation where the news is more worrisome. Of the *M. tuberculosis* isolates on which susceptibility testing was performed in Pennsylvania in 1995, at least five isolates (1.3 percent) were resistant to isoniazid and rifampin, and were by definition multi-drug resistant. The national rate for multi-drug resistance in 1995 was 1.4 percent. Of greater concern is the 8.7 percent rate of isoniazid resistance in Pennsylvania, somewhat higher than the national rate of 7.6 percent.

Drug resistance in Pennsylvania is not confined to one region. The isoniazid resistance rate for the commonwealth as a whole exceeded the rate for Philadelphia County (8.4 percent), which has the largest caseload in the state. Isoniazid resistance provides the seed bed in which multi-drug resistance may develop in the future.

The demographics of tuberculosis in the 1990s provides clues to the emergence of MDR-TB. An increased proportion of patients with tuberculosis in the United States are foreign born: 35.7 percent in 1995, compared to 31.3 percent in 1994. Tuberculosis in foreign-born persons is most likely to develop within five years of entry to the U.S. through reactivation of latent disease acquired in their country of origin, and it has a greater likelihood of being MDR-TB.

In Pennsylvania, immigrant communities experience tuberculosis case rates as high as 10-15 fold greater than other citizens of the commonwealth. Statistics on the duel occurrence of TB and HIV are hard to come by, as HIV status is not always known. Those regions of the U.S. hardest hit by the HIV epidemic are the same regions which experienced the largest increase in TB cases.

Mechanisms of resistance

It is known that antimicrobial resistance in *M. tuberculosis* occurs at predictable frequencies as the organism mutates during replication. Mutations conferring resistance to isoniazid and rifampin occur once in every 10^6 or 10^9 replications. Ethambutol resistance may occur as rapidly as 10^4 replication. Knowledge of the frequency with which resistance emerges during monotherapy for tuberculosis has advanced our understanding of treatment and led to the development of standard combination treatment regimens. The objective of combination regimens is to cure tuberculosis disease in the shortest possible time without selecting for resistant strains. The appropriate treatment regimen depends on the knowledge of regional susceptibilities for *M. tuberculosis*.

Only a few of the mechanisms of resistance have been completely elucidated for *M. tuberculosis*. Isoniazid resistance is mediated by more than one mechanism, although the most common mutation appears to occur in a gene known as katG, which encodes for catalase/peroxidase. Mutations in this gene, in theory, block the production of the active intermediate metabolites of isoniazid, resulting in loss of susceptibility to this agent. This mechanism of resistance accounts for perhaps 60 percent of all isoniazid resistance. Other mechanisms of isoniazid resistance remain to be elucidated.

Virtually all *M. tuberculosis* resistance to rifampin appears to be the product of point mutations in the base sequence of the rpoB gene (RNA polymersase B). Base substitutions result in amino acid replacements in the gene product, causing changes in the affinity of the enzyme for rifampin and thereby permitting bacterial protein synthesis to occur in the presence of rifampin. Important resistance mechanisms remain to be discovered for other drugs and are likely to reveal important information leading to the development of better anti-tuberculosis agents. The discovery of the resistance mechanisms cited above has already begun to payoff in rapid molecular diagnostics techniques which permit detection of the majority of isoniazid and rifampin resistance within 48 hours of colony appearance on culture media.

Implications for therapy

The increased incidence of resistant isolates has resulted in a need for broader initial therapy for tuberculosis and the use of aggressive measures in management. It is now the policy of the Pennsylvania Department of Health that the initial therapy of tuberculosis in Pennsylvania requires four drugs. If four-drug therapy is initiated in Pennsylvania, virtually all isolates of *M. tuberculosis* should be exposed to two effective agents despite the high level of isoniazid resistance. (Initial therapy is listed in the table above.)

Effective management also includes susceptibility testing for all isolates of *M. tuberculosis*, enrollment in a directly observed therapy program administered by the Department of Health, and management of corollary health problems such as substance abuse, homelessness, HIV infection, and psychological problems.

Effective medical therapy of MDR-TB requires specific knowledge of the susceptibilities of an isolate, as well as a longer course of therapy for cure—one to two years of treatment depending on susceptibility results—compared to drug-susceptible TB. Patients should be treated with at least two agents to which their isolate is susceptible.

Initial Therapy for Tuberculosis in Pennsylvania

Isoniazid 300 milligrams daily
Rifampin 600 milligrams daily
Pyrazinamide 15-30 milligrams/kilogram daily
and
Ethambutol 25 milligrams/kilogram daily

or

Streptomycin 15 milligrams/kilograms intramuscular (up to 1 gram) daily

Surgical resection of cavitary disease in patients with MDR-TB should be considered as well. Complete or partial pneumonectomy does not obviate the need for medical therapy, but may enhance the opportunity for cure in severely resistant disease and in patients who are particularly recalcitrant to completing medical therapy.

In failed treatment regimens or relapses, careful consideration should be given to prior treatment, and new drugs should be added accordingly. At least four drugs should be used in retreatment regimens initially, although more may be necessary depending on prior drug exposures and the activity of available drugs. Two new drugs should always be added to a failed regimen.

HIV-infected persons have particular problems in achieving a cure when infected with MDR-TB. While inadequate immune defenses contribute most to treatment failures in this population, some HIV-infected patients have been shown to incompletely absorb oral antituberculous medications. Assessment of drug levels in HIV-infected patients with TB should be considered in the following settings:

- MDR-TB,
- advanced HIV infection complicated by tuberculosis, and
- failure to sterilize sputum despite therapy with drugs with demonstrated in vitro susceptibility.

If ineffective absorption is detected, doses of oral medications should be increased and serum drug levels re-assessed. Parental therapy may be necessary to ensure effective drug delivery in such situations.

While the problem of MDR-TB remains small in absolute numbers, the potential for greater resistance exists. Initiation of four-drug therapy, susceptibility testing of all isolates, and directly observed therapy will help prevent the further emergence of resistant TB due to ineffective therapy in Pennsylvania.

Dr. Brennan is hospital epidemiologist and director of infection control, and Dr. MacGregor is director of the AIDS Clinical Trials Unit, University of Pennsylvania Medical Center, Philadelphia.

This series of articles is offered by the Advisory Committee to the Pennsylvania Department of Health on Chronic Respiratory Diseases.

Will Your Practice Manager Survive a Merger?

If not, what can you (and your soon-to-be former manager) do about it?

The Health Care Group ®

As a physician in a Pennsylvania medical practice, you are probably acutely aware of managed care at this point in time. You know that practices merge, affiliate, or expand so they can contract successfully with managed care organizations. You know about capitation, risk management, quality assurance, utilization review, negotiation, report cards, and subcapitation. You know all the acronyms, including MCO, HMO, IPA, PHO, MSO, PPMC, GPWW, ICS, HEDIS, NCQA, PPO.

You know that managed care is either already a part of your daily life or is about to become just that. You know that managed care changes everything.

But one thing you may not have considered is how managed care affects non-physician practice personnel. When your practice merges, joins a PPMC, enters a PHO, or becomes part of a network, you probably will need to retrain your secretaries, receptionists, and systems operators. But you may not be able to keep your manager.

In some cases, after a merger there are simply too many managers to keep around. In other cases, your manager may simply not be able to perform the tasks that a practice administrator must master if your new business venture is to flourish in the new order.

Skills a practice administrator needs include:

- project management;
- large-scale personnel management;
- business and marketing planning;
- outcomes analysis:
- business data analysis; and
- the ability to instruct and direct physicians.

Many medical practice managers "came up through the ranks," having started their careers as receptionists, secretaries, and nurses. If your current office manager cannot use a spreadsheet, delegate authority, aggressively hunt for managed care contracts, and—in general—manage a multi-million dollar business, he or she will not survive long at the helm of a large medical corporation.

Whether or not your current manager can handle the enormous new responsibilities and technical demands, it is wise to provide all the support and encouragement you can. A manager who becomes an administrator will save your practice substantial amounts of money. A manager who leaves your practice under cordial terms may become a recruiter for you or even enter your employ again in the future. One who leaves under hostile conditions can ruin your reputation in the community, and it is not impossible for that former employee to orchestrate the purchase of your practice at some time in the future.

> *"A manager who becomes an administrator will save your practice substantial amounts of money."*

Train your manager

If your office manager has the ability and ambition to learn the necessary skills and become a practice administrator, encourage it. Your current manager already has the advantage of knowing your practice's business, perhaps even better than you do.

If you are now paying your office manager between $35,000 to $40,000 a year, he or she may work as practice administrator of your post-merger network for perhaps $50,000 to $60,000 a year. With the necessary tools and a university degree (usually a master's) to prove it, an experienced practice administrator can easily earn $100,000 a year.

Consider lending (interest free) your manager the money necessary to take the required courses. You may even consider subsidizing his or her study, or simply paying for it. Be certain to hinge your support on the maintenance of high grades and your manager's signed agreement to work for your practice for a specified period after earning the degree or paying you back the funds, with interest.

Your manager may not have the ability and/or the will to take the necessary training. In that case, you may need to hire an administrator who has the experience, but not in medical practice management. The main advantage is that he or she will probably work for substantially less than $100,000 a year. The disadvantage is that it will take the new administrator a period of time—probably months—to adjust from another industry to medical practice.

Or you may want to hire an experienced medical practice network administrator, who can start benefiting your network immediately, but who will cost a lot. In health care, very few people have the skills, the training, and the experience to be high-level administrators. A proven medical practice administrator can demand more than $100,000 salary a year.

Help your manager choose the right option

If your manager is not the right one for your new business venture's top administrative position, discuss options with him or her. If the new network has multiple sites, can your

old manager become a site manager in the organization? This may mean settling for less pay and less authority.

Does your new manager want to return to nursing or secretarial work? Does he or she want to take clinical courses and become a medical or laboratory technologist, nurse, physician's assistant, or even a social worker?

If he or she is headed toward retirement and the new network is affiliated with a hospital, perhaps your old manger will find work in maintenance, the cafeteria, the gift shop, or even in security.

If your manager wants to continue to manage a small practice, help with the transition, if you can. Perhaps you can place your former manager in the practice of a physician you know. In any event, let your former manager use your practice's resources (word processor, printer, fax machine, copier, stationery, telephone, etc.) to look for work. The goodwill you generate may pay dividends.

In any event, if you are in a solo or small-group practice, be aware that change is happening now, and remember to make the best possible use of your business's greatest resource: its people.

The contributing author, Patrick M. Bernet, MBA, MS, is a consultant with The Health Care Group® and Health Care Law Associates, PC, based in Plymouth Meeting.

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Project Management: How It Works

A Hypothetical Scenario

Skillful project management is increasingly necessary in health care, as practices expand, merge and affiliate. Therefore, if you want to compete at the upper level of health care management, learn and develop the necessary project management skills.

Remember that running routine operations comes naturally to most people who function in a management capacity, but project management is a necessary skill that is best developed formally. For example, to stay competitive, a practice may need to open a satellite office. The practice administrator will need to shepherd this type of project from start to finish. Consider the following duties a practice administrator must perform if the practice is to open a satellite office:

- First, he or she will need to determine that opening a satellite office is the best way for the practice to achieve its goals. That means analyzing the practice's revenues and costs, personnel, market, competition, managed care presence and growth, practice strengths and weaknesses, and ways to maintain strengths while eliminating weaknesses.
- After making that determination, the practice administrator must sell the idea to the physician owners.
- After the owners agree, the administrator must plan the opening of the new site. That may include selecting a site, estimating costs, evaluating physician and staff requirements at the new site, juggling current personnel, hiring new people, arranging for equipment and supplies, coordinating all systems (including business, communications, computers, and personnel), and developing a timeline for each facet of new site development.
- After the plan is established, the administrator must monitor plan implementation, deal with contractors and vendors, arrange candidate interviews, and keep all parties appropriately informed of developments.
- After the new site is established, the administrator's job will be to make sure it is operational. He or she must see that everything at the site runs smoothly, keep all links between the main and satellite offices fully operational, track financial and corporate stability indicators, make sure the new site eventually turns a profit, and fix any problems that occur, especially early.

In short, successful project management requires a different mindset than running an office does. Business school teaches that mindset and also gives students the quantitative analysis skills necessary to run a multi-million dollar business, which is what many medical practices are and many more are becoming.

Does Your Practice Manager Have a Complaint?

What's the biggest problem in managing your practice today? What takes up most of your time? What process is most inefficient? We'll go to the experts to try to answer your questions about:

"If there's one thing I'd like to change about the way my practice operates, it would be..."

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Send your comments to: Editor, Pennsylvania Medicine, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105, or fax to (717) 558-7840.

Joseph N. Demko, MD, Dunmore, was appointed vice president of medical and academic affairs, Community Medical Center Health Systems. Dr. Demko will provide strategic direction to the senior management team and support for the health care system's medical and administrative staffs.

Alvin Kinsel, MD, Pittsburgh, was reappointed to the State Board of Medicine.

The Philadelphia County Medical Society on June 19 inducted **Raymond J. Lodise, MD,** as its 135th president. Dr. Lodise, a graduate of Jefferson Medical College of Thomas Jefferson University, specializes in internal medicine and cardiovascular diseases.

Robert S. Pyatt, MD, acting medical director, Cumberland Valley Health Network, Chambersburg, was selected to serve on the board of examiners of the Malcolm Baldrige National Quality Award. Dr. Pyatt will use his experience/skills in quality management to evaluate industries, including health care, that apply for the Baldrige Award.

Charles V. Giannasio, MD, was appointed senior consultant in addictive disorders and unit medical director for one of four units comprising Comprehensive Adult Services at Northwestern Institute, an affiliate of Progressions Health Systems, Inc., Fort Washington.

Michael J. Vergare, MD, chairman of psychiatry and associate vice president, Belmont Behavioral Health, the integrated mental health service of Albert Einstein Healthcare Network, Philadelphia, was appointed by Governor Ridge to serve as a member of the Advisory Committee for Mental Health and Mental Retardation.

James J. Baran, MD, chairman, Department of Surgery, St. Francis Central, Pittsburgh, was named to the board of directors of St. Francis Central Hospital.

Eugene N. Myers, MD, of Pittsburgh, was elected president of the American Board of Otolaryngology. In addition, the March 1996 issue of *American Health*, which was devoted to the "Best Doctors in America," listed Dr. Myers among the best doctors in otolaryngology.

Lehigh Valley Hospital and Health Network has appointed **Stephen K. Klasko, MD,** chair, Department of Obstetrics and Gynecology.

George E. Ehrlich, MD, adjunct professor of medicine, University of Pennsylvania School of Medicine, Philadelphia, was appointed to a four-year term as a member of the Expert Advisory Panel on Chronic Degenerative Diseases (Rheumatic Diseases) of the World Health Organization.

Dr. Cohen

Norman N. Cohen, MD, chief of gastroenterology, Mercy Catholic Medical Center, Philadelphia, was elected president of the combined medical staff of Fitzgerald Mercy and Misericordia hospitals, Philadelphia.

David H. Fischer, MD, attending surgeon, Wills Eye Hospital Retina Service, Philadelphia, has received the Distinguished Alumni Award from Gettysburg College. The award recognizes alumni who have done outstanding work for humanity or who have distinguished themselves professionally.

Charles F. Reynolds III, MD, received the Edward A. Strecker, MD, Award. The award is given by the Institute of Pennsylvania Hospital and Jefferson Medical College of Thomas Jefferson University, Philadelphia, to a psychiatrist who has made an outstanding contribution to the field of clinical psychiatry and is under 50 years of age.

Belmont Behavioral Health, the integrated mental health service of Albert Einstein Healthcare Network, Philadelphia, has appointed **Shannon J. Scarry, MD,** Berwyn, director of the Psychiatric Emergency Service.

Mark Granick, MD, professor of surgery, was appointed chief, Division of Plastic Surgery, Medical College of Pennsylvania Hospital, Philadelphia.

Shahab Minassian, MD, director, Division of Reproductive Endocrinology and Infertility, Medical College of Pennsylvania Hospital, Philadelphia, was named president of the Philadelphia Area Reproductive Endocrine Society.

Governor Ridge has appointed **Dennis L. Gilbert, MD,** of Elizabethtown, chairman of the Pennsylvania State Athletic Commission's Medical Advisory Board.

Carlo M. Croce, MD, chair, Department of Microbiology and Immunology, Jefferson Medical College of Thomas Jefferson University, Philadelphia, was elected to the National Academy of Sciences in recognition of his distinguished and continuing achievements in original research.

Helen Meeks Horstmann, MD, chief of pediatric orthopedic surgery, and chief of the foot and ankle service of the Orthopedic Department, Medical College of Pennsylvania (MCP) Hospital, Philadelphia, was selected as the recipient of the MCP Alumnae/i Achievement Award. Dr. Horstmann was honored for her outstanding service and accomplishments in her field, leadership in both the medical profession and her professional associations, and for bringing recognition to the medical college.

Edgar H. Ling, MD, was appointed associate chairman, Division of Otolaryngology, Albert Einstein Medical Center, Philadelphia.

Katherine Sherif, MD, assistant professor of medicine, Medical College of Pennsylvania and Hahnemann University, Philadelphia, was awarded the 1996 American Society of Hypertension/Hoechst Marion Roussel clinical fellowship in hypertension.

Hie-Won Hann, MD, professor of medicine, Jefferson Medical College, and director, Liver Disease Prevention Center, Thomas Jefferson University Hospital, Philadelphia, has received the Order of Civil Merit Award from the Korean government for her prevention campaign against hepatitis B in the Philadelphia area.

Influenza (flu) is a viral infection that can lead to more serious illnesses, such as pneumonia. Take a leading role in your patients' good health. ***Encourage them to get a flu vaccine!***

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Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What are the recommended guidelines to follow for choosing a sunscreen, and what are some of the risk factors for increased photosensitivity?

A: Exposure to the ultraviolet wavelengths, UVA and UVB, can cause skin damage if adequate protection is not taken by the patient. Exposure to UVA rays is virtually constant throughout daylight hours. UVB rays, however, are more intense between the hours of 10:00 a.m. and 3:00 p.m., especially during the summer. It is advisable for all individuals to apply some sort of protection since any skin is potentially prone to sun damage.

In addition to one's own predisposition to burn, the ingestion of some medications and some existing disease states may increase photosensitivity. Nonsteroidal anti-inflammatory drugs, quinolones, oral contraceptives, sulfa drugs, tetracyclines, and tricyclic antidepressants are some of the classes of drugs that may enhance photosensitivity. Patients with erythropoietic protoporphyria, solar urticaria, or systemic lupus erythematosus are at an increased risk for photosensitivity and therefore benefit from liberal use of sunscreens.

Sunscreens can help prevent sunburn, premature aging, photosensitivity reactions, and reduce incidences of skin cancer. They are divided into two classes: chemical and physical.

With the abundance of products on the market, where you begin to choose? Chemical sunscreens absorb ultraviolet radiation in the UVB wavelength range (290-320 nm). UVB rays are primarily responsible for sunburn and inducing skin cancer. UVA rays (320-400 nm) may augment the carcinogenic effects of UVB rays and are responsible for photosensitivity reactions caused by many drugs, plants, soaps, and cosmetics. They are also a major risk factor for serious skin damage.

Physical sunscreens act as barriers to visible light and the UV spectrum by reflecting or scattering light, thus preventing penetration of the skin. Titanium dioxide, red petrolatum, and zinc oxide are the chemicals that act as physical barriers to both UVA and UVB rays. The effectiveness of a product depends on the UV absorption spectrum, concentration, vehicle, and ability to withstand swimming or sweating.

The Sun Protection Factor (SPF) rating indicates the amount of increased resistance to sunburning the product provides relative to unprotected skin. The SPF numerical value is the ratio of the amount of energy required to produce a minimal sunburn with sunscreen on the skin to the amount of energy required to produce the same amount of sunburn without any sunscreen protection.

For example, an SPF of 8 applied on the skin would allow that person eight times as much sun exposure than without sunscreen application. The minimum SPF factor considered for protection is determined by the patient's own ability to tan or burn. The guide below is based on the Food and Drug Administration's monograph for sunscreen products.

For a higher rate of sun protection, it is best to recommend an SPF of 15 to 30 since there is a higher concentration of both UVA and UVB protection. Anything above 30 has not shown any increased benefit for sun protection. As the SPF decreases, there is less UVA protection. Therefore, it is always beneficial to advise the patient to reapply sunscreen as often as possible when exposed to the sun for long periods of time.

For a complete listing of medications that cause photosensitivity, please call the Society's Center for Professional Drug Education and Information at (800) 228-7823.

Recommended Sunscreen Product Guide

Skin Type	Patient Characteristics	Suggested SPF
I	Burns easily; rarely tans	20 to 30
II	Burns easily; tans minimally	12 to <20
III	Burns moderately; tans gradually	8 to <12
IV	Burns minimally; always tans well	4 to <8
V	Rarely burns; tans profusely	2 to <4
VI	Never burns; deeply pigmented	none indicated

MEDICATION UPDATE

New indications

Blenoxane® (sterile bleomycin sulfate)—This chemotherapeutic agent is newly indicated for the treatment of malignant pleural effusions.

Depakote® (divalproex sodium)—This anticonvulsant is newly indicated for daily migraine prophylaxis.

Over the counter

Zantac 75® (ranitidine)—This H_2-antagonist joins the others in the over-the-counter market. It is available in packages of four or 10 tablets and is dosed every 12 hours. The average retail price to the consumer for 10 tablets is $4.50.

New Therapeutic Agents Marketed in 1995

Daniel A. Hussar, PhD

This fourth and final in a series of articles on new drugs approved and marketed in the U.S. in 1995 overviews drugs used to treat various clinical disorders.

In 1995, the Food and Drug Administration (FDA) approved 28 new molecular entities (NMEs), 26 of which are for therapeutic use and two of which are diagnostic agents. Fourteen of the NMEs for therapeutic use were both approved and marketed in the United States in 1995. In addition, eight other NMEs and a biological agent for therapeutic use that the FDA approved before 1995 (most in late 1994) were marketed during the year. Thus, a total of 23 therapeutic agents reached the U.S. market for the first time in 1995. Many of the 12 therapeutic agents approved in 1995, but not marketed before the end of the year, were available in early 1996.

This review considers the drugs' most important properties and compares them with other available agents with similar properties. This discussion is not intended to be all inclusive; when additional information is needed, more comprehensive references and the product literature should be consulted.

Antisecretory Agent

Lansoprazole (Prevacid-TAP; Abbott) is the second acid (proton) pump inhibitor to be marketed in the United States, joining omeprazole (Prilosec). These agents inhibit the hydrogen, potassium-adenosine triphosphatase (H^+, K^+) ATPase enzyme system, also known as the acid or proton pump, at the secretory surface of the gastric parietal cell, thereby blocking the final step of acid production.

Both lansoprazole and omeprazole are potent inhibitors of gastric acid secretion. Lansoprazole is indicated for the short-term treatment (up to four weeks) of active duodenal ulcer, short-term treatment (up to eight weeks) of erosive esophagitis, and long-term treatment of pathological hypersecretory conditions including Zollinger-Ellison (ZE) syndrome, conditions for which omeprazole is also indicated. In addition, lansoprazole has recently been approved for the maintenance treatment of healed erosive esophagitis. Omeprazole is indicated for the same conditions and has also been recently approved for the short-term treatment of active gastric ulcers.

Studies that directly compare lansoprazole and omeprazole are limited, but the two drugs appear to be similar in their effectiveness. In comparative studies with ranitidine, lansoprazole was considered to be at least as effective in the treatment of duodenal ulcer and erosive esophagitis. Lansoprazole or omeprazole may be effective in patients in whom such disorders have not been successfully controlled with a histamine H_2-receptor antagonist.

Both lansoprazole and omeprazole have been included in regimens that are being evaluated for the management of gastrointestinal disorders in which *Helicobacter pylori* is a causative factor. A regimen that includes both omeprazole and clarithromycin (Biaxin) has recently been approved by the FDA for the treatment of these disorders.

Like omeprazole, lansoprazole is well tolerated, and the most commonly experienced adverse reactions, that have occurred at a higher rate than in placebo-treated patients, include diarrhea (four percent), abdominal pain (two percent), and nausea (one percent).

Lansoprazole is extensively metabolized in the liver through the cytochrome P450 enzyme system. Studies suggest that it does not interact with other drugs (e.g., diazepam [Valium], phenytoin [Dilantin], warfarin [Coumadin]) that are metabolized by this enzyme system. In contrast, omeprazole has been reported to increase the plasma concentration and decrease the rate of elimination of diazepam, phenytoin, and warfarin.

The concurrent use of lansoprazole and theophylline has been reported to result in a small increase (10 percent) in theophylline clearance. Although this interaction is unlikely to be of clinical importance, individual patients may require additional titration of their theophylline dosage when lansoprazole treatment is started or stopped.

The coadministration of sucralfate (Carafate) reduced the absorption and bioavailability of lansoprazole by about 30 percent, and it is recommended that lansoprazole be taken at least 30 minutes prior to sucralfate. Because lansoprazole is such a potent inhibitor of gastric acid secretion, it may reduce the absorption of agents such as ketoconazole (Nizoral) for which gastric acidity is an important determinant of their bioavailability.

Following oral administration, lansoprazole is rapidly absorbed and its bioavailability is over 80 percent. When administered 30 minutes after food, both the peak plasma concentration and the area under the plasma concentration curve (AUC) are reduced by about 50 percent as compared to the fasting condition. There is no significant food effect if the drug is given before meals, and it is recommended that lansoprazole be administered before eating.

The recommended dosage of lansoprazole in the treatment of duodenal ulcer is 15 mg once a day before eating for four weeks, and in the treatment of erosive esophagitis is 30 mg once a day before eating for up to eight weeks. Approximately five to 10 percent of patients with erosive esophagitis do not experience healing within eight weeks, and it may be helpful to continue treatment for an additional eight weeks. If there is a recurrence of erosive esophagitis, an additional eight-week course of treatment may be considered.

In patients with pathological hypersecretory conditions, the recommended initial dosage is 60 mg once a day, with the dosage being adjusted based on the needs of the individual patient and continued for as long as clinically indicated. Dosages up to 90 mg twice a day have been administered, and it is recommended that daily dosages of greater than 120 mg be administered in divided doses. Some patients with ZE syndrome have been treated continuously with lansoprazole for more than four years.

Lansoprazole is rapidly degraded in acidic media, and the delayed-release capsule formulation that is marketed contains enteric-coated granules of the drug, so that absorption of lansoprazole begins only after the granules leave the stomach. Patients should be instructed to administer the capsules before eating and to swallow the capsules whole, not to chew or crush them. However, for patients with esophageal stricture who have difficulty swallowing capsules, the capsules can be opened and the granules sprinkled on applesauce.

Lansoprazole delayed-release capsules are supplied in potencies of 15 and 30 mg.

Antihyperglycemic Agents

Two new antihyperglycemic agents with unique mechanisms of action were marketed in 1995. Early in the year, ***metformin hydrochloride*** (Glucophage-Bristol-Myers Squibb) was introduced as the first new alternative to the sulfonylurea derivatives for the treatment of Type II non-insulin-dependent diabetes mellitus (NIDDM) in almost 20 years. Designated chemically as a biguanide derivative, metformin is related to phenformin, a drug that was previously available in the United States, but which was withdrawn from the market in 1977 because of concerns about the occurrence of lactic acidosis. This adverse reaction has been rarely reported with the use of metformin, and the risk is much lower than that associated with the use of phenformin.

Metformin is not chemically or pharmacologically related to the sulfonylureas (acetohexamide [Dymelor], chlorpropamide [Diabinese], glipizide [Glucotrol, Glucotrol XL], glyburide [DiaBeta, Micronase, Glynase], tolazamide [Tolinase], tolbutamide [Orinase]). Whereas the sulfonylureas act by stimulating insulin secretion, metformin lowers blood glucose concentrations primarily by reducing hepatic glucose production and enhancing insulin-stimulated glucose utilization in peripheral tissues. Unlike the sulfonylureas, it does not produce hypoglycemia in either diabetic or nondiabetic patients (unless there are circumstances such as deficient caloric intake).

Metformin as monotherapy is indicated as an adjunct to diet to lower blood glucose in patients with NIDDM whose hyperglycemia cannot be satisfactorily managed on diet alone. Its effectiveness appears to be similar to that of monotherapy with a sulfonylurea, and it may be effective in some patients who have not re-

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sponded or who only have a partial response to sulfonylureas, or who have ceased to respond to sulfonylureas.

Metformin is also indicated for concomitant use with a sulfonylurea when diet and metformin or a sulfonylurea alone do not result in adequate glycemic control. The concurrent use of metformin with a sulfonylurea may provide a synergistic effect because both agents act to improve glucose tolerance by different but complementary mechanisms. The use of metformin with a sulfonylurea may also permit the continued convenience of oral treatment and avoid or delay the need for insulin injections.

Although the incidence of lactic acidosis with metformin is 10 to 100 times lower than that seen with phenformin, this very serious reaction represents the most important concern with the use of the new drug. Lactic acidosis may occur due to metformin accumulation and has been reported in about one in 33,000 patients taking the drug over the course of a year. Reported cases have occurred primarily in patients with significant renal insufficiency, often in the setting of multiple concomitant medical/surgical problems and medications. The reaction is fatal in approximately 50 percent of cases, and it is essential that risk factors (e.g., renal dysfunction) be carefully evaluated and that metformin is used at the minimum effective dosage.

Metformin does not undergo hepatic metabolism and is excreted unchanged in the urine with tubular secretion being the major route of elimination. The risk of accumulation and lactic acidosis increases with the degree of impairment of renal function, and metformin is contraindicated in patients with renal disease/dysfunction (e.g., as suggested by serum creatinine concentrations greater than or equal to 1.5 mg/dl [males] or greater than or equal to 1.4 mg/dl [females] or abnormal creatinine clearance) which may also result from conditions such as cardiovascular collapse, acute myocardial infarction, and septicemia. Before initiation of metformin therapy and at least annually thereafter, renal function should be assessed and verified as normal. Renal function should be assessed more frequently in patients in whom development of renal dysfunction is anticipated. Because aging is associated with reduced renal function, particular caution must be exercised when metformin is used in elderly patients. Lower initial and maintenance dosages should be considered in the elderly and, generally, the drug should not be titrated to the maximum dose.

Metformin is contraindicated in patients with metabolic acidosis, including diabetic ketoacidosis (that should be treated with insulin). Lactic acidosis should be suspected in any diabetic patient with metabolic acidosis lacking evidence of ketoacidosis (ketonuria and ketonemia). Because impaired hepatic functions may significantly limit the clearance of lactate, metformin should generally be avoided in patients with hepatic disease. Patients should be cautioned against excessive alcohol intake because alcohol potentiates the effects of metformin on lactate metabolism.

The onset of lactic acidosis often is subtle and accompanied only by nonspecific symptoms. Patients should be advised to immediately contact their physician if they experience significant tiredness or weakness, unusual muscle pain, difficulty breathing, unusual or unexpected stomach discomfort, dizziness, lightheadedness, or irregular heart beat.

The most commonly reported adverse reactions with the use of metformin are gastrointestinal (GI) effects (diarrhea, nausea, vomiting, abdominal bloating, flatulence, anorexia) that occur in up to one-third of patients when they first start taking the medication. These symptoms are generally transient and resolve spontaneously during continued treatment. It is recommended that metformin be taken with meals to reduce the occurrence/severity of GI effects and, in some patients, a temporary reduction in dosage may be useful.

In contrast to the sulfonylureas that have been associated with weight gain, the use of metformin either stabilizes body weight or results in weight loss. This is an advantage for the new agent, particularly because many patients with NIDDM are overweight. Metformin also has a favorable effect on serum lipids, which are often abnormal in NIDDM patients.

The use of iodinated contrast materials that are administered parenterally in patients undergoing radiologic studies may result in acute alteration of renal function, and lactic acidosis in patients receiving metformin has been reported. Accordingly, in patients in whom any such study is planned, metformin should be withheld for at least 48 hours prior to—and 48 hours subsequent to—the procedure, and reinstituted only after renal function has been re-evaluated and found to be normal.

The concurrent use of cimetidine has been reported to increase peak plasma concentrations and AUC of metformin by 60 percent and 40 percent, respectively, due to reduced renal clearance. The potential for metformin to interact with other drugs that are eliminated by tubular secretion has not been studied, but consideration should be given to reducing the dosage of metformin when one of these agents is being taken concurrently.

The usual starting dosage of metformin is 500 mg twice a day with the morning and evening meals. Dosage increases should be made in increments of 500 mg every week, given in divided doses, up to a maximum of 2,500 mg per day. Metformin can be administered twice a day up to 2,000 mg per day (i.e., 1,000 mg twice a day with the morning and evening meals). If a daily dosage of 2,500 mg is required, it may be better tolerated given three times a day with meals (1,000 mg with breakfast, 500 mg with lunch, and 1,000 mg with dinner).

An alternative dosage regimen using the 850 mg tablets is to start with a dosage of 850 mg once a day, given with the morning meal. Dosage increases should be made in increments of 850 mg every other week, given in divided doses, up to a maximum of 2,550 mg per day. The usual maintenance dosage is 850 mg twice a day with the morning and evening meals. When necessary, the dosage may be increased to 850 mg three times a day with meals.

If patients have not responded to four weeks of the maximum dose of metformin monotherapy, consideration should be given to the gradual addition of a sulfonylurea while continuing metformin at the maximum dose.

Metformin hydrochloride tablets are supplied in potencies of 500 and 850 mg.

Acarbose (Precose-Bayer) is the second agent that was introduced in 1995 that is unique both chemically and pharmacologically when compared with drugs already marketed for the treatment of diabetes mellitus. It is a complex oligosaccharide that delays the digestion of ingested carbohydrates, thereby resulting in a smaller rise in blood glucose concentration after meals. Designated as an alpha-glucosidase inhibitor, acarbose exhibits an antihyperglycemic action by inhibiting pancreatic alpha-amylase and membrane-bound intestinal alpha-glycoside hydrolase enzymes. In diabetic patients, this enzyme inhibition results in delayed glucose absorption and a lowering of postprandial hyperglycemia.

The indications for acarbose are the same as those for metformin. Acarbose is indicated as monotherapy as an adjunct to diet to lower blood glucose in patients with NIDDM whose hyperglycemia cannot be managed on diet alone. It may also be used in combination with a sulfonylurea when diet plus either acarbose or a sulfonylurea do not result in adequate glycemic control. The effect of acarbose is additive to that of a sulfonylurea when the two agents are used in combination.

The adverse reactions most commonly associated with the use of acarbose are gastrointestinal effects that are related to the mechanism of action of the drug. Carbohydrates that are not digested in the small intestine are naturally metabolized by bacteria in the large intestine. Fermentation of undigested carbohydrates may cause abdominal pain (21 percent incidence with acarbose/nine percent incidence with placebo), diarrhea (33 percent/12 percent), or flatulence (77 percent/32 percent). In the clinical studies, abdominal pain and diarrhea tended to return to pretreatment levels over time, and the frequency and intensity of flatulence tended to abate with time. If gastrointestinal effects occur, they usually develop during the first few weeks of therapy and are usually mild or moderate in intensity. However, in rare situations they may be severe and might be confused with paralytic ileus.

The use of acarbose is contraindicated in patients with inflammatory bowel disease, colonic ulceration, partial intestinal obstruction, or in patients predisposed to intestinal obstruction. In addition, it is contraindicated in patients who have chronic intestinal diseases associated with marked disorders of digestion or absorption and in patients who have conditions that may deteriorate as a result of increased gas formation in the intestine. Acarbose should not be used concomitantly with intestinal adsorbents (e.g., charcoal) or digestive enzyme preparations containing carbohydrate-splitting enzymes (e.g., amylase, pancreatin).

Acarbose has been reported to cause elevations of serum transaminases (AST and/or ALT) and, in rare instances, hyperbilirubinema, particularly when used in a dosage greater than 50 mg three times a day. It is recommended that serum transaminase concentrations be checked every three months during the first year of treatment and periodically thereafter. Acarbose is contraindicated in patients with cirrhosis.

When administered alone, acarbose is very unlikely to cause hypoglycemia, even when administered to patients in the fasted state. However, when used in combination with a sulfonylurea (or insulin), it will cause a further lowering of blood glucose, and may increase the hypoglycemic potential of these agents. If mild to moderate hypoglycemia develops, oral

glucose (dextrose), whose absorption is not inhibited by acarbose, should be used for treatment. Sucrose, whose hydrolysis to glucose and fructose is inhibited by acarbose, is unsuitable for the rapid correction of hypoglycemia. Patients should have a readily available source of glucose and should be informed that they should not use table sugar to treat symptoms of hypoglycemia. Severe hypoglycemia may require the use of either intravenous glucose infusion or glucagon injection.

The small amount of acarbose that is absorbed as intact drug is almost completely excreted by the kidneys. Plasma concentrations and AUCs of acarbose are significantly greater in patients with severe renal impairment, and the use of the drug in diabetic patients with significant renal dysfunction (serum creatinine greater than 2.0 mg/dl) is not recommended.

For acarbose to be optimally effective, doses should be administered at the start (with the first bite) of each main meal, and patients should be advised of the importance of this. Treatment is started at a low dosage and gradually increased, both to reduce gastrointestinal side effects and permit identification of the minimum dose required for adequate glycemic control.

The recommended initial dosage of acarbose is 25 mg (one-half of a 50-mg tablet) three times daily at the start of each main meal. The dosage should be adjusted at four- to eight-week intervals based on one-hour postprandial glucose concentrations and on tolerance. The maintenance dosage ranges from 50 mg three times daily to 100 mg three times daily. However, because patients with low body weight may be at increased risk for elevated serum transaminases, the maximum recommended dosage for patients weighing 60 kg or less is 50 mg three times daily. The maximum recommended dosage for patients weighing more than 60 kg is 100 mg three times daily.

Acarbose tablets are supplied in potencies of 50 and 100 mg.

Agent for Osteoporosis

Alendronate sodium (Fosamax-Merck) is an aminobisphosphonate derivative with properties that are most similar to those of etidronate (Didronel) and pamidronate (Aredia). However, it is the first of this group of agents to be approved for the treatment of osteoporosis in postmenopausal women. In the clinical studies, alendronate produced a progressive increase in bone mineral density (a measure of bone strength), a reduction in the number of new spinal fractures, and less height loss when compared to women who received placebo.

Alendronate is the first nonhormonal therapy for the treatment of postmenopausal osteoporosis. Prior to its approval, treatment options were limited to estrogen replacement therapy (e.g., conjugated estrogens [Premarin]), which has been used in the treatment and prevention of osteoporosis, and calcitonin (Miacalcin). However, some women do not tolerate estrogen treatment well and, until recently when a nasal spray formulation was approved, calcitonin was only administered parenterally.

The effectiveness of alendronate in the *prevention* of osteoporosis has not yet been demonstrated and is not a labeled indication at the present time. The manufacturer is conducting a study comparing the efficacy of alendronate to conjugated estrogens and the efficacy of combined use of the two agents.

Alendronate has also been approved for the treatment of Paget's disease of bone in patients having alkaline phosphatase at least two times the upper limit of normal, or those who are symptomatic, or those at risk for future complications from their disease. Alendronate joins etidronate, pamidronate, and calcitonin as the treatment options for this disorder and, in a comparative study, the response with alendronate was greater than that with etidronate.

The use of alendronate is contraindicated in patients with hypocalcemia. Hypocalcemia must be corrected before initiating therapy with the new agent, as should any other disturbances of mineral metabolism (such as vitamin D deficiency). The action of alendronate to increase bone mineral may be associated with small, asymptomatic decreases in serum calcium and phosphate, especially in patients with Paget's disease. Adequate calcium and vitamin D intake should be ensured to provide for these enhanced needs.

The adverse reactions most commonly associated with the use of alendronate (and reported at an incidence greater than with placebo) include abdominal pain (seven percent), flatulence (three percent), esophageal ulcer (two percent), musculoskeletal pain (four percent), and headache (three percent). In patients with Paget's disease, who are treated with a higher dosage of alendronate (40 mg/day), the frequency of adverse reactions is higher, especially upper gastrointestinal (GI) effects (18 percent). As with etidronate and pamidronate, alendronate should be used with caution in patients with active upper GI problems such as dysphagia, symptomatic esophageal diseases, gastritis, duodenitis, or ulcers, or patients who are taking aspirin or a nonsteroidal anti-inflammatory drug.

The recommended dosage of alendronate is 10 mg once a day for treating osteoporosis in postmenopausal women, and 40 mg once a day (for six months) for treating Paget's disease of bone. Relative to an intravenous reference dose, the mean oral bioavailability of alendronate in women was 0.7 percent when administered after an overnight fast and two hours before a standardized breakfast. Bioavailability was decreased (by about 40 percent) when a 10-mg dose was administered one-half or one hour before a standardized breakfast when compared to dosing two hours before eating. Bioavailability was negligible whether alendronate was administered with or up to two hours after a standardized breakfast. Even orange juice, coffee, and mineral water may markedly reduce the absorption of alendronate. It should also be anticipated that

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Other Therapeutic Agents Approved by the FDA in 1995

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	FDA Classification*
Amifostine	Ethyol	U.S. Biascience	Cytaprotective agent	1-P,V
Anastrazole	Arimidex	Zeneco	Antineoplastic ogent	1-S
Azeloic acid	Azelex	Allergan	Agent far acne	1-S
Carvedilol	Careg	SmithKline Beecham	Antihypertensive agent	1-S
Ceftibuten	Cedax	Schering	Antibiatic	1-S
Cetirizine hydrochloride	Zyrtec	Pfizer	Antihistamine	1-S
Epoprastenal sadium	Flalan	Gloxo Wellcome	Agent for primary pulmonory hypertension	1-P,V
Glimepiride	Amaryl	Hoechst Marion Roussel	Antidiabetic agent	1-S
Ibutilide fumarate	Carvert	Pharmocia & Upjahn	Antiorrhythmic agent	1-S
Nisaldipine	Sulor	Zeneca	Antihypertensive agent	1-S
Parfimer sodium	Photofrin	QLT PhotaTherapeutics	Antineaplastic ogent	1-P, V
Riluzole	Rilutek	Rhone-Poulenc Rorer	Agent far amyatraphic lateral sclerasis	1-P,V

* Food ond Drug Administrotion (FDA) clossificotion of new drugs:
1 = new molecular entity
P = priority review, theropeutic goin
S = standard review, substantially equivolent
V = designated arphon drug

calcium supplements, antacids, and some other oral medications will interfere with the absorption of alendronate. Patients should be informed that alendronate must be taken at least one-half hour before the first food, beverage, or medication of the day with plain water only, and waiting longer than 30 minutes before eating will improve the absorption of the drug. To facilitate the delivery of the drug to the stomach and to reduce the potential for esophageal irritation, patients should take alendronate with a full glass of water and should avoid lying down for at least 30 minutes thereafter.

Tablets are available in two potencies and contain alendronate monosodium salt trihydrate in amounts equivalent to 10 mg and 40 mg of alendronate.

Agent for Glaucoma

Dorzolamide hydrochloride (Trusopt-Merck) is a carbonic anhydrase inhibitor (CAI), joining acetazolamide (Diamox), dichlorphenamide (Daranide), and methazolamide (Neptazane). Inhibition of carbonic anhydrase in the ciliary processes of the eye decreases aqueous humor secretion, resulting in a reduction of intraocular pressure (IOP). Whereas its predecessors are administered orally, and acetazolamide also parenterally, dorzolamide has been marketed in an ophthalmic solution formulation. The new agent is indicated in the treatment of elevated IOP in patients with ocular hypertension or open-angle glaucoma.

Although orally administered CAIs have been used for many years to reduce elevated IOP, these medications generally have had poor patient acceptance due to systemic adverse reactions, and their use has been limited. The ophthalmic administration of dorzolamide is associated with a lower risk of systemic effects, and the new agent provides an alternative that may be of particular benefit in the estimated 20 percent of glaucoma patients who cannot tolerate ophthalmically administered beta-adrenergic blocking agents (e.g., timolol [Timoptic]) and as an "add-on" treatment in the 50 percent of patients whose glaucoma is not adequately controlled with the use of the primary agent alone.

The most common adverse reactions associated with the use of dorzolamide include ocular burning, stinging, or discomfort following administration (experienced by about one-third of patients), bitter taste following administration (25 percent), superficial punctate keratitis (10-15 percent), and signs and symptoms of ocular allergic reaction (10 percent). If allergic-type reactions are experienced, dorzolamide should be discontinued and the patient evaluated before considering restarting the drug.

Dorzolamide is a sulfonamide derivative and, although systemic effects are not likely to occur, it has the potential to cause adverse reactions that are characteristic of the sulfonamides. The use of dorzolamide has not been studied in patients with severe renal impairment but, because both the drug and its active metabolite are excreted predominantly by the kidney, its use is not recommended in patients whose creatinine clearance is less than 30 ml/min. The effects of dorzolamide may be additive to those of an orally administered CAI, and concurrent therapy is not recommended.

Dorzolamide hydrochloride is supplied in an ophthalmic solution that contains 20 mg of dorzolamide per ml (two percent). The usual dosage is one drop in the affected eye(s) three times daily. If other topical ophthalmic drugs are also being used, the drugs should be administered at least 10 minutes apart.

The formulation of dorzolamide contains benzalkonium chloride as a preservative. Because this agent may damage soft contact lenses, dorzolamide solution should not be administered while soft contact lenses are being worn.

Corticosteroid for Ocular Inflammation

Rimexolone (Vexol-Alcon) is a corticosteroid that is indicated for ophthalmic administration in the treatment of anterior uveitis (e.g., iritis) and in the treatment of postoperative inflammation following ocular surgery. Although previously available ophthalmic corticosteroids have been used following ocular surgery, rimexolone is the first corticosteroid to have a labeled indication for this use. Like other corticosteroids, rimexolone suppresses the inflammatory response to a variety of inciting agents of a mechanical, chemical, or immunological nature.

Rimexolone joins five other corticosteroids that are available in ophthalmic formulations—dexamethasone (e.g., Decadron), fluorometholone (e.g., FML), hydrocortisone (included in a number of combination products), medrysone (HMS), and prednisolone (e.g., Pred Forte). In placebo-controlled clinical studies, rimexolone was demonstrated to be effective for the treatment of anterior chamber inflammation following cataract surgery; in other studies, it was demonstrated to be equivalent to prednisolone acetate (one percent) in reducing uveitic inflammation.

Because corticosteroids may worsen or mask certain infections, the use of rimexolone is contraindicated in epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, and most other viral diseases of the cornea and conjunctival mycobacterial infection of the eye, as well as fungal diseases of the eye.

The ocular adverse reactions most commonly experienced with the use of rimexolone (occurring in one to five percent of patients) include blurred vision, discharge, discomfort, ocular pain, foreign body sensation, hyperemia, pruritus, and increased intraocular pressure (IOP). Rimexolone has been reported to have a reduced tendency to elevate IOP when compared to prednisolone acetate.

Rimexolone is supplied in an ophthalmic suspension in a one percent concentration. Benzalkonium chloride (.01 percent) is included as a preservative. The Drop-tainer dispensers should be shaken well before administering the drug.

The recommended dosage for the treatment of postoperative inflammation is one or two drops into the conjunctival sac of the affected eye four times daily beginning 24 hours after surgery and continuing throughout the first two weeks of the postoperative period. The recommended dosage for the treatment of anterior uveitis is one or two drops into the conjunctival sac of the affected eye every hour during waking hours for the first week, one drop every two hours during waking hours of the second week, and then taper until the uveitis is resolved.

Dr. Hussar is Remington professor of pharmacy, Philadelphia College of Pharmacy and Science, Philadelphia.

New Therapeutic Agents Marketed in 1995—Part IV

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Route of Administration	FDA Classification*
Acorbose	Precose	Boyer	Antihyperglycemic ogent	Orol	1-S
Alendronote sodium	Fosomax	Merck	Agent for osteoporosis	Orol	1-P
Dorzolomide hydrochloride†	Trusopt	Merck	Agent for gloucomo	Ophtholmic	1-P
Lonsoprozole	Prevocid	TAP; Abbott	Antisecretory ogent	Orol	1-S
Metformin hydrochloride†	Glucophoge	Bristol-Myers Squibb	Antihyperglycemic ogent	Oral	1-P
Rimexolone†	Vexol	Alcon	Corticosteroid for oculor inflommotion	Ophtholmic	1-P

* Food ond Drug Administrotion (FDA) clossificotion of new drugs:
1 = new moleculor entity
P = priority review, theropeutic goin
S = stondard review, substontiolly equivolent
† Approved by the FDA before 1995, but not morketed until 1995

Graduation '96

Speakers Offer Insight on Medicine, Education

Spring means commencement for Pennsylvania's medical students. Among the noted speakers at graduation exercises across the commonwealth this year were Nobel Prize winner Michael Brown, MD; ABC Medical Corespondent Timothy Johnson, MD; and AIDS advocate Anthony S. Fauci, MD.

Dr. Brown, who received his Nobel Prize for extensive research in the field of cholesterol, spoke at the commencement of the **University of Pennsylvania School of Medicine** on May 21. The graduation honored 150 students—approximately 40 percent of them female—at the Irvine Auditorium of the university campus. Dr. Brown spoke of the achievements of the university's 1954-1969 alumni, recognized by the distinction of two Nobel Prizes and a major innovation in the area of surgical nutrition that is still used in '90s medicine.

Dr. Johnson, who appears on programs including *World News Tonight, 20/20,* and *Good Morning America,* spoke at the graduation ceremony of the **Philadelphia College of Osteopathic Medicine (PCOM).** The commencement was held June 2 at the Academy of Music in Philadelphia; 212 students received DO degrees. In his comments, Dr. Johnson addressed health system reform and managed care, and stressed to the graduates the importance of following their hearts through the course of medical practice. He encouraged the future physicians to remember that the primary responsibility of a doctor is to provide help to those in need as they venture out into the world of medical practice.

Graduation ceremonies for students at **Hahnemann University School of Medicine** took place May 31, also at the Academy of Music. Dr. Fauci, director of the National Institute of Allergy and Infectious Disease (NIAID), delivered the keynote address to the 175 graduates. An integral part of the nation's efforts to battle AIDS and HIV, Dr. Fauci is a pioneer in the field of human immunoregulation and has spent almost 30 years with NIAID, including as director for the past 12 years.

At **Jefferson Medical College of Thomas Jefferson University,** 229 students received medical degrees on June 7 at the Academy of Music. College President Paul C. Brucker, MD, conferred all degrees, including honorary degrees:

- Frederick B. Wagner, MD, surgeon, Jefferson historian, and a graduate of the Jefferson Medical College's Class of 1941, was honored with an honorary doctor of humane letters degree. Former clinical professor of surgery, Dr. Wagner now serves as acting chairman of the Department of Surgery and Grace Osler emeritus professor of surgery. He is past president of the medical college's alumni association and honorary attending surgeon. According to a Jefferson spokesperson, "Dr. Wagner has been affiliated with JMC for over 50 years and in that time has become a well-known and loved figure at the college."
- Noted microbiologist Gail H. Cassell, PhD, chair of the Department of Microbiology at the University of Alabama, Birmingham—where she is a professor, researcher, lecturer, author, and organizer of scientific meetings—received an honorary doctor of science degree. Her current research ranges from the development of a vaccine for Lyme disease to work on mycoplasmas in respiratory disease and AIDS.
- Manuel Velasco-Suarez, MD, esteemed neurosurgeon in Mexico who devotes his time to wards aiding people without health care services, also received an honorary doctor of science degree. A visiting professor →

Medical Schools Receive AMA-ERF Funds

The American Medical Association Education and Research Foundation (AMA-ERF) has forwarded to the state's medical schools contributions totaling $78,593. Recruited by the AMA Alliance and the Pennsylvania Medical Society Alliance, these contributions were given by "the medical family" in 1995.

The medical schools received two checks: one of non-restricted funds intended for the encouragement of medical school excellence, and another of restricted funds intended for medical student assistance. Contributors designated the following distribution of funds:

Medical School	Excellence Fund	Assistance Fund
University of Pennsylvania School of Medicine	$3,144.15	$9,222.32
Jefferson Medical College of Thomas Jefferson University	4,295.71	12,152.84
Medical College of Pennsylvania	1,132.14	6,502.31
Hahnemann University School of Medicine	2,262.14	8,073.34
University of Pittsburgh School of Medicine	2,344.64	8,559.81
Temple University School of Medicine	3,141.89	9,516.87
Penn State's College of Medicine	1,075.67	6,764.81
Philadelphia College of Osteopathic Medicine	112.50	292.50

Results of Match Day 1996

The Pennsylvania Academy of Family Physicians reports that the 45th annual "Match Day" saw a significant increase in the number and percentage of family practice residency programs filling in the match: Of 384 participating programs, 258 (67 percent) filled all positions offered in the match, compared to 205 of 388 (53 percent) in 1995, and a low of 145 of 373 (39 percent) in 1991.

at Jefferson Medical College in February 1995, Dr. Velasco-Suarez now serves as president of the Mexican Chapter of the International Physicians for the Prevention of Nuclear War.

Penn State's College of Medicine's 111 graduates, including 56 men and 55 women, celebrated their commencement May 19 at Founder's Hall of the Milton Hershey School. The keynote address by Benjamin Carson, MD, director of pediatric neurosurgery at Johns Hopkins Medical Center and associate professor at Johns Hopkins Medical School, focused on the importance of education and the use of intellectual potential to gain success in life.

The commencement address at the **Medical College of Pennsylvania** was given by Vartan Gregorian, PhD, president of Brown University, former president and chief executive officer of the New York Public Library, former dean of the faculty of arts and sciences, and provost of the University of Pennsylvania. Commencement was held May 11 at the Academy of Music; 58 men and 59 women received degrees.

Class President Amit Sudhakar Kharod, MD, and Leon S. Malmud, MD, senior vice president for the Health Sciences Center, delivered remarks to the 169 graduates of the **Temple University School of Medicine** on May 17. Of the graduating seniors, approximately 50 percent will perform residencies in either family practice, internal medicine, or pediatrics. The graduates will be in residence in 21 states.

Compiled by Bethany Goodrich of the Society's Division of Communications. At press time, no information was available from the University of Pittsburgh.

COUNTY NEWS

RESIDENTS SURVEYED ABOUT '90S MEDICINE

"Is practicing medicine what you thought it would be?" A recent Allegheny County Medical Society survey posed this question to resident members, asking them to share what they like—and don't like—about practicing medicine.

Results suggest that despite truly enjoying their healing work, today's young doctors are experiencing growing frustration and even dismay as they face challenges unheard of by earlier generations of physicians.

Specifically, residents indicated they don't like the outside influences, including the job market, loss of autonomy, possibly declining income, increasing school debt, politics, and administrative hassles. Also frustrating are liability and malpractice issues, and managed care issues.

Meet the Graduates

Overcoming obstacles

PCOM

Ben Lessig's physician grandfather died when Ben was six. The elder Lessig had just begun to have the opportunity to relax. As he approached retirement, he had a special project in mind for himself: To address why some children are born without normal hearing. The motivation for beginning this quest was simple—his first grandchild was born hearing impaired for no known reason. That grandson was Ben, who 20 years later is resuming his grandfather's quest: "To discover why babies are born with hearing impairments and to practice medicine in the same humane way as my grandfather."

Ben grew up in Cherry Hill, New Jersey. He was unable to wear hearing aids until nine years of age. "With the help of my speech therapists and tireless parents, I learned English, word by word, using the visual and written cues available to me. When I got comfortable hearing aids, I had a new problem to cope with: sound. I heard the sounds of motors, sirens, and people's voices. In school, I wore a phonic ear system which allowed the teacher to wear a lapel microphone which transmitted directly to my hearing aids."

Ben resisted using sign language until he went to college, studying chemistry at the Rochester Institute of Technology and the National Technical Institute for the Deaf in New York. "I didn't like the waving of the hands. I wanted to talk with other people."

For Ben, succeeding in school required a lot of attention in the classroom—sitting in front of the classroom, having note takers, using tutors, and being allowed extra time to finish exams—and, as time went on, preparation outside of the classroom. Still, at the University of Rochester and at the Philadelphia College of Osteopathic Medicine (PCOM), he had time to play soccer, participate in religious activities, get involved in student government and medical honor societies, tutor other hearing-impaired students, and edit the PCOM Class of 1996 yearbook.

Ben says, "Throughout my life, I have come to value the human spirit, the little voice inside us that says: You can do it!"

A long line

MCP

Dierdre Wood Harper resisted the lure of medical school just to be different. Different, that is, from the rest of the women in her family. Her sisters Diana and Dorothy, her mother Margaret, her grandmother Dorothy, and her grandmother's sister Florence are all graduates of the Medical College of Pennsylvania (MCP). After two children and a divorce, however, when Dierdre decided to start anew and go back to school for her undergraduate degree, she began to reconsider the idea of medical school.

Dierdre says she was inspired by her two older sisters: "They were really enjoying their work as physicians; it was an important part of their life. That is what I wanted, too." They encouraged her to return to the Philadelphia area from the West Coast and go to medical school. She could do it, they said, with the support of her family and MCP, a school that has traditionally welcomed and nurtured non-traditional students. This year, Dierdre adds another notch to the legacy of women physicians, not only in her family, but also at MCP, which began as the first medical school in the world for women in 1850.

Both Dierdre's sisters were on stage with their baby sister to "hood" her as she received her medical school diploma at commencement. Her mother was in the audience with Dierdre's children, who at ages 11 and 8, have no plans for medical school—yet. And her grandmother and great-aunt, who have both passed away, were there in spirit.

However, the respondents admitted that they continue to receive satisfaction from caring for patients, the physician-patient relationship, the intellectual challenge, and colleague relationships.

In the end, the majority of the group—82 percent of primary care residents and 67 percent of specialists—would "do it all again, given the chance."

TRUST NEWS

PITTSBURGH PHYSICIAN TO BE HONORED FOR SERVICE

The Society's Educational and Scientific Trust will honor Pittsburgh physician, David W. Clare, MD, for his long-time commitment and service to medicine at a reception and dinner on Thursday, September 12. State Society members are invited to attend the event, beginning at 6:30 p.m. at the University Club in Pittsburgh.

Dr. Clare retired from the Trust's Board of Trustees last fall. The tribute will establish the David W. Clare, MD, Endowment for Education at The Educational and Scientific Trust.

The tribute is sponsored by the Trust, the Allegheny County Medical Society, the Pittsburgh Surgical Society, Shadyside Hospital Administration and Medical Staff, and the American College of Surgeons, Southwestern Chapter.

Formal invitations will follow. For more information, call the Trust at (800) 228-7823 or (717) 558-7750, extension 1260 or 1256.

SPECIALTY SOCIETY NEWS

WHITE PAPER AVAILABLE ON LATEX SENSITIVITY

The Pennsylvania Allergy and Asthma Association has authored a Latex Hypersensitivity White Paper in an effort to make health care professionals, health care facility managers, and the general public aware of the potential hazards of latex allergy.

The publication examines diagnosis and treatment of latex allergy. Among its findings:

- Latex allergy can be diagnosed by a thorough history and physical examination—including skin testing—by a physician familiar with the problem.
- Mildly affected persons can protect themselves by avoiding direct contact with latex products or by medication with antihistamines.
- Highly allergic persons should wear a Medic Alert bracelet identifying their allergy and should be instructed in self-administration of epinephrine in emergencies.

Request your free copy of the white paper by writing to the Pennsylvania Allergy and Asthma Association at P.O. Box 8820, Harrisburg, PA 17105-8820.

THORACIC SESSION SET FOR SEPTEMBER

The Joint Scientific Session of the Pennsylvania and New Jersey Thoracic Societies, as well as the Annual Membership Meeting of the Pennsylvania Thoracic Society, will be held September 6-7, 1996, at the Hotel Atop the Bellevue, Philadelphia.

Session topics will address asthma, immunotherapy, managed care, lung reductions, and tuberculosis. For more information, call Sherry Rittle, course coordinator, at (717) 541-5864.

ALLIANCE NEWS

TOWN MEETING HEIGHTENS FAMILY VIOLENCE AWARENESS

The Pennsylvania Medical Society Alliance (PMSA) joined with the Middletown Police Department on May 22 to sponsor a town meeting to heighten awareness and increase sensitivity concerning family violence.

"The number one public health issue with families from coast to coast is violence," according to PMSA President Sheron Andrews. To combat this epidemic, the Alliance has made education and prevention of violence a priority through its SAVE (Stop America's Violence Everywhere) program. The Middletown assembly is the kickoff for a statewide SAVE campaign to stop domestic abuse, Andrews says.

Former victims Margarete Hintz, a volunteer with Central PA Legal Services of Lititz, and Corporal Toni Gilhooley, manager of the Pennsylvania State Police's Member Assistance Program, led a host of speakers at the town meeting. Hintz, who endured 32 years of abuse before seeking help, spoke highly of "the system" and how it helped her.

Corporal Gilhooley's experience was somewhat different. A victim for three-and-a-half years, she was initially told by therapists that if she were the "perfect wife," her problems would go away. Both women have committed to sharing their experiences in hopes of helping other abuse victims.

Michael Goldberg, Esq., of Central PA Legal Services, and Maryann Havalchak, director of prevention education, Harrisburg YWCA Domestic Violence Services, also spoke, offering statistics and insight about abuse, along with a list of local resources available to help victims.

To learn more about PMSA's SAVE Program, call the Alliance office at (800) 228-7823 or (717) 558-7750.

INTERNATIONAL COMPANIES STUDYING INTERNET'S ROLE

Physicians and other health care professionals can be a part of Internet history by participating in a study of the role of the Internet in health care. The study—sponsored by 3Com Corporation, Ernst & Young, Sprint, Sun Microsystems, and Sybase, Inc.—is designed to help the health care industry understand and capitalize on the Internet's growth and technology. →

New from the Pennsylvania Medical Society

- The Society is sponsoring a CME program for physicians operating office laboratories on October 24, 1996, at Society headquarters in Harrisburg. Program topics include: an overview of state and federal regulations, meeting quality assurance standards, how regulators view physicians operating laboratories, and reimbursement for laboratory services. Call (800) 228-7823 or (717) 558-7750, extension 1459, for details.
- The Society's Department of Medical Economics is updating its publication, "A Closer Look at HMOs," which overviews financial trends and demographics of licensed HMOs in Pennsylvania. The publication is free to members and available to nonmembers at a price of $49.95 per copy. To reserve your copy, call the Society at (800) 228-7823 or (717) 558-7750, extension 1486.

As a first step, the companies established a Health Care Cybervision web site to provide access to a questionnaire that will provide the critical data for the second and third phases of the project. Health care professionals are invited to visit the site at *http://www.hccybervision.com* and complete the questionnaire.

All participants will receive the three monographs produced by the project. The first, now available, presents the framework and scope of the project. The second will detail the findings of the survey and examine the Internet's emerging impact of the health care industry. The third and final monograph will examine and document opportunities and barriers to the use of the Internet in health care in the future.

The sponsors believe the project will provide a truer picture than is currently available of how the Internet is being used in health care today and give new insight into how it can best be used in the future.

For a hard copy of the survey questionnaire and the first monograph, call Donald Vair at Ernst & Young, (615) 252-2040.

CIVIL WAR MEDICINE MUSEUM HOSTS ANNUAL CONFERENCE

The National Museum of Civil War Medicine is hosting the Fourth Annual Conference on Civil War Medicine on August 2-4, 1996, at Hood College, Frederick, Maryland.

James M. McPherson, PhD, professor of American History at Princeton University, will present the keynote address, entitled "The Shadow of Death: Testimony of Civil War Soldiers." Drawn from Dr. McPherson's recent research on the combat motivations of the soldiers, the address will explore the role of religion as a psychological mechanism to cope with the danger of violent death.

Other featured topics focus on Civil War medical treatments, records, and instruments, as well as substance abuse and anesthetics of the era.

For additional information about the conference, or to receive a brochure, call the National Museum of Civil War Medicine at (301) 695-1864.

NEW BOOK IS TRIBUTE TO AMERICAN DOCTORS

Drs. Benjamin Rush and Jonas Salk are among 46 Pennsylvania physicians featured in a new book, *An All-American Medical Hall of Fame*, written and published by Hollister S. Smith, a senior medical executive in Chesterfield, Missouri. The book is a tribute to hundreds of physicians who contributed to medicine over the last two centuries in America.

Nominations to the "Hall" were handled through the American Association of Medical Society Executives by appointed medical historians and state medical committees. Members selected are no longer living and are judged to have made significant contributions to many advances in the art and science of medicine.

Also listed in the 160-page volume are recipients of medical awards, including Americans honored with Nobel Prizes in medicine and physiology, as well as past presidents of the AMA, former AMA award winners, and the 15 physicians honored by the U.S. Postal Service on U.S. stamps.

Copies of the publication may be obtained by mailing a check or money order for $24.95 per copy (includes shipping and handling), payable to An All-American Medical Hall of Fame, 605 Thunderbird Court, Chesterfield, MO 63017.

CHECC Hopes To Reach Flu Immunization Goals

The Keystone Peer Review Organization (KePRO) has spearheaded the formation of the Consumer Health Education Coordinating Committee (CHECC), a coalition dedicated to increasing the public use of available preventive health care services. CHECC is focusing initial efforts on increasing the use of influenza vaccines, especially among Pennsylvania's Medicare population.

The Centers for Disease Control and Prevention (CDC) estimates that in 1994, 41 percent of Pennsylvania's Medicare population received influenza immunizations. In 1996, CHECC hopes to reach one of the goals of *Healthy People 2000*, to immunize 60 percent of the Medicare and other high-risk populations.

Pennsylvania's physicians can simultaneously help the CHECC effort and their practices. CHECC can provide you, as a physician, with ways to increase immunization rates of your patients, how to develop a flu campaign, and supply you with cards/posters for tracking the percentage of your patients who are immunized. CHECC can also provide you with detailed information on efficiently billing Medicare for influenza immunizations.

CHECC membership includes the Pennsylvania Medical Society, the Pennsylvania Departments of Health and Aging, the Health Care Financing Administration, the Social Security Administration, the American Lung Association, the Pennsylvania Association of Home Health Agencies, the American Association of Retired Persons, and Medicare carriers and fiscal intermediaries.

If you are interested in working with CHECC on this statewide effort, complete and return the postcard inserted between pages 30 and 31, or contact Carol Houlihan at KePRO at (717) 564-8288.

Infant immunization

In a separate effort, the Pennsylvania Department of Health Immunization Program is planning for statewide introduction of a hospital-based education program for new parents called Tot Trax. The program is aimed at increasing infant and toddler immunization rates by teaching new parents the importance of immunizing their babies on time, every time, until the basic series of shots is complete by age two.

For two-year-olds, Pennsylvania is currently at a 77 percent immunization rate. The program goal is to reach 90 percent.

Tot Trax uses trained community volunteers, hospitals, and local health department immunization staff to educate new parents. The program also offers a reminder system, encompassing follow-up efforts by participating hospitals and health departments, as well as a take-home calendar and magnet to help log "baby firsts" and remind parents when immunizations are due.

OBITUARIES

Sidney I. Altman, MD, *Elkins Park*
University of Toronto Faculty of Medicine; age 67, died April 14, 1996. Dr. Altman was a psychiatrist.•

George A. Baver, MD, *Pennsburg*
Jefferson Medical College of Thomas Jefferson University, 1932; age 87, died April 8, 1996. Dr. Baver was a general practitioner.•

Michael Brylawski, MD, *Elkins Park*
University of Pennsylvania School of Medicine, 1937; age 82. Dr. Brylawski was an internist.•

George A. Deitrick Jr., MD, *Sunbury*
Temple University School of Medicine, 1943; age 78, died April 21, 1996. Dr. Deitrick was a general surgeon.•

Robert H. Dilcher, MD, *Allentown*
University of Pennsylvania School of Medicine, 1938; age 83, died May 7, 1996. Dr. Dilcher was a urological surgeon.•

Ernest Z. Eperjessy, MD, *Johnstown*
Hahnemann University School of Medicine, 1938; age 83, died April 29, 1996. Dr. Eperjessy was a general practitioner.•

Eugene A. Fee, MD, *King of Prussia*
Jefferson Medical College of Thomas Jefferson University, 1957; age 64. Dr. Fee was a psychiatrist.•

Philip C. Grana, MD, *Bedford*
University of Pennsylvania School of Medicine, 1939; age 80, died March 26, 1996. Dr. Grana was an ophthalmologist.•

Fritz E. Guenter, MD, *Smethport*
State University of New York at Buffalo School of Medicine and Biomedical Sciences, 1940; age 81, died April 14, 1996. Dr. Guenter was a general practitioner.•

E. Lee Keiser Jr., MD, *Myerstown*
University of Pennsylvania School of Medicine, 1932; age 89, died May 8, 1996. Dr. Keiser was a family practitioner.•

Herbert T. Kelly, MD, *Pipersville*
Jefferson Medical College of Thomas Jefferson University, 1925; age 96. Died March 17, 1996. Dr. Kelly was an internist.•

Dong Han Kim, MD, *Hopwood*
Catholic Medical College, Seoul, South Korea, 1960; age 60, died April 1, 1996. Dr. Kim was a pediatrician and allergist.•

Charles H. Kravitz, MD, *Elkins Park*
Temple University School of Medicine, 1935; age 85, died April 12, 1996. Dr. Kravitz was an internist.•

John B. Lovette, MD, *Johnstown*
University of Pittsburgh School of Medicine; age 76, died April 17, 1996. Dr. Lovette was a general surgeon.•

Thomas G. McLellan Jr., MD, *Connellsville*
University of Pennsylvania School of Medicine, 1954; age 67, died April 2, 1996. Dr. McLellan was an ophthalmologist.•

John L. Meyers, MD, *Shillington*
Hahnemann University School of Medicine, 1940; age 82, died March 15, 1996. Dr. Meyers specialized in emergency medicine.•

Thomas J. Natoli, MD, *Lansdale*
Temple University School of Medicine, 1942; age 80, died March 3, 1996. Dr. Natoli was a family practitioner.•

Michael A. Patrick, MD, *Hanover Township*
Medical College, University of Ceylon, Sri Lanka, 1966; age 57, died April 3, 1996. Dr. Patrick was an internist.•

Mary DeWitt Pettit, *Borrego Springs, CA*
University of Pennsylvania School of Medicine, 1932; age 88, died May 5, 1996. Dr. Pettit was an obstetrician/gynecologist.•

Redding H. Rufe, MD, *Waynesboro*
University of Minnesota Medical School, 1928; age 95, died April 23, 1996. Dr. Rufe was a general practitioner.•

Leonard H. Shapiro, MD, *Bala Cynwyd*
Hahnemann University School of Medicine; age 68, died May 13, 1996. Dr. Shapiro was an obstetrician/gynecologist.•

James H. Shindel, MD, *Altoona*
Temple University School of Medicine, 1950; age 70, died May 11, 1996. Dr. Shindel was a radiologist.•

Stephen Sorokanich Sr., MD, *Old Forge*
Jefferson Medical College of Thomas Jefferson University, 1944; age 78, died April 27, 1996. Dr. Sorokanich was a general practitioner.•

John F. Speller, MD, *Philadelphia*
Howard University College of Medicine, Washington, DC, 1940; age 87, died May 7, 1996. Dr. Speller was a urological surgeon.•

Marcel S. Sussman, MD, *Bryn Mawr*
Jefferson Medical College of Thomas Jefferson University, 1936; age 85, died April 3, 1996. Dr. Sussman was an obstetrician/gynecologist.•

Wilbur S. Wallace, MD, *Erie*
Temple University School of Medicine, 1947; age 76, died April 4, 1996. Dr. Wallace specialized in public health.•

John C. Wassil Sr., MD, *Sharon*
University of Pittsburgh School of Medicine, 1931; age 90, died March 8, 1996. Dr. Wassil was a general practitioner.•

John T. Whitmore, MD, *Bedford*
Jefferson Medical College of Thomas Jefferson University, 1956; age 66, died February 26, 1996. Dr. Whitmore was an internist.•

Charles R. Wolff, MD, *Lantana, FL*
University of Pittsburgh School of Medicine, 1936; age 85, died February 6, 1996. Dr. Wolff was a colon and rectal surgeon.•

Albert A. DeMatteis, MD, *St. Petersburg, FL*
Hahnemann University School of Medicine, 1942; age 81, died February 18, 1996. Dr. DeMatteis was a thoracic surgeon.

Edward C. Ellison, DO, *Hershey*
Philadelphia College of Osteopathic Medicine, 1947; age 74, died January 23, 1996. Dr. Ellison was a general practitioner.

John W. Frost, MD, *Freeport*
University of Pennsylvania School of Medicine, 1944; age 75, died February 11, 1996. Dr. Frost was an internist.

Sigmund R. Greenberg, MD, *Sanibel, FL*
Hahnemann University School of Medicine, age 65, died January 26, 1996. Dr. Greenberg specialized in internal medicine and endocrinology.

Julia Guarino, MD, *Bridgeville*
Medical College of Pennsylvania, 1924; age 98, died February 23, 1996.

James E. Lamb, MD, *Levittown*
St. Louis University Health Sciences Center, Missouri, 1948; age 73, died January 20, 1996. Dr. Lamb was a general practitioner.

Richard K. Mallin, MD, *Philadelphia*
Hahnemann University School of Medicine; age 52, died January 10, 1996. Dr. Mallin was a family practitioner.

Patrick J. McDonough, MD, *Pittsburgh*
St. Louis University Health Sciences Center, Missouri, 1952; age 70, died February 6, 1996. Dr. McDonough was a psychiatrist.

William C. McNeal, DO, *New Bethlehem*
Philadelphia College of Osteopathic Medicine, 1949; age 81, died January 15, 1996. Dr. McNeal was a general practitioner.

Roger D. Nenni, MD, *Bethlehem*
Temple University School of Medicine, 1986; age 35, died February 3, 1996. Dr. Nenni was an obstetrician/gynecologist.

Christopher Rose, MD, *Pittsbrugh*
Jefferson Medical College of Thomas Jefferson University, 1970; age 48, died January 19, 1996. Dr. Rose specialized in emergency medicine.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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Physician—Internist/Family Practice opportunity in Southwestern Pennsylvania. Position in Health Professional Shortage Area in Fayette County offers $90,000-$95,000 and commensurate benefits. Send CV to: Richard Constantine, CEO, Brownsville General Hospital, 1245 Simpson Road, Brownsville, PA 15417.

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Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S. P. Nathan, South Baltimore General Hospital, 3001 South Hanover Street, Baltimore, MD 21230, (410) 787-2728.

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Insurance

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Medical Inter-Insurance Exchange **Cover 2**

Medical Protective Company **1**

Pennsylvania Blue Shield **Cover 4**

Pennsylvania Medical Society Liability Insurance Company **3**

PIE Mutual Insurance Company **7**

Princeton Insurance Company **5**

Pharmaceuticals

Bayer Corporation **13-14**

Specialized Programs & Services

EKG Medical Billing Service **43**

Hahnemann University Hospital **15**

Innovision Management Services **31**

Keith Saunders **43**

Northwest Mortgage **25**

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Penn State's College of Medicine **43**

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Good Medicine Is Managed Care

Leonard H. Finkelstein, DO

Over the past 25 years, the cost of health care exploded to a crisis point. There were many contributing factors, but the most important one was practicing physicians' lack of accountability regarding costs.

Considering that we are responsible for 75 percent of medical costs, the resulting scrutiny and backlash was not undeserved. Intense corporate pressures to cut costs paved the way for the managed care system we know today. An increasing number of the U.S. insured population receives medical care under a managed care program, and this situation is expected to continue.

For physicians accustomed to the fee-for-service indemnity plans of the post-war economic expansion which funded many of these procedures, and for an innately individualistic patient culture that has been raised to believe that even the most expensive and innovative treatments should be available to all, this shift has not been easy.

Indeed, the pendulum has swung 180 degrees. With increased attention paid not only to reducing costs, but also to improving shareholder profits, doctors have become "gatekeepers" and patients have become "covered lives." Driven by remote managers who must approve every procedure, the health care marketplace has become a corporate battlefield increasingly governed by the state of stock market wealth. Many of us are chafing under the yokes of capitation, increased administrative workloads, and even questionable incentives to grant or deny care—or keep silent. In many ways, the system has robbed physicians of their essential goodness.

While the current managed care system has its faults, I remind you: Managed care is not inherently wrong; in fact, good medicine is managed care.

When I first started teaching medicine 30 years ago, I taught that the best treatment involves doing what works, is cost effective, and is safe. That is good medicine. If more physicians had practiced that wa we would not have the system as we kno it today. We are at this juncture becau cost factors and the utilization of only ne essary procedures were never thorough practiced by physicians. Since we did n practice it, others are now doing it for us

It's my belief that there can be a balan between physicians' past profligacy and tl sometimes Draconian managed care me sures we experience today. For patients receive the best quality care at the be price, it's going to happen by consensus and that includes patients, physician providers, and employers. Everyone's stakeholder in this environment, and th means we all have the responsibility a power to facilitate change.

As physicians, we can't turn back tl clock, but we can make the pendulu swing. We can actively and vocally cha pion effective practice management. F those of us who are educators, this wo philosophy is one that should be instill in the years of medical training. In ad tion to encouraging a more circumspe approach to diagnosis and treatment, can explore and promote the applicati of technology as a powerful catalyst reach this goal.

The age of consensus I mentioned e lier may not be far off. Managed ca companies are now being evaluated employers and government agencies b cause their excesses are becoming app ent. Recognizing that penny-pinchi health plans may negatively affect p ductivity (and in turn, profits), some e ployers understand that, deliver correctly, quality medical care should tually minimize expenses over the lo term.

Will such evaluation and "partneri lead to a managed care environme which will allow everyone to function they function best? I certainly hope so.

Remember: Employers can't practi medicine. Insurance companies ca practice medicine. Stockholders ca practice medicine. Only physicians c practice medicine.

Dr. Finkelstein is president and CEO, Philadelphia College of Osteopathic Medicine, Philadelphia.

Pennsylvania Medicine®

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AUGUST 1996

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SEPTEMBER 23, 25, 27

Employment Law Issues: The Impact of Mergers and Acquisitions

Featuring Mark Fontana, primary author of the *Employment Law: A Guide for Pennsylvania Physicians* manual, endorsed by the Pennsylvania Medical Society.*

September 23	**Pennsylvania Medical Society Headquarters, Harrisburg**
September 25	**Valley Forge Hilton—King of Prussia (Philadelphia area)**
September 27	**Allegheny County Medical Society Pittsburgh**

As the medical workplace continues to evolve, it is more important than ever for physicians and physician employers to understand employment laws and how to stay in compliance. As the risks associated with employment continue to increase, physician employers must have the background necessary to avoid common mistakes and minimize liability. This half-day program will emphasize practical suggestions for avoiding workplace law problems, and will investigate state and federal laws. Often the most difficult issues in a merger or acquisition revolve around employment law and human resources management.

The program will use a case-study presentation approach to review hypothetical situations designed to stimulate problem solving and encourage managers, administrators, and physicians to become more "issue sensitive." Specifically, the program will overview all major state and federal laws which may impact physician owners and administrators as different workforces are combined, increased, or reduced as a result of a merger or acquisition.

Fee: **$180 Member physicians and staff**
$230 Nonmember physicians and staff

★ **Attendees will receive a coupon for $10 off the manual, *Employment Law: A Guide for Pennsylvania Physicians.***

Fee includes: Tuition, seminar workbook, discount coupon for attendees only on ***Employment Law: A Guide for Pennsylvania Physicians,*** continental breakfast, and coffee break.

OCTOBER 2, 30 NOVEMBER 6

Managed Care Contract Review: Let the Buyer Beware!

Featuring Sharon Orlowski, Director of Managed Care Strategies for the Pennsylvania Medical Society.

Ms. Orlowski serves as liaison to group practices across the state, providing assistance to physician organization leaders and educating employers about the positive impact physician leadership can have on health care costs.

October 2	**Pennsylvania Medical Society Headquarters, Harrisburg**
October 9	**Valley Forge Hilton—King of Prussia (Philadelphia area)**
October 30	**Allegheny County Medical Society Pittsburgh**
November 6	**East Mountain Inn—Wilkes-Barre**

In the proliferation of managed care seminars and information overload, this is a program you DO NOT WANT TO MISS! Register early since we expect high demand, and seating will be limited.

This program will give you the understanding and the tools necessary to delve into the terms of that proposed contract, strategically position your practice and understand the differences between specialists and primary care in compensation, explain referrals in contract vernacular, and explain HMO standards for recordkeeping.

- Sample managed care contracts will be dissected
- Vague language will be "uncovered"
- Physician interest will be discussed in light of suggested contract terms

★ **Every participant will receive the publication *Managed Care Contract Resource Guide...What You Should Know Before You Sign,* FREE!**

Fee: **$160 Member physicians and staff**
$240 Nonmember physicians and staff

Fee includes: Tuition, seminar workbook, plus ***Managed Care Contract Resource Guide...What You Should Know Before You Sign,*** continental breakfast, and coffee break.

SEE REGISTRATION FORM BACK PAGE OR CALL 1-800-228-7823 EXT. 1488 FOR MORE INFORMATION.

OCT

OCTOBER 15, 16, 17

How to Run a More Profitable Practice

Maximize revenues, reduce overhead, and improve bottom-line results!

Presented by Conomikes with the Pennsylvania Medical Society

October 15	**Pittsburgh Greentree Marriott Pittsburgh**
October 16	**PA Medical Society Headquarters Harrisburg**
October 17	**Valley Forge Hilton King of Prussia**

According to Conomikes Associates, three out of four practices will continue their profit decline this year and well into 1997. The problem is reduced fees coupled with rising overhead, fueled by the fast-moving changes in the health care field. In this important workshop you will learn where the specific trouble spots are and how to bring them under control. The workshop is designed to help you set up a strategy that will improve office profitability.

This full-day program will cover 12 ways to maximize revenues, 13 ways to reduce overhead, and give you financial perspectives on your practice's future.

Fee: **$225 Member physicians and staff**
$250 Nonmember physicians and staff

Registration: 8:30 am
Seminar: 9:00 am–4:00 pm

Fee Includes: Tuition, workbook, a 1997 planning calendar, luncheon, coffee and soda breaks.

Seminar fee includes a 1997 23" x 40" Planning Calendar.

OCT

OCTOBER 22, 23, 24

Getting Started in Medical Practice

Presented by Conomikes with the Pennsylvania Medical Society

October 22	**Allegheny County Medical Society Pittsburgh**
October 23	**PA Medical Society Headquarters Harrisburg**
October 24	**Philadelphia County Medical Society Philadelphia**

This one-day workshop is designed for physicians evaluating various practice opportunities including partnerships, HMOs, employment contracts with buy-ins, solo practices, and expense-sharing associations. Physicians coming out of training programs, leaving the military, and private practice physicians looking to make a change in their career direction will benefit from the practical information and examples.

The program topics include: Practice Alternatives; Negotiations (including employment contracts and group practice agreements); Dealing with Managed Care (understanding HMOs, PPO, and IPAs); Practice Setting and Practice Marketing; as well as Financing your Practice, Patient Management, and Personnel Recruitment and Performance issues.

Fee: **$165 Resident, member physicians and staff**
$215 Nonmember physicians and staff
$195 Practicing physician member and staff
$275 Nonmember and staff

Registration: 8:00 am
Seminar: 8:30 am–4:30 pm

Fee includes: Tuition, workbook, one-year subscription to Conomikes Reports on Medical Practice Management, luncheon, and breaks.

Seminar fee includes a one-year subscription to Conomikes Reports on Medical Practice Management!

SEE REGISTRATION FORM BACK PAGE OR CALL 1-800-228-7823 EXT. 1488 FOR MORE INFORMATION.

6 Hours CME Credits!

Seminar 8am-5pm

OCTOBER 24

Managing a Physician's Office Laboratory

A full-day program sponsored by the Pennsylvania Medical Society, the Pennsylvania Bureau of Laboratories, the Association of State and Territorial Public Health Laboratory Directors, and the Centers for Disease Control and Prevention. The program for physicians and office laboratory staff personnel will have breakout programs targeted to address needs of each group. Admittance to a trade show (with multiple exhibits) will also be available at no additional cost.

October 24 **Pennsylvania Medical Society Headquarters, Harrisburg**

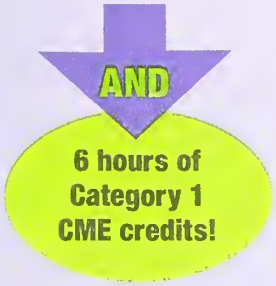
Each attendee should learn how to explain and comply with the requirements of state and federal regulation of physician office laboratories, define the role of the physician as laboratory director, identify the components of a good quality assurance program, and explain a logical process to use in selecting laboratory equipment. Additionally, this program will include a session that will outline the various aspects of reimbursement for laboratory services and managed care's impact on labs. Each topic will be given in separate participatory breakout sessions geared specifically for the physician attendee or for the office lab staff attendee.

Featured speakers for the program include: Walter Hofman, MD, Bruce Thomas, MD, Gene Shanoltz of the Centers for Disease Control and Prevention, Joseph Gasiewski and Kareem Hartig of the Pennsylvania Bureau of Laboratories, and Dennis Olmstead, Director of Medical Economics, Pennsylvania Medical Society. Other invitees are expected to speak at this program as well.

★ **CME Credit:** The Pennsylvania Medical Society designates this continuing medical education activity for 6 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

Fee: **$99 Member physicians and laboratory staff**
$125 Nonmember physicians and laboratory staff

Fee includes: Handout materials, entrance to trade show, continental breakfast, luncheon, and refreshment breaks.



Half-Day Seminar! 8am-12:30pm

CME Credits!

Certificate of Training Verification

Blood-Borne Pathogens: Complying with OSHA Annual Re-Training Regulations

Featuring Nora Hendrickson, CMA-C, an expert in administrative and clinical aspects of the medical office. As a Medical Business Management Administrator, Ms. Hendrickson has administrative experience in OB/GYN, pediatrics, family practice, and radiology.

November 5	**Valley Forge Hilton Philadelphia (King of Prussia)**
November 6	**Pennsylvania Medical Society Headquarters, Harrisburg**
November 7	**Allegheny County Medical Society Pittsburgh**

It is the employer's responsibility to provide annual retraining concerning blood-borne pathogen exposure control for health care workers. This training must be offered during regular work hours. This four-hour seminar will review the regulations and fulfill the requirements concerning annual retraining for the medical office.

★ **CME Credit:** The Pennsylvania Medical Society designates this continuing education activity for 3.75 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

Information presented in this program will serve as a basis for a medical practice's in-office, site-specific Exposure Control Plan for Blood-Borne Pathogens. If you attend this workshop, you should be able to explain the purpose of an Exposure Control Plan, and identify the documents and forms necessary to administer the program. You will fulfill requirements for medical examinations, reporting, documentation, and recordkeeping—-and fulfill regulations concerning instructions, training, inspections, monitoring, correction and documentation. Upon seminar completion you should be able to explain what an "Exposure Incident" is and what must be done in the event of one.

In addition to an information-packed workbook, **all attendees will receive an "OSHA Kit" at no additional cost** (normally this product is sold to members only). The kit is a completely revised informational packet that includes many of the valuable tips presented in this program, as well as the complete regulations.

Fee: **$195 Member physicians and staff**
$245 NonMember physicians and staff

Fee includes: Tuition, seminar workbook, OSHA Kit, continental breakfast, and coffee break.

PLUS Certificate of Training Verification and 3.75 hours CME credit..

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

All faculty participating in continuing medical education programs sponsored by the Pennsylvania Medical Society are expected to disclose to their program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

SEE REGISTRATION FORM BACK PAGE OR CALL 1-800-228-7823 EXT. 1488 FOR MORE INFORMATION.

Registration Form

Registration and Fees

Reserve a seat for yourself and your office staff by completing this registration form and mailing it with your payment to:

The Pennsylvania Medical Society
P.O. Box 8820
Harrisburg, PA 17105-8820
Attn: Linda Boyer

Or to register with a credit card, call Linda Boyer at 1-800-228-7823, Ext. 1488 or fax to 717-558-7841.

The registration fee is payable by check, Visa, or MasterCard.

Please Fill in Desired Workshops and Dates

WORKSHOP TITLE

DATE

WORKSHOP TITLE

DATE

Please Type or Print

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Credit Card Payment ☐ Visa ☐ MasterCard

CARD NUMBER EXPIRATION DATE

NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE

Hotel Accommodations

Hotel accommodations are available at the hotels listed under each workshop title. For hotel information, please contact Linda Boyer at 1-800-228-7823 Ext. 1488.

Cancellation Policy

Cancellations received on or before 10 working days prior to the seminar will receive a full 100 percent refund. Cancellations received less than 10 working days before the seminar will receive a full refund less $50. No refunds will be granted if prior notification is not given.

For answers to questions about registration, call Linda Boyer at 1-800-228-7823 or 717-558-7750 Ext. 1488.

Includes June '96 Changes!

3.25 Hours CME Credits!

Half-Day Seminar! 8am-Noo

Workers' Compensation Reimbursement "A Step-by-Step Approach to Workers' Compensation in Pennsylvania"

Presented by Tom Cook, former Director of Pennsylvania's Bureau Workers' Compensation, who is now in private practice specializing in workers' compensation litigation, and Don McCoy, Director of Regulatory Affairs for the Pennsylvania Medical Society, lead representative for physicians' interests in the regulatory approval process.

November 12	**Pennsylvania Medical Society Headquarters Harrisburg**
November 14	**Allegheny County Medical Society Pittsburgh**
November 20	**Nittany Lion Inn State College**
November 21	**East Mountain Inn Wilkes-Barre**
November 22	**Philadelphia Marriott West West Conshohocken**

The program is truly cutting edge, **incorporating up-to-the-minute changes in workers' compensation regulations, including the changes passed this June.** Physicians who treat workers' compensation patients are already aware that Act 44 affects every aspect of the medical practice, from the review process for challenged workers' compensation cases, to what may be billed for any special services. This half-day seminar will help participants: identify situations where a workers' compensation claim is appropriate, work the process for resolving claims, and thoroughly outline the utilization review and medical reporting requirements **IN LIGHT OF RECENT CHANGES, a Part Two of this program is currently planned for Spring '97; Part Two will be written using sample cases submitted by attendees of this program.**

★ **CME Credit:** The Pennsylvania Medical Society designates this continuing medical education activity for 3.25 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirements.

Fee: **$180 Member physicians and staff**
$230 Nonmember physicians and staff

Fee includes: Publication discount, seminar workbook, continental breakfast, and morning break refreshments.

All attendees will receive a coupon for $10 off the newly released *A Step-by-Step Guide to Workers' Compensation Reimbursement* by Tom Cook. This book will be the first in a series on workers' compensation topics, with the second text expected in Spring '97. Part Two will concentrate on actual cases (a case study guide) to assist medical practices in dealing with the intricacies of day-to-day paperwork and regulations.

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CONTENTS

AUGUST 1996
VOLUME 99 • NUMBER 8

Call to Meeting

18 Official Call—1996 House of Delegates

Medical Society Officers

28 Pennsylvania Medical Society Officers
34 County Society Officers
40 Specialty Society Officers

Health Care Information

30 State Government Offices
31 Pennsylvania Health Agencies
32 Pennsylvania HMOs

Membership Directory 1996-1997

47 Membership by County
48 Member Specialty Codes and Statistics
175 Membership Alphabetically

Departments

33 Advertisers' Index
44 Classified Advertising

Cover design by Renée R. Kessler

Executive Report—
inserted for members' and subscribers' copies only, between pages 24-25

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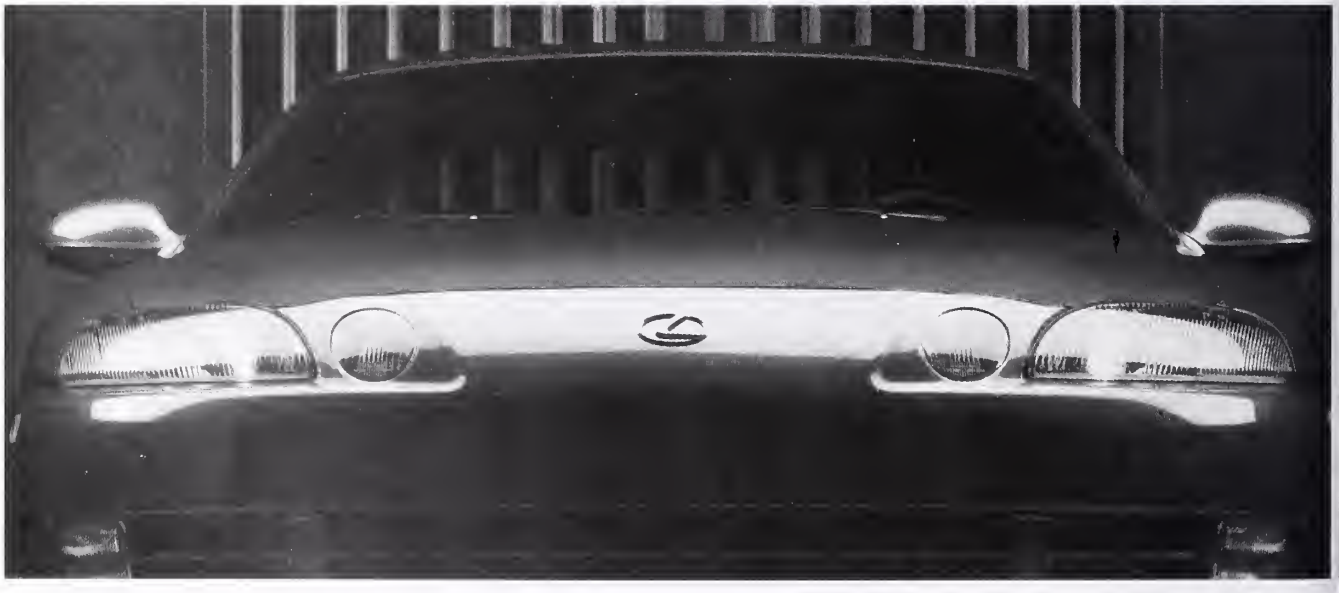

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- **Philadelphia Center for Human Development**
  10360 Drummond Road
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Advanced Cardiac Life Support Renewal Course
Wednesday
September 4, 1996

3rd Annual Primary Care Update
Friday
September 13, 1996
Penn State Scanticon

Advanced Trauma Life Support (ATLS)
Friday & Saturday
September 20 & 21, 1996
OR
November 8 & 9, 1996

Primary Care Cardiology Update: 1996
Wednesday
September 25, 1996

Emergency Medicine Update
Wednesday
October 2, 1996

Update in OB/GYN
Wednesday
October 16, 1996
East Mountain Inn, Wilkes-Barre

Common Neurological Neurosurgical Problems in Pediatrics
Wednesday
October 23, 1996

10th Annual Horizons in Cardiac Rehab
Thursday
October 24, 1996
Danville Days Inn

Central Regions' Community Practice Sites 2nd Annual Primary Care Update
Wednesday
October 30, 1996

Risk Management in the Era of Managed Care
Wednesday
November 6, 1996

Breast Disease
Thursday
November 20, 1996

Update in Pediatrics
Wednesday
November 13, 1996

Pain Assessment and Management...The Right Questions and the Right Solutions
Friday
November 22, 1996

Advanced Trauma Life Support (ATLS)
Friday & Saturday
January 10 & 11, 1997
OR
March 14 & 15, 1997

22nd Annual Concepts in Clinical Practice
Friday – Sunday
February 7-9, 1997
Danville Days Inn

15th Annual Winter CME Festival
Tuesday – Saturday
February 11-15, 1997
Hershey Convention Center, Hershey

Advanced Cardiac Life Support Provider Course
Friday & Saturday
February 21 & 22, 1997
OR
March 21 & 22, 1997

Surviving Cancer: A Community Education Program
Wednesday
February 26, 1997

General Internal Medicine Update
Wednesday
March 5, 1997

Annual Dermatology Seminar
Wednesday
April 2, 1997

Update in Gastroenterology
Wednesday
April 9, 1997

Topics in Medical Ethics
Thursday
April 10, 1997

The Management of Common ENT Problems for the Primary Care Physician
Wednesday
April 16, 1997

2nd Annual CME with the Lions
Friday & Saturday
April 18 & 19, 1997
Penn State Scanticon, State College

Pediatric Advanced Life Support Provider Course
Thursday & Friday
April 24 & 25, 1997
OR
May 22 & 23, 1997

11th Annual Sight Loss Support Group Meeting
Wednesday
May 7, 1997

Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, Geisinger designates these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, at 1-800-272-6692. There is a 24-hour answering service available. You may also write to her at 100 North Academy Avenue, Danville, PA 17822-1350.

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1991 One of the first in the country to test and use the pacemaker cardioverter defibrillator, or PCD, for tiered defibrillation.

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1993 One of the first in the region to use the Rotablator® rotational atherectomy device to clear blocked coronary arteries.

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1994 One of the first in Philadelphia to offer the TEC® extraction atherectomy device for safe removal of blood clots and friable materials from old bypass grafts.

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Medical Center

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SEPTEMBER 1996

September 4th
Hypertension Management in Renal Insufficiency
Michael A. Moore, M.D.
Clinical Assistant Professor of Medicine
Bowman Gray School of Medicine
Director, Danville Urologic Clinic
Danville, VA

September 11th
Diagnosis and Treatment of Cardiac Arrhythmias for the Practicing Physician
Michael Cain, M.D.
Lewin Professor of Medicine
Director, Cardiovascular Diseases
Washington University School of Medicine
St. Louis, MO

Steven P. Kutalek, M.D.
Associate Professor of Medicine
Director, Cardiac Electrophysiology
Allegheny University Hospitals, Center City
Philadelphia, PA

September 18th
The Molecular Basis of the Acute Coronary Syndrome - Mechanisms of Plaque Rupture in Acute Coronary Events
Peter Libby, M.D.
Associate Professor of Medicine
Harvard Medical School
Director, Vascular Medicine and Atherosclerosis Unit
Brigham and Women's Hospital
Boston, MA

September 25th
Advances in Therapy of HIV: Mechanisms of Action of Newest Antiretroviral Therapy
Paul Volberding, M.D.
Professor of Medicine
University of California at San Francisco
Chief, AIDS Activity Service
San Francisco General Hospital
San Francisco, CA

OCTOBER 1996

October 2nd
Mechanisms and Advances in Treatment of Congestive Heart Failure
Eugene Braunwald, M.D.
Hershey Professor of the Theory and Practice of Medicine
Harvard Medical School
Chairman, Department of Medicine
Brigham and Women's Hospital
Boston, MA

October 9th
Advances in Pulmonary Medicine
David M. Center, M.D.
Division of Pulmonary Medicine
Boston University Medical Center
Boston, MA

October 16th
Advances in Cardiovascular, Renal and Cerebrovascular Medicine with Adenosine
Ami Iskandrian, M.D.
Professor of Medicine
Director, Nuclear Cardiology
Division of Cardiovascular Diseases
Allegheny University Hospitals, Center City
Philadelphia, PA

Luiz Belardinelli, M.D.
Professor of Medicine and Pharmacology
Department of Medicine
University of Florida School of Medicine
Gainesville, FL

Christopher Grange, M.D.
Associate Professor of Medicine
Duke University School of Medicine
Durham, NC

Robert Mentzer, Jr., M.D.
Professor and Chairman
Cardiothoracic Surgery
Director, Cardiopulmonary Transplantation
University of Wisconsin Hospital and Clinic
Madison, WI

October 23rd
Disorders of the TSH Receptor
Martin I. Surks, M.D.
Professor of Medicine and Pathology
Albert Einstein School of Medicine
Head, Division of Endocrinology and Metabolism
Montefiore Medical Center
Bronx, NY

October 30th
Advances in Allergy/ Immunology for the Practicing Physician
David M. Lang, M.D.
Assistant Professor of Medicine
Chief, Division of Allergy/ Immunology
Allegheny University Hospitals, Center City
Philadelphia, PA

NOVEMBER 1996

November 6th
The Changing Face of Community-Acquired Pneumonias: The Impact of Pneumococcal Resistance
Daniel N. Musher, M.D.
Professor of Medicine, Microbiology and Immunology
Baylor College of Medicine
Chief, Infectious Diseases
VA Medical Center
Houston, TX

November 13th
Advances in the Treatment of Asthma
David M. Lang, M.D.
Assistant Professor of Medicine
Chief, Division of Allergy/ Immunology
Allegheny University Hospitals, Center City
Philadelphia, PA

November 20th
Progression of Renal Disease in African-Americans with Hypertension
George L. Bakris, M.D.
Associate Professor of Preventive and Internal Medicine
Department of Preventive Medicine
Director, Rush Hypertension Program
Rush-Presbyterian - St. Luke's Medical Center
Chicago, IL

November 27th
No Grand Rounds

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

SEPTEMBER 11, 1996
Diagnosis and Treatment of Cardiac Arrhythmias in Office Practice
Course Director:
Steven P. Kutalek, M.D.
Visiting Professor:
Michael Cain, M.D.
Washington University School of Medicine

OCTOBER 9, 1996
Advances in Pulmonary Medicine Treatment of COPD
Course Director:
Edward S. Schulman, M.D.
Visiting Professor:
David M. Center, M.D.
Boston University Medical Center

OCTOBER 16, 1996
Advances in Cardiovascular, Renal and Cerebrovascular Medicine with Adenosine
Course Director:
Ami Iskandrian, M.D.
Visiting Professors:
Luiz Belardinelli, M.D., University of Florida School of Medicine
Christopher Grange, M.D., Duke University School of Medicine
Robert Mentzer, Jr., M.D., University of Wisconsin Hospital and Clinic

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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Michael S. Feldman, M.D.

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The 1996 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 18, at 10:00 a.m. The second session of the House is scheduled for Saturday, October 19, at 1:00 p.m., and the concluding session is Sunday, October 20, at 9:30 a.m.

ELECTIONS

In accordance with Chapter XII, Section 1 of the Bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order. Nominations for AMA delegates will be in order at the first session on Friday morning, October 18, 1996. Nominations for all other offices will be in order at the second session, Saturday afternoon, October 19, 1996, and elections will occur on Sunday morning, October 20, 1996.

General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XIV, Section 5 of the Bylaws, elections will be in order for a trustee for the Second District to succeed John W. Lawrence, MD, Delaware County, who is not eligible for reelection; a trustee for the Fourth District to succeed Frederick G. Brown, MD, Montour County, who is not eligible for reelection; a trustee for the Fifth District to succeed Herbert C. Perlman, MD, Cumberland County, who is not eligible for reelection; a trustee for the Eleventh District to succeed Ferdinand L. Soisson Jr., MD, Cambria County, who is not eligible for reelection; a trustee for the Young Physicians Section to succeed Robert M. McNamara, MD, who is eligible for reelection; and a trustee for the Medical Student Section to succeed Kenneth S. Kurtz, who is eligible for reelection.

In accordance with Chapter X, Section 1 of the Bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing Rule Number 10 (adopted October 22, 1982; editorially revised October 27, 1995), elections for delegates will be held on Saturday morning, October 19, 1996, and elections for alternate delegates will be held on Sunday morning, October 20, 1996.

Delegates whose terms expire December 31, 1996, are:

1. R. William Alexander, MD (Berks County)
2. Richard D. Baltz, MD (Dauphin County)
3. Doris G. Bartuska, MD (Philadelphia County)
4. Joseph B. Blood Jr., MD (Bradford County)
5. Betty L. Cottle, MD (Blair County)
6. James B. Donaldson, MD (Philadelphia County)
7. Victor F. Greco, MD (Luzerne County)
8. Lee H. McCormick, MD (Allegheny County)
9. John S. Parker, MD (Westmoreland County)
10. Howard A. Richter, MD (Delaware County)
11. Carl A. Sirio, MD (Allegheny County)
12. Donald H. Smith, MD (Northampton County)

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nominations for 10 delegates for two years commencing January 1, 1997, and expiring December 31, 1998, and one delegate for one-and-one-half years commencing October 20, 1996, and expiring December 31, 1997, to fill the unexpired term of William H. Mahood, MD (Montgomery County), who is now an ex-officio member of the AMA House of Delegates due to his election to the AMA Board of Trustees:

1. R. William Alexander, MD (Berks County)
2. Richard D. Baltz, MD (Dauphin County)
3. Doris G. Bartuska, MD (Philadelphia County)
4. Joseph B. Blood Jr., MD (Bradford County)
5. Betty L. Cottle, MD (Blair County)
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11. Carl A. Sirio, MD (Allegheny County)
12. Donald H. Smith, MD (Northampton County)

Alternate delegates whose terms expire December 31, 1996, are:

1. George F. Buerger Jr., MD (Allegheny County)
2. Charles Cutler, MD (Montgomery County)
3. Robert G. Doe, MD (Lancaster County)
4. Carl A. Frankel, MD (Dauphin County)
5. Thomas F. Freenock Jr., MD (Clarion County)
6. Mark S. Friedlander, MD (Delaware County)
7. Andrew W. Gurman, MD (Blair County)
8. Virginia E. Hall, MD (Dauphin County)
9. Amy K. Imro (Philadelphia County—slotted medical student position)
10. Lila S. Kroser, MD (Philadelphia County)
11. John A. Malcolm Jr., MD (Union County)
12. Ferdinand L. Soisson Jr., MD (Cambria County)
13. Jennifer E. Trottman, MD (Montgomery County—slotted resident physician position)

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nominations for nine alternate delegates for two years commencing January 1, 1997, and expiring December 31, 1998:

1. Sucha O. Asbell, MD (Philadelphia County)
2. James F. Bonner, MD (Philadelphia County)
3. George F. Buerger Jr., MD (Allegheny County)
4. Charles Cutler, MD (Montgomery County)
5. Robert G. Doe, MD (Lancaster County)
6. Carl A. Frankel, MD (Dauphin County)
7. Thomas F. Freenock Jr., MD (Clarion County)
8. Mark S. Friedlander, MD (Delaware County)
9. Walter L. Gerber, MD (Philadelphia County)
10. Andrew W. Gurman, MD (Blair County)
11. Virginia E. Hall, MD (Dauphin County)
12. Robert J. Hartsock, MD (Allegheny County)

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13. Lila S. Kroser, MD (Philadelphia County)
14. John D. Lane, MD (Bucks County)
15. John A. Malcolm Jr., MD (Union County)
16. Marlon T. Maus, MD (Philadelphia County)
17. Michael Tatarko, MD (Cambria County)

(Note: Dr. Soisson did not wish to run for reelection.)

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association has not yet received a nomination for the slotted position for alternate delegate for a resident physician for a one-year term commencing January 1, 1997, and expiring December 31, 1997. *Jennifer E. Trottman, MD (Montgomery County), is ineligible for reelection. A nominee will be selected prior to the annual meeting.*

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nomination for one slotted position for alternate delegate for a medical student for a one-year term commencing January 1, 1997, and expiring December 31, 1997:
1. Amy K. Imro (Philadelphia County)

Also to be elected will be two members to serve on the Committee to Nominate Delegates and Alternate Delegates to the American Medical Association. The term of Wallace G. McCune, MD (Philadelphia County), expires; he is not eligible for reelection. A vacancy exists for the one-year unexpired term of Gilbert A. Friday Jr., MD (Allegheny County), who resigned from the committee.

In accordance with Chapter XVII, Section 2 of the Bylaws, the Board of Trustees nominates the following members for two vacancies on the Judicial Council:

For the office now held by Henry H. Fetterman, MD (Lehigh County), who is eligible for reelection, the Board nominates Henry H. Fetterman, MD. For the office now held by Jonathan E. Rhoads Sr., MD (Philadelphia County), who is not eligible for reelection, the Board nominates Brooke Roberts, MD (Philadelphia County).

Set forth below is the text of the proposed bylaws revisions. Deletions from existing bylaws are indicated by brackets; additions are italicized.

SUBJECT ONE

VOTING RIGHTS OF EX OFFICIO MEMBERS

The 1995 House of Delegates directed the Committee on Bylaws to revise Chapter VIII - House of Delegates, Section 3 - Composition and Apportionment, subsection b, regarding the voting rights of ex officio members. The proposed revised language is set forth below.

Chapter VIII - House of Delegates
Section 3 - Composition and Apportionment - The House of Delegates shall be composed of voting delegates and ex officio persons without the right to vote.

a. Voting delegates shall be:

1. Delegates elected by the component societies in the proportion of one delegate for every one hundred or fraction thereof its active or associate members whose assessments are paid or excused as of December 31 of the preceding year. In January of each year the executive vice president shall certify to each component society the number of delegates to which it is entitled during the current year.

2. The secretary from each component society in office at the time of any meeting of the House of Delegates.

3. A delegate to the Interspecialty Section from each specialty/subspecialty, recognized by the Pennsylvania Medical Society, organized in Pennsylvania; such delegate must be an active or associate member in good standing of this Society.

4. Eight delegates from the medical student section, ten delegates from the resident physician section, four delegates from the young physicians section, and one delegate each from the medical school section and the organized medical staff section.

5. Past presidents and past trustees may serve as voting delegates only if appropriately elected.

b. Ex officio without the right to vote in the House of Delegates shall be:

1. The president of each component society, if not an elected voting delegate from the component society.

2. The speaker, vice speaker, and immediate past speaker, except that when either the speaker or vice speaker is presiding, the presiding person may vote only to break a tie vote on a business matter in the House of Delegates.

3. The president, the immediate past president, the president elect, the vice president, the secretary, the trustees, and the members of the Judicial Council, and other past presidents and past trustees of this Society *unless otherwise elected as provided in Section 3 (a) above....*

SUBJECT TWO

TIME FRAME OF PRESIDENTIAL APPOINTMENTS

The 1995 House of Delegates adopted as amended Recommendation 9 of the President Elect, calling for a change in the time frame by which presidential appointees are selected from at least 90 days prior to the House of Delegates meeting to at least 60 days. The proposed revised language is set forth below.

Chapter XV - Committees, Administrative Councils and Commissions
Section 1 - Appointment of Members, Vacancies, and Qualification - ...
a. Appointments of Chairs, Vice Chairs, and Members of Committees, Administrative Councils, and Commissions - All such appointments shall be made by the president elect at least [90] *60* days prior to the next annual meeting of the House of Delegates, or by the vice president if the president elect shall be incapacitated or unable to perform the duties of the office or if a vacancy occurs in the office of president elect before all appointments are made. In making appointments to commissions, the president elect may consult with the members of the related administrative council. Appointments of the chairs, vice chairs, and members of administrative councils shall be subject to confirmation by the Board of Trustees.

SUBJECT THREE

ELIMINATION OF PUBLICATIONS COMMITTEE, COMMITTEE ON AID TO EDUCATION, AND COMMITTEE ON MEDICAL BENEVOLENCE

The 1995 House of Delegates adopted the recommendations contained in Board Report 15 authorizing the →

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Committee on Bylaws to draft language amending the Society's Bylaws to accomplish the following structural changes in 1997:

• elimination of the Publications Committee as a Standing Committee of the Board of Trustees;

• elimination of the Committee on Aid to Education as a Standing Committee of the House of Delegates; and

• elimination of the Committee on Medical Benevolence as a Standing Committee of the House of Delegates.

The proposed revised language is set forth below.

Chapter IV - Funds
Section 3 - Medical Benevolence Fund - Each year the Board of Trustees, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the full annual assessment for all active members to be allocated to The Educational and Scientific Trust of the Pennsylvania Medical Society. The trustees of the said Trust shall set the sum aside in a special fund to be known as the Medical Benevolence Fund. The [Committee on Medical Benevolence] *Executive Committee of the Board of Trustees* shall approve criteria for payment of funds to members and the immediate family of deceased members in financial distress, or other charitable uses. No payments may be made without being in compliance with the criteria approved by a majority of the *Executive* Committee[on Medical Benevolence].

The Board of Trustees may establish further terms and conditions of the Medical Benevolence Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

Section 4 - Educational Fund - Each year the Board of Trustees, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the full annual assessment for all active members to be allocated to The Educational and Scientific Trust of the Pennsylvania Medical Society. The trustees of the said Trust shall set the sum aside in a special fund to be known as the Educational Fund.

The [Committee on Aid to Education] *Executive Committee of the Board of Trustees* shall approve block grant allocation of funds to the medical schools for distribution to students based on criteria established by The Educational and Scientific Trust. No such grants may be made without the approval of a majority of the *Executive* Committee[on Aid to Education].

The Board of Trustees may establish further terms and conditions of the Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

Monies and special funds shall be disbursed by the treasurer in accordance with specific or general resolutions of the Board of Trustees, or as provided in the bylaws.

Chapter XIII - The Executive Vice President
Section 2 - Duties - In addition to being responsible for the administration of the headquarters of this Society and other duties described elsewhere in these bylaws, within the budgetary limitations imposed by the Board of Trustees, the executive vice president shall:...

g. be responsible for the publication of the journal under the supervision of the [Publication] *Executive* Committee;....

Chapter XIV - The Board of Trustees
Section 12 - Committees of the Board - The Board shall have the following standing committees consisting of three or more members:

a. Finance Committee.

b.[Publication Committee, to supervise the publication of the journal.

c.]Executive Committee. The Executive Committee shall have only that authority given it by the Board *and these bylaws*.

The Board of Trustees may from time to time authorize special committees to aid it in its work, which report directly to it. The Board shall determine the duties and number of members, who need not be members of the Board of Trustees.

Chapter XV - Committees, Administrative Councils and Commissions
Section 2 - Standing Committees - This Society shall have the following standing committees:
Committee on Bylaws
[Committee on Medical Benevolence
Committee on Aid to Education]
Committee to Nominate Delegates and Alternates to the American Medical Association

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the executive vice president at least 60 days prior to the convening of the annual meeting of the House of Delegates....

b.[Committee on Medical Benevolence - The committee on Medical Benevolence shall consist of three members selected annually by the Board of Trustees, at least one of whom shall be a member thereof. The committee shall select its own chair and shall perform the duties prescribed in these bylaws.

c. Committee on Aid to Education - The Committee on Aid to Education shall consist of three members selected annually by the Board of Trustees, at least one of whom shall be a member thereof. This committee shall select its own chair, shall perform the functions prescribed in these bylaws, shall encourage all members to contribute to loan and scholarship funds of The Educational and Scientific Trust of the Pennsylvania Medical Society and of the component societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said association.

d.] Committee to Nominate Delegates and Alternates to the American Medical Association - ....

SUBJECT FOUR

MAXIMUM NUMBER OF EXPIRING TRUSTEES' TERMS

The Bylaws presently mandate that district trustees' terms be arranged so that no more than four expire at one time; however, the addition of the District Thirteen trustee necessitates the revised language set forth below.

Chapter XIV - The Board of Trustees
Section 6 - Terms - Each trustee, except the resident physician, medical student, and young physicians trustees, shall be elected for a term of three years...

District trustees' terms shall be arranged so that no more than [four] *five* shall expire at an annual meeting of the House of Delegates.

→

4 Important Factors To Consider When Choosing A *Medical Malpractice Policy*

1 THE FINANCIAL STABILITY OF THE INSURANCE COMPANY

The financial condition of an insurance company is one of the most important considerations when choosing a malpractice insurance policy. An allegation of medical negligence may be made well after the specific treatment date. Suit limitation statutes typically begin from date of discovery of an alleged negligent act regardless of when care was rendered. Your **reliance** on your carrier to be in business in the **future** is substantial. Also, the financial integrity of your malpractice insurer is a reflection of sound underwriting practices and a willingness to litigate meritless or defensible claims. Most insurance consultants agree that an **A.M. Best** (a very respected insurance industry analyst) rating of **"B" or lower** for a particular insurance company should be seriously considered before placing the **trust** of your malpractice coverage with that particular insurance company.

Pittsburgh Property and Casualty represents Princeton Insurance Company, Medical Inter-Insurance Exchange and the Medical Protective Insurance Company. Princeton maintains an A.M. Best rating of A-(Excellent); Medical Inter-Insurance Exchange and the Medical Protective Insurance Company an A (Excellent).

2 THE COVERAGE

The insurance company should pay claims on behalf of the insured in which the insured becomes legally obligated to pay because of injury caused by incidents arising from the supplying of or failure to supply professional services. An **"Occurrence"** policy will respond to an incident occurring during the policy period. The purchase of costly **"Tail"** coverage is **not required** to provide coverage for claims reported after the termination of coverage resulting from care rendered during policy effective dates.

Princeton, Medical Inter-Insurance Exchange and Medical Protective offer individual medical malpractice insurance on an Occurrence policy form.

3 THE "CONSENT TO SETTLE" CLAUSE

The malpractice insurance policy **"rights"** of an insured regarding the settlement process of a malpractice claim is important now, more than ever, as the result of the establishment of the **National Practitioner Data Bank.** Your policy should include a very liberal **"Consent to Settle"** endorsement. Simply, your malpractice carrier should not settle any claim without your consent. There should be no requirement for a company **"arbitration panel"** review to resolve company/insured settlement agreement disputes. There should not be a **"hammer clause"** requiring you to pay damages in excess of the last plaintiff settlement offer if, in fact, a jury award exceeds such offer. Of course, a company's liability for damages due are subject to the policy "limits of liability."

Princeton, Medical Inter-Insurance Exchange and Medical Protective will not settle any claim or "suit" without your consent. No other terms or conditions apply.

4 THE COST

Several insurance companies sell medical malpractice insurance in Pennsylvania providing the same **"limits of liability"** as required by the **"Health Care Services Malpractice Act."** However, the cost for coverage varies widely. Premiums are based on practice specialty and county of practice. Companies may also discount premiums based on "group" practices, part-time practice exposures, first year and second year practice exposures and/or company insured hospital "staff" privileges.

Pittsburgh Property and Casualty is able to provide premium quotations, based on specific practice information, for Princeton, Medical Inter-Insurance Exchange and Medical Protective, upon request.

Pittsburgh Property and Casualty is an independent insurance agency specializing in malpractice insurance. Established in 1984, **Pittsburgh Property and Casualty** provides professional liability insurance to over 2,000 healthcare professionals practicing in Pennsylvania. Of course, underwriting approval of an individual application is required prior to binding an insurance contract.

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SUBJECT FIVE

REQUIREMENTS FOR AFFILIATE AND ASSOCIATE MEMBERSHIP

The Bylaws mandate that affiliate members may not vote, hold office, or serve as a member of any council, commission, or committee. The Bylaws also stipulate that associate members must be 70 years of age or over and have been active members *for a total of 30 years.* Membership in the affiliate category does not count towards accumulation of years for eligibility for associate categories. Most early retirees will not have reached 30 years of membership, especially osteopathic members who were not offered membership in the Society until 1968. In view of the changing climate in medical care, i.e., late starts in medicine, earlier retirement, membership needs, and retaining talent, the Committee on Bylaws felt it was appropriate to give consideration to the revision of these two categories of membership. The proposed Bylaws amendments are set forth below.

Chapter I - Membership
Section 3 - Membership Categories
a. Active Member:

1. Persons who hold the degree of Doctor of Medicine or Osteopathy or the equivalent from a recognized accredited medical school, and who hold or are eligible to hold an unrestricted license to practice medicine and surgery in Pennsylvania, are eligible for active membership in this Society. Upon admission to membership, such members shall have the right to vote and hold office in this Society.

2. Residents serving in training programs approved by this Society are eligible for active membership in this Society. Upon admission to membership, such members shall have the right to vote and hold office in this Society.

3. Medical students enrolled in a medical school approved by this Society are eligible for active membership in this Society. Such students are not required to be members of a component county medical society. They shall make application directly to this Society. Such students are entitled to all rights and privileges of membership. Medical student active members shall pay such amount as is fixed each year by the House after receiving recommendation from the Board of Trustees.

[c.] *b.* Affiliate Member - Upon recommendation and certification by the component society, any member of a component society not engaged in active practice within the jurisdiction of the component society may be an affiliate member of this Society and remain as such providing the individual is one of the following: (1) a physician who is a member of a national medical society of a foreign country; (2) an American physician who is engaged in missionary or philanthropic labors who may or may not have an unlimited license to practice medicine and surgery in the Commonwealth of Pennsylvania; (3) a full-time teacher of medicine or of the arts and sciences allied to medicine who does not have a license to practice medicine and surgery in the Commonwealth of Pennsylvania; (4) a physician who is engaged in research or administrative medicine in Pennsylvania who does not have an unlimited license to practice medicine and surgery in the Commonwealth of Pennsylvania; (5) a physician who is retired from active practice; (6) a physician who has moved out of Pennsylvania and concurrently maintains active membership in the state medical society and the component society of the state society in the new state of residence; (7) a county society executive, who may or may not be a physician; or (8) practice administrators.

An affiliate member is not entitled to the benefits of the Medical Benevolence Fund or any similar fund of this Society. Membership in the affiliate category does not count towards accumulation of years for eligibility for [senior or] *the* associate categor[ies]*y* with the exception of the physician who is engaged in missionary or philanthropic labors. An out-of-state affiliate member is not eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society.

An affiliate member may not vote, hold office, or serve as a member of any council[, commission] or committee.

[b.] *c.* Associate Member - An associate member shall be a physician who is 70 years of age or over (in the year of application) and has been an active member of this Society or an active member of a constituent association of the American Medical Association [for a total of 30 years]. An associate member shall not be required to pay any annual assessment and shall not be required to maintain a license.

d. Honorary Member - Physicians who are not residents of Pennsylvania, but are members of their own state or territorial medical association, may be elected to this category by the House of Delegates by a three-fourths vote at any annual meeting. The individual is not required to have an unlimited license to practice medicine and surgery in the Commonwealth of Pennsylvania. The honorary member is not required to pay any annual assessment. No more than two honorary members may be elected in any one year to this category by the House of Delegates.

An honorary member is not entitled to any of the rights and privileges of membership.

Chapter XII - Officers
Section 2 - Qualifications - All officers of this Society must be active [or associate] members of this Society elected according to these bylaws except that the treasurer may be a corporation or an employee of the Society appointed by the Board of Trustees. In the event that the treasurer is an individual, the Board of Trustees may combine this office with that of the executive vice president....

Chapter XV - Committees, Administrative Councils and Commissions
Section 1 - Appointment Of Members, Vacancies, and Qualification - All appointments of *the* chair[men], *the* vice chair[men], and *the* members of committees, administrative councils, and commissions, the tenure and qualification of members and the filling of vacancies shall be as prescribed in these bylaws....

d. Qualification for Membership on Committees[,] *and* Administrative Councils [and Commissions] - [All] *Only active* members of this Society[, other than affiliate and honorary members,] shall be eligible to serve as members of committees[,] *and* administrative councils[, and commissions] except:

1. No member of the Judicial Council shall be eligible for

Pennsylvania Medicine®

Executive Report®

AUGUST 1996

Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

Medicine Is Changing; So Are We

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http://www.pamedsoc.org

Next month, look for changes to your monthly publication—PENNSYLVANIA MEDICINE. More concise stories; easier-to-read design; complete deadline updates on statewide issues and news affecting your practice and your profession.

CLEAR ANTI "GAG RULE" AND DRIVE THRU DELIVERY LAWS RESULT VIA SOCIETY EFFORTS

Against insurer protests, legislators vote to adopt prohibitions forcefully urged by the State Society and others with public health concerns.

Governor Tom Ridge on July 2 signed into law House Bill 1977, addressing the issue of "drive-thru deliveries" by requiring coverage for the mother and newborn for at least 48 hours post partum. The bill was sponsored by Representative Nick Micozzie (R-Delaware).

Prior to passage by the House and Senate, a "gag rule" prohibition amendment was added to the bill, along with a restriction on copayments for post-delivery home health care visits. The State Society aggressively supported passage of the bill in both the House and the Senate.

The gag rule as stated in the bill ensures that: "an insurer shall not refuse to contract with or compensate for covered services an otherwise eligible provider or non-participating provider solely because the provider has in good faith communicated with one or more of his current, former, or prospective patients regarding the provisions, terms, or requirements of the insurer's products as they relate to the needs of the provider patients."

The new laws take effect September 2, 1996.

NEW OFFICE OF PHYSICIAN GENERAL CREATED; "SECRETARY OF HEALTH" POSITION CHANGED

Clinical input into governmental decision making is retained; state health centers also to remain in operation.

Early in the Ridge administration, it became apparent to the State Society that both the governor and the legislature were pushing to remove the physician requirement from the office of secretary of health. The Society then proposed the concept of "physician general," to provide continued presence of a clinical viewpoint in public health decision making.

Act 87, sponsored by Representative Elinor Taylor (R-Chester), removes the requirement that the secretary of health be a physician and creates the office of physician general to assure clinical input into policy decisions.

According to the new law, the physician general's responsibilities include, but are not limited to:

- advising the governor and secretary of health on health policy; and
- participating in the decision-making process of the Department of Health on policies relating to all medical and public health-related issues, and in the decision-making process of other executive branch agencies as directed by the governor.

The new measure also contains language ensuring the continued operation of the state health centers, the availability of clinical laboratory services, and apportioning the commonwealth into dental health districts to be administered by a public health dentist within the Department of Health.

Watch for more information on candidates for the new office of physician general this fall in PENNSYLVANIA MEDICINE.

Coming in your September Issue of PENNSYLVANIA MEDICINE:

- What you need to know about the new **workers' compensation law.**
- Where is Pennsylvania on the **information highway?**
- Listening: the key to helping patients cope with **domestic violence.**

CAT FUND REFORMS AWAIT COMMITTEE WORK DURING LEGISLATIVE SUMMER RECESS

Measure introduced into both houses would address medical CAT Fund reforms brought to light by the emergency surcharge in 1995.

Senator Edwin Holl (R-Montgomery) and Representative Nicholas Micozzie (R-Delaware), the chairmen of the respective Senate and House committees with insurance industry jurisdiction, have each introduced legislation aimed at addressing CAT Fund reforms.

Although both committees have moved toward legislative remedies related to the operation of the CAT Fund, each committee has been stalled over issues of allowing hospitals to "opt out" of the CAT Fund and increasing the mandated primary carrier coverage. These measures remain in committee with the expectation that work will progress over summer recess.

LOOK TO THE FALL: TORT REFORM AWAITS

Don't forget about tort reform over the summer—visit your senator; thank your representatives.

Although the Senate has not yet taken up consideration of the House-passed medical liability reform bill, Senate Bill 790, State Society members, and staff are busy with a comprehensive lobbying effort aimed at bringing the issue to the Senate floor during the fall voting session.

Successful consideration of the Chadwick amendment, by a vote of 129-71, and subsequent passage of the bill by the House, brought it back to the Senate for a vote on concurrence in the House amendments. Senate Bill 790 has been referred to the Senate Rules Committee.

Grassroots efforts by Pennsylvania physicians are the best way—and really the essential way—to reach legislators. State Society staff are available to help you make contact and lobby effectively with our legislators. Call the Division of Legislative and Regulatory Affairs at:

(800) 228-7823

For tips on how to lobby your legislators, and detailed background on the points of the legislation, call the Society's tort reform fax-on-demand system at:

(800) 566-TORT (8678)

TASK FORCE AIMS TO SHARE HEALTH CARE DATA

Group's goal is to make more effective use of the health care data and resources already available in Pennsylvania.

A wide-ranging group of health care-related organizations recently initiated the Pennsylvania Healthcare Information and Resource Sharing Task Force. The Keystone Peer Review Organization spearheaded the effort, and the State Society, Pennsylvania Blue Shield, and Capitol Blue Cross, as well as key state government agencies and mid-state medical centers, are among the lead organizations.

The task force's mission is to:

- "identify and create opportunities for effective sharing and use of health care data and resources, with the ultimate goal of improving the health of Pennslyvanians."

Its vision is to:

- "be the recognized authority within the state that will evaluate the effective use of shared health care data against the information needs of the changing health care delivery system and its stateholders—patients, providers, consumers, and payers."

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Production

THANK YOU FOR YOUR SUPPORT!

So far this session, your support of State Society efforts has helped protect your patients' health through:

- **Workers' compensation reform**—revises several medical provisions, but does not reduce reimbursement rate for physicians' services.
- **Strong anti-"gag rule" law**—will help protect physician-patient relationships.
- **Prevention of "drive-thru deliveries"**—requires at least 48-hour insurance coverage for the mother and newborn.
- **Creation of physician general position**—to ensure that clinical input remains present in governmental decision making.

Also under the State Society's watchful eye this fall:

1996-97 State budget

The budget maintains appropriations for medical schools at current levels, resulting in no change from last year's figures. The governor had proposed reductions.

House Bill 1166—Optometrists' prescribing

The House approved this compromise measure, which would provide optometrists limited ability to prescribe therapeutic drugs. Optometrists are prohibited from performing surgery, independent use of lasers, prescription of steroids, treatment of glaucoma, and treatment for more than six weeks without referral to a physician. Their therapeutic drugs must be approved by the secretary of health, they must have additional training, and they must purchase liability insurance, although optometrists would not be included as part of the medical CAT Fund. The bill is now awaiting consideration in the Senate.

House Bill 544—PACE generic prescribing

The Senate adopted an amendment to this bill repealing the authority of physicians to require replacement of a generic prescription with brand name drugs for participants in the PACE program. The projected savings were to pay for a temporary moratorium on disqualification from eligibility for those already in the program. Facing another amendment that would have permanently raised the income limit, and with no funds to pay for the additional services, the House did not finish work on the bill.

New legislation to look for this fall

The State Society will also be monitoring the progress of the following new measures to be considered when the legislative session resumes in the fall:

House Bill 2797—health plan accountability standards for managed care (introduced at State Society request).

House Bill 2798—provides for joint payment for health care service contractors.

House Bill 2800—amends the Medical Practice Act to permit graduates of non-accredited medical schools to seek unrestricted licenses after two years of residency (introduced at State Society request).

House Bill 2804—defines "communicable disease" to include HIV.

House Bill 2840—head injury assistance act.

House Bill 2849—provides for wrongful denial of reimbursement for medically necessary treatment.

Senate Bill 1633—managed care plans not permitted to require primary care physician prior approval for annual gynecological examination.

Senate Bill 1640—universal newborn child hearing testing and follow-up act.

Senate Bill 1642—requires insurers providing coverage for breast cancer to include coverage for breast reconstruction.

State Society Speaks Out

State Society leaders testified throughout the year on a number of major legislative, public health, and regulatory issues. In just July and August, we've testified:

- On **medical liability reform** before the House Judiciary Committee.
- On **utilization review** before the House Insurance Committee.
- On **mental health parity** before the House Insurance and Health and Human Services committees.
- On nursing services and **quality of acute care** before the House Health and Human Services Committee.
- On **Medical Assistance voucher demonstration project** before the House Health and Human Services Committee.
- On the **corporate practice of medicine** before the State Board of Medicine.

Proposed Changes in HCFA Charge Classes Prompt Discussions

In late July, the executive committee of the Society's Council on Health Policy and Advocacy called a special meeting to discuss the impact of HCFA's proposed plans to reduce Medicare charge class areas in the state from four to two (see article at right). A special meeting of the Society's Board of Trustees will be held this month to discuss the issue.

Currently, Pennsylvania's four Medicare payment localities are:

Area 01: Philadelphia and Pittsburgh medical schools and hospitals

Area 02: Large Pennsylvania cities

Area 03: Small Pennsylvania cities

Area 04: The rest of the state

Under the proposal, Philadelphia, Bucks, Chester, Delaware, and Montgomery counties would become a single Medical Service Area (MSA). The rest of the state would be the other area. As proposed, HCFA's preferences may result in **average increases** of:

- Area 3: 0.7 %;
- Area 4: 2.3 %;
- Philadelphia medical schools (area 1): 2.4 %;
- Remainder of Philadelphia MSA 2: 6.5%.

The plan may also result in **average decreases** of:

- Pittsburgh medical schools (area 1): 8.6%;
- Area 2: 5% (counties other than the Philadelphia MSA).

HCFA PLAN WOULD SHRINK MEDICARE PAYMENT AREAS; PENNSYLVANIA SLATED FOR RECONFIGURATION

Pennsylvania would be "biggest winner as well as biggest loser"; Medicare payment areas would shrink from current four down to two.

The July 2 *Federal Register* announced plans by the Health Care Financing Administration (HCFA) to consolidate the number of Medicare physician payment areas nationwide from 210 to 89, or by about 60 percent, and to increase the number of statewide areas from 22 to 34. According to the *Federal Register*, the goal is to create a system that is "simpler to administer and understand, and to reduce payment disparities that have discouraged and penalized rural practices."

However, in three states—Pennsylvania, Massachusetts, and Missouri—HCFA is proposing "fundamental payment area reconfigurations." Nationwide, payments in rural areas would rise by an average of one percent, while those in urban areas fall by 0.14 percent. But in Pennsylvania and Missouri, some localities are expected to face losses of 4 percent or more, with changes phased in over two years.

The biggest winner, as well as the biggest loser, is Pennsylvania. Portions of Philadelphia would see an average gain of 6.5 percent, and Pittsburgh medical school hospital areas would experience an 8.6 percent cut on average. Large Pennsylvania cities outside the Philadelphia Medical Service Area (MSA) would see cuts of more than five percent on average.

The payment area changes, along with other proposed changes in the Medicare physician payment system, would take effect January 1, 1997, and are open for comment through September 3, 1996. It is impossible at this time to calculate the impact on an individual physician's practice.

UTILIZING PHYSICIAN ASSISTANTS

A program for physicians and physician staff considering employment of a physician assistant. Sponsored by the Pennsylvania Society of Physician Assistants and the Pennsylvania Medical Society.

Where: ..... Westin William Penn Hotel, Pittsburgh, Pennsylvania

When: ..... October 9, 1996, 3:30 to 6:00 p.m.

Cost: ..... $10 for State Society members and their staff
$15 for nonmembers

Registration: ..... Make checks payable to the Pennsylvania Medical Society and send to:

Jeffrey C. Greenawalt, Director
Educational and Scientific Affairs
Pennsylvania Medical Society
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Attending this program will allow participants to:

- Explain how the physician/physician assistant team functions.
- Outline the training received by physician assistants.
- Design a protocol for the use of physician assistants that is consistent with their legal scope of practice and State Board of Medicine requirements.
- Bill for services delegated by the physician to the physician assistant.

The Pennsylvania Medical Society is accredited by the Accreditatian Caunci far Continuing Medical Educatian ta spansor cantinuing medical education far physicians.

The Pennsylvanio Medical Society designates this cantinuing medical education activity for 2.5 credit hours in Categary I af the Physicions Recagnition Award of the American Medicol Associotion ond the Pennsylvania Medical Saciety membership requirement. All faculty participating in cantinuing medicol educotian pragrams sponsored by Pennsylvonio Medicol Saciety are expected to disclase to the program audience ony real ar apparent conflict(s) of interest related to the content of their presentatian(s).

appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by these bylaws.

2. The president, the president elect, the vice president, and members of the Board of Trustees shall not be appointed members of any standing committee, administrative council, or commission unless required by these bylaws.

3. A member may serve concurrently only as (a) a member of one administrative council and one commission under that council, or (b) a member of one council or one commission and standing committee, or (c) an appointed member of not more than two standing committees....

SUBJECT SIX

SEATING OF DELEGATES

The following proposed bylaws amendments have been submitted with the requisite number of signatures of active or associate members of the Blair and Centre County Medical Societies for consideration by the 1996 House of Delegates. The Blair and Centre County Medical Societies propose a Bylaws revision to allow unfilled delegate seats at the House of Delegates meetings to be filled by seating any State Society member from *the district*, rather than from the county, when the member is in attendance and is properly credentialed. The proposed Bylaws amendments are set forth below.

Chapter VIII - House of Delegates
Section 7 - Seating of Delegates -
Once properly registered, delegates or alternates, as the case may be, may be seated. Seated delegates remain such until the final adjournment of the meeting unless substituted for by an alternate in accordance with procedures outlined in these bylaws.

a. [Components] *County Societies* Unrepresented - If any [component] *county* society is not *fully* represented by a delegate or alternate at any session of the meeting, then an active or associate member of that [component society] *district* registered and in attendance may be seated as the delegate *for that county on nomination of the district trustee and* [after receiving] approval of the Credentials Committee. *The trustee shall nominate a member of the unrepresented county if possible. A delegate so seated shall be seated through all sessions of the meeting unless a delegate or alternate elected by the county registers prior to the session.*

SUBJECT SEVEN

ASSESSMENTS

The Blair County Medical Society submitted, with the requisite number of signatures of active and associate members, the proposed bylaws revisions set forth below regarding assessments.

Chapter III - Assessments
Section 2 - Annual Assessment -
The full annual assessment is to be fixed each year by the House of Delegates at the annual meeting following recommendation by the Board of Trustees. County medical societies may set their own annual assessments in accordance with their bylaws; county medical society assessment categories and the →

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percentages of the full annual assessments to be paid by each category [must] *may* be in accord with the State Society's categories and percentages. The State Society will reimburse to the county medical society ten percent of the county's full annual assessment for each active resident member who pays no annual assessment to the State Society....

SUBJECT EIGHT

CLARIFICATION OF INCONSISTENT LANGUAGE

The proposed Bylaws revisions set forth below are proposed to correct inconsistent language in the bylaws regarding the Interspecialty Section.

Chapter VIII - House of Delegates
Section 3 - Composition and Apportionment - The House of Delegates shall be composed of voting delegates and ex officio without the right to vote.

a. Voting delegates shall be:...

3. A delegate to the Interspecialty Section from each specialty/subspecialty *organized in Pennsylvania and*[,] recognized by the Pennsylvania Medical Society *and the American Board of Medical Specialties*[, organized in Pennsylvania]; such delegate must be an active or associate member in good standing of this Society....

Chapter X - Nominations
Section 1 - Origin of Nomination - ...Nominations for a trustee from the specialties organized in Pennsylvania [which are AMA Board certified specialties] *and recognized by the Pennsylvania Medical Society and the American Board of Medical Specialties* shall be made by the seated delegates from those specialties in the House of Delegates....

Chapter XIX - Special Sections
Section 6 - Interspecialty Section - Membership in this section shall consist of representatives of national medical specialty/subspecialty societies *organized* in Pennsylvania *and recognized by the Pennsylvania Medical Society and the American Board of Medical Specialties....*

Each specialty/subspecialty[,] *organized in Pennsylvania and* recognized by the Pennsylvania Medical Society *and the American Board of Medical Specialties* shall be entitled to elect one delegate and one alternate delegate, who shall be active or associate members of PMS, to this section provided that the society representing that specialty/subspecialty establishes to the satisfaction of the House of Delegates that it meets the established representation criteria....

SUBJECT NINE

TRUSTEES' TERMS

The proposed bylaws language set forth below attempts to clarify the terms of trustees.

Chapter XIV - The Board of Trustees
Section 6 - Terms - Each trustee, except the resident physician, medical student, and young physicians trustees, shall be elected for a term of three years. The term of the resident physician trustee shall be the lesser of two years or so long as the resident physician trustee continues to serve in a residency program approved by the Society. Provided, however, if the

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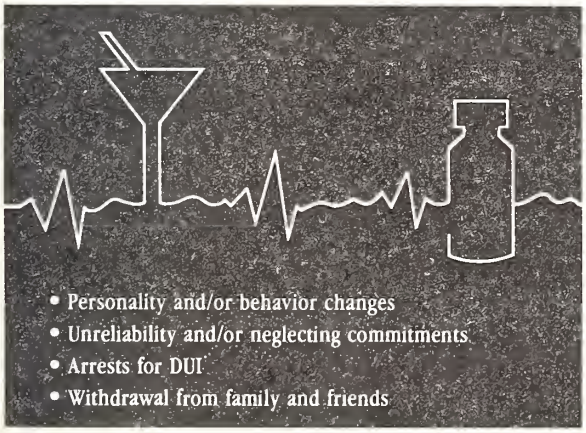
resident trustee ceases to serve in a residency program less than one hundred twenty days before an annual meeting of the House then said trustee's term shall expire at the expiration of that annual meeting of the House. The term of the medical student trustee shall be one year with eligibility for reelection so long as the medical student trustee continues to be enrolled in an approved medical school. Provided, however, in the event the medical student trustee ceases to be enrolled in an approved medical school as a result of graduation, the term of the trustee shall expire at the conclusion of the next annual meeting of the House. The term of the young physicians trustee shall be one year so long as the young physicians trustee is under 40 years of age or in the first five (5) years of professional endeavor after residency and fellowship training programs at the time of election.

No trustee [may serve more than three consecutive terms] *shall be eligible for reelection if, at the completion of the new term, the trustee would have served more than nine full years.* [A trustee elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year.] A *full* year is deemed to be the period of time between *two* consecutive annual meetings of the House of Delegates.

Look For Vital Signs



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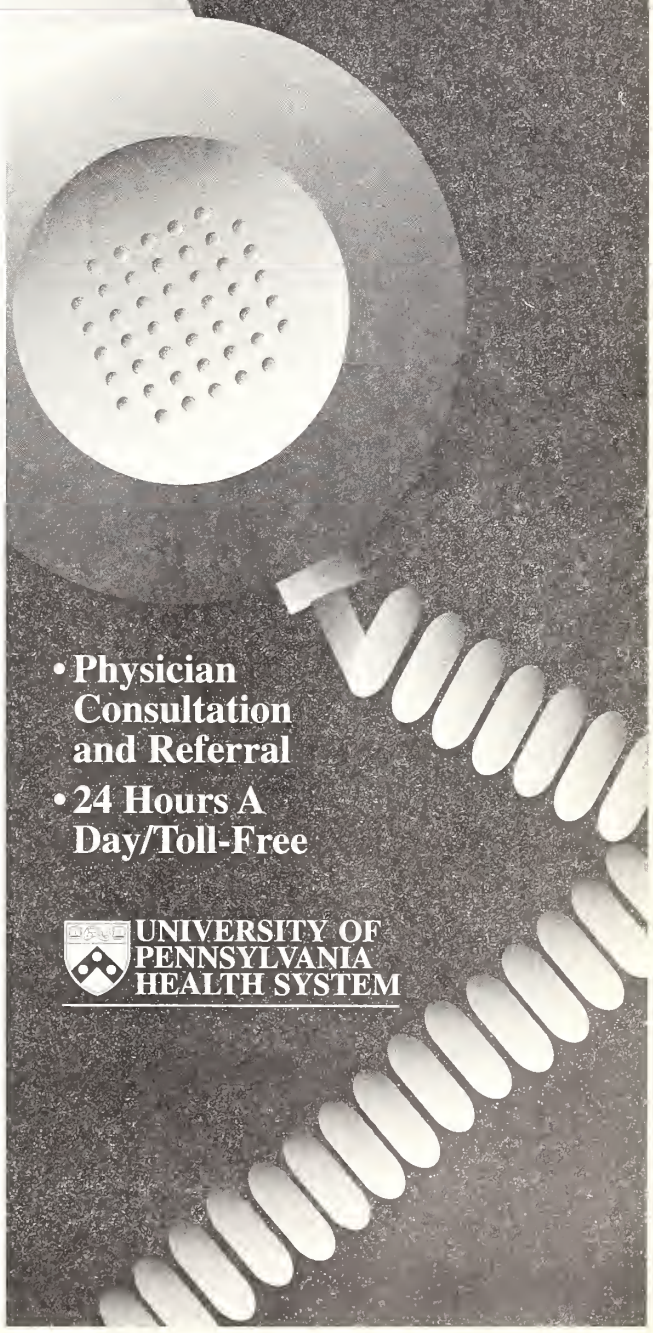

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Automotive

Autoflex Leasing **4**

Computerization

Medical Billing Professionals **9**

CME Programs

Geisinger Clinic **10**
Allegheny University Hospitals **12, 16, 21**
University of Pittsburgh Hospital **32**

Finance

Norwest Mortgage **15**

Home Health Care

CPO2, Inc. **17**
Medical Personnel Pool **46**

Hospitals/Care Centers

Albert Einstein **11**
Belmont Center **6**
Good Shepherd Hospital **45**
Penn State's Milton S. Hershey Medical Center **5, 33**
Jeanes Hospital **44**
Johns Hopkins Medical Institution **46**
Pinnacle Health System **25**
University of Pennsylvania Health System **27**

Insurance

Colburn Bertholon Rowland **7**
Dodson Insurance **8**
Medical Inter-Insurance Exchange **Cover 2**
Medical Protective Company **13**
Pennsylvania Blue Shield **Cover 4**
Pennsylvania Medical Society Liability Insurance Company **3**
PIE Mutual Insurance Company **14**
Princeton Insurance Company **1**
Pittsburgh Property and Casualty **23**

Legal Services

Kalogredis, Tsoules and Sweeney, Ltd. **33**
Keith Saunders, Esq. **31**

Medical Supply

Caligor Medical Supply Company **2**

Physician Placement

Daniel Stern and Associates **45**
Strelcheck and Associates, Inc. **46**

Specialized Programs & Services

Infinity Management Services **29**
InterGroup Services Corporation **17**
Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**
PennMed Member Services Company **19**
Pennsylvania Medical Society Physician Services **Insert**
Sheraton University City **26**
The Educational and Scientific Trust of the Pennsylvania Medical Society **27, 45**

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Resolution Deadline for Society's Annual Meeting

Deadline for submission of resolutions for consideration by the 1996 Pennsylvania Medical Society House of Delegates is September 18, 1996. Late submissions require a two-thirds vote to become House business.

Any member of the Society may write a resolution. However, resolutions must be introduced by a delegate. For assistance, contact your county medical society's delegates to the House.

Send resolutions to: Kay Barrett, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820; or fax to: (717) 558-7840.

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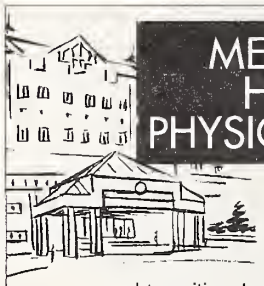

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Listings by County

MEDICAL SPECIALTY INFORMATION

The roster is coded with specialty information in the county society section. The abbreviation that appears to the right of the physician's name is the specialty code. *This specialty information was supplied from AMA records or by the physician personally and does not necessarily imply board certification in the specialty.* These codes and the specialties that they represent, along with the approximate number in each specialty, are as follows:

*** Indicates membership in the Pennsylvania Medical Political Action Committee**

A	Allergy	47
ADL	Adolescent Medicine	2
AI	Allergy and Immunology	71
AM	Aerospace Medicine	2
AN	Anesthesiology	864
ATP	Anatomic Pathology	7
BE	Broncho-Esophagology	2
BLB	Blood Banking	1
CCM	Critical Care Medicine	5
CD	Cardiovascular Diseases	688
CDS	Cardiovascular Surgery	99
CHN	Child Neurology	6
CHP	Child Psychiatry	63
CLP	Clinical Pathology	21
CRS	Colon and Rectal Surgery	63
D	Dermatology	252
DIA	Diabetes	17
DMP	Dermatopathology	7
DR	Diagnostic Radiology	457
EM	Emergency Medicine	251
END	Endocrinology	69
FOP	Forensic Pathology	1
FP	Family Practice	1,707
FPS	Facial Plastic Surgery	4
GE	Gastroenterology	266
GER	Geriatrics	43
GO	Gynecological Oncology	6
GP	General Practice	684
GPM	General Preventive Medicine	17
GS	General Surgery	901
GYN	Gynecology	75
HEM	Hematology	92
HNS	Head and Neck Surgery	8
HS	Hand Surgery	22
ID	Infectious Diseases	79
IG	Immunology	1
IM	Internal Medicine	2,029
LAR	Laryngology	1
LM	Legal Medicine	3
MFM	Maternal and Fetal Medicine	7
MFS	Maxillofacial Surgery	2
N	Neurology	236
NA	Neuropathology	4
ND	Neoplastic Diseases	5
NEP	Nephrology	130
NM	Nuclear Medicine	51
NPM	Neonatal-Perinatal Medicine	23
NR	Nuclear Radiology	1
NS	Neurological Surgery	173
NTR	Nutrition	3
OBG	Obstetrics/Gynecology	878
OBS	Obstetrics	3
OM	Occupational Medicine	77
ON	Oncology	152
OPH	Ophthalmology	647
ORS	Orthopedic Surgery	698
OT	Otology	2
OTO	Otolaryngology	320
P	Psychiatry	590
PA	Clinical Pharmacology	13
PD	Pediatrics	721
PDA	Pediatric Allergy	16
PDC	Pediatric Cardiology	11
PDE	Pediatric Endocrinology	2
PDR	Pediatric Radiology	7
PDS	Pediatric Surgery	10
PH	Public Health	16
PM	Physical Medicine/Rehabilitation	300
PNP	Pediatric Nephrology	1
PS	Plastic Surgery	189
PTH	Pathology	284
PUD	Pulmonary Diseases	175
PVD	Peripheral Vascular Disease	3
PYA	Psychoanalysis	18
R	Radiology	386
REN	Reproductive Endocrinology	7
RHU	Rheumatology	109
RO	Radiation Oncology	64
ST	Student	1,401
TR	Therapeutic Radiology	55
TRS	Traumatic Surgery	13
TS	Thoracic Surgery	94
U	Urological Surgery	347
VS	Vascular Surgery	47
OS	Other, i.e., physician designated a specialty other than those appearing above	74
US	Unspecified	213
	TOTAL MEMBERSHIP*	**17,511**

**Total excludes special non-physician membership categories, such as group practice administrators (ADM).*

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401 SHADY AVE STE D105
PITTSBURGH PA 15206-4460
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120 RUSKIN AVE APT 319
PITTSBURGH PA 15213
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809 SMOKEYWOOD DR
PITTSBURGH PA 15218-2737
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100 BELLAIRE DR
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1321 5TH AVE
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836 CARRIAGE RD
PITTSBURGH PA 15220
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5150 BEELER ST
PITTSBURGH PA 15217-1002
412-621-6147
CHEN, MD, ANNE PS
109 LAKEVIEW DR
MCKEES ROCKS PA 15136-1261
412-787-7664
CHENG, MD, CHUN-PIN AN
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HECKEL RD
MCKEES ROCKS PA 15136
412-777-6491
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2213 HASSINGER LN
GLENSHAW PA 15116-3042
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1933 E CARSON ST
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CHERN, MD, LAURIE FP
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148 WARWICK DR
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PITTSBURGH PA 15206-1620
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9102 BABCOCK BLVD STE LL-1
PITTSBURGH PA 15237-5819
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WEXFORD PA 15090-9647
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PITTSBURGH PA 15224
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CHUGHTAI, MD, MUBASHAR S IM
424 W GRANT AVE
DUQUESNE PA 15110-1011
412-469-4100
CHUNG, MD, KI Y IM
4881 DARGATE DR
MURRYSVILLE PA 15668-9470
CHUNG, MD, KWANG H IM
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CICCHINO, MD, FRANK E U
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153 HILL RD
WEXFORD PA 15090-8821
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SUBURBAN GEN HOSPITAL
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2545 MOSSIDE BLVD
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9066 PERRY HWY
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412-367-4250
CIOTTI, DO, ANNETTE A FP
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412-798-0706
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PITTSBURGH PA 15238-1656
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CIVITARESE, MD, LOUIS R GS
104 GREENBRIAR DR
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10190 WOODBURY DR
WEXFORD PA 15090-9580
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604 HIDDEN OAK DR
CLAIRTON PA 15025-3850
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923 S AIKEN AVE APT 3
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108 LOOKOUT DR
OAKDALE PA 15071-9429
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9104 BABCOCK BLVD
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1340 PINEWOOD DR
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BUCK MEDICAL ASSOC
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COHEN, MD, IRA J K D
WESTMARK BLDG
980 BEAVER GRADE RD
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ALLEGHENY TOWER
602 STANWIX ST #1209
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2571 MOSSIDE BLVD STE 1
MONROEVILLE PA 15146-3510
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COHEN, MD, NORMAN F IM
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125 DAUGHTERY DR 2ND FLR
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SEWICKLEY PA 15143-1300
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412-469-1660
COLODNY, MD, STEPHEN M IM
PGH INF DISEASES LTD
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412-232-7398
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5140 LIBERTY AVE
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412-539-3535
CONAWAY, MD, BRUCE E FP
500 BLAZIER DR
WEXFORD PA 15090-9528
412-935-6975
CONCILUS, MD, FRANK CD
1050 BOWER HILL RD STE 308
PITTSBURGH PA 15243-1870
412-344-4767
CONDIT, MD, BRIAN E PM
538 HITE RD
CHESWICK PA 15024-1028
412-274-7692
CONDON, MD, GARRY P OPH
ALLEGHENY GEN HOSP
OPHTHAL
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412-359-6300
CONE, MD, ALEXANDER S FP
525 LOCUST PL
SEWICKLEY PA 15143-1547
412-741-4044
CONGEDO, MD, CAROL Z OTO
1460 LAUREL DR
PITTSBURGH PA 15235-5209
412-824-0249
CONKLIN, MD, JAMES E PS
260 LOUGEAY RD
PITTSBURGH PA 15235-3729
412-824-8368
CONKLIN, MD, WILLIAM T PS
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5TH AND EVANS AVE
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412-672-9634
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603 BURNING TREE CT
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237 THORNBERRY DR
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5769 SALTSBURG RD
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1253 OLD MEADOW RD
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CORSELLO, MD, GUY R N
2342 GOLFVIEW DR
PITTSBURGH PA 15241-3308
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4466 MIDDLE RD
ALLISON PARK PA 15101-1110
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356 HARDING DR
S ORANGE NJ 07079
COSTA, MD, FRANK J U
125 DAUGHERTY DR STE 400
MONROEVILLE PA 15146-2749
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COSTA-GRECO, MD, MARIA A DR
105 HICKORY HILL RD
PITTSBURGH PA 15238-2303
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COVATTO, MD, ROSEANN H OBG
323 DENNISTON AVE
PITTSBURGH PA 15206-4307
COVER, MD, KENNETH L IM
4221 WINTERBURN AVE APT B303
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421 RADCLIFFE DR
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503 VALHALLA DR
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SUITE TL4
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11855 FRIEDA DR
N HUNTINGDON PA 15642-2349
412-863-6867
DERISO, MD, BARBARA M AN
244 LYTTON AVE
PITTSBURGH PA 15213-1410
412-682-5784
DEROSS, ANTHONY L ST
219 PENNSYLVANIA AVE
CLAIRTON PA 15025-2235
DESAI, MD, BASAVARAH V CD
350 NATURE TRAIL LN
MURRAYSVILLE PA 15668
412-733-0870
DESAI, MD, JITENDRA M *U
1 ALLEGHENY SO STE 460
PITTSBURGH PA 15212-5325
412-323-9213
DETRE, MD, THOMAS P
W PSYCH INST AND CLINIC
3811 O'HARA ST STE 221
PITTSBURGH PA 15213-2593
412-624-2396

DEUTSCH, MD, MELVIN TR
200 LOTHROP ST
PITTSBURGH PA 15213-2525
412-647-3600
DEVRYER, MD, JOHANNA M IM
276 ASHLAND AVE
PITTSBURGH PA 15228-2212
412-343-3898
DEYE, MD, GREGORY A IM
731 S NEGLEY AVE
PITTSBURGH PA 15232
DEYE, MD, KATHERINE P PD
731 S NEGLEY AVE #1
PITTSBURGH PA 15232
412-441-8145
DHAWAN, MD, MANISH K IM
124 PEARL ST APT 2
PITTSBURGH PA 15224-1546
412-683-2660
DHAWAN, MD, RAJNISH IM
204 S FRENCH QUARTER DR
HOUMA LA 70364-2661
DHAWAN, MD, RAM L IM
575 LINCOLN AVE STE 201
PITTSBURGH PA 15202-3550
412-761-4700
DI MARCO, MD, DAVID B CDS
4815 LIBERTY AVE # 437
PITTSBURGH PA 15224
412-682-3665
DIAMOND, MD, HERBERT S IM
4800 FRIENDSHIP AVE
PITTSBURGH PA 15224-1722
412-578-6928
DIAMOND, MD, MARK PS
4120 BROWNSVILLE RD
SUITE 101
PITTSBURGH PA 15227-9998
412-882-7747
DICENZO, DO, FRANK D OBG
701 BROAD STREET
SEWICKLEY PA 15143-1652
412-741-8045
DICOLA, MD, NANCY M PS
10 ROCHESTER RD
PITTSBURGH PA 15229-1132
412-931-1647
DIEDERICH, MD, CHARLES F IM
2508 BANKSVILLE RD
PITTSBURGH PA 15216-2810
412-341-6650
DIEZ, MD, CHARLES M OBG
248 TECH RD
PITTSBURGH PA 15205-1737
412-922-3333
DILLON, MD, DANIEL J GS
28 WOODLAND DR
PITTSBURGH PA 15228-1714
412-343-1439
DILLON, DO, MARY C FP
NORTHERN AREA FAM MED
9500 BROOKTREE RD
WEXFORD PA 15090-9227
412-935-0665
DIMARCO, MD, ROSS F TS
100 BROADWAY AVE
CARNEGIE PA 15106-2472
412-276-7340
DIMAURO, MD, CYNTHIA L PM
301 OHIO RIVER BLVD STE 306
SEWICKLEY PA 15143-1300
412-741-3952
DIMITSOPULOS, MD, DIMITRI AN
282 LANDING ROAD SOUTH
ROCHESTER NY 14610-3534
DIMSDALE, MD, JASON M OBG
3 ALLEGHENY CTR # 712
PITTSBURGH PA 15212-5320
DISCHMAN, MD, ELAINE C FP
WEXFORD PROF BLDG 1 STE 1201
WEXFORD PA 15090
412-934-1900
DISHART, MD, MICHAEL K AN
586 S AIKEN AVE
PITTSBURGH PA 15232
412-687-7446
DISHART, MD, PAUL W FP
ST MARGARET MEM HOSP
815 FREEPORT RD
PITTSBURGH PA 15215
412-784-4063
DITOPPA, DO, LOUIS A FP
1978 LINCOLN WAY
WHITE OAK PA 15131-2416
412-664-0720
DIVEN, MD, JUDITH C P
520 WASHINGTON RD STE 203
PITTSBURGH PA 15228-2816
412-563-5777
DOAN, LUU O ST
4609 BAYARD ST APT 38
PITTSBURGH PA 15213
DOBKIN, MD, LARRY A IM
3755 LIBRARY RD
PITTSBURGH PA 15234-2266
412-563-5560
DOBLER, MD, JAMES C GP
939 COAST BLVD
17 F
LA JOLLA CA 92037-4111

DOBLER, MD, LEE C FP
526 PERRYSVILLE AVE
PITTSBURGH PA 15229-1854
412-931-2328
DOEBLER, MD, ROBERT W U
701 BROAD ST
SEWICKLEY PA 15143-1652
412-741-8025
DOFT, MD, BERNARD H OPH
3501 FORBES AVE STE 500
PITTSBURGH PA 15213-3306
412-683-5300
DOMAT, MD, IMAD CD
SHADYSIDE MED CTR
5200 CENTRE AVE STE 703
PITTSBURGH PA 15232-1300
412-687-8300
DONALDSON III, MD, WILLIAM F ORS
UNIV ORTHO INC
3471 5TH AVE STE 1010
PITTSBURGH PA 15213-3221
412-687-3900
DONALDSON, MD, WILLIAM F PS
CHILDRENS HOSP OF PITTS
3705 5TH AVE 1 CHILDRENS PL
PITTSBURGH PA 15213-2583
412-692-5061
DONATELLI, MD, JOHN M FP
5715 KING OF ARMS DR
GIBSONIA PA 15044-9717
DONLEY JR, MD, CHARLES M DR
18 WILSON DR
PITTSBURGH PA 15202-1322
412-761-5990
DONNELLY III, MD, EDWARD J IM
3471 5TH AVE
PITTSBURGH PA 15213
412-781-8566
DONOFRIO, MD, ROBERT J ORS
1284 GREYSTONE DR
PITTSBURGH PA 15241-3256
412-221-2237
DONOVAN, MD, FRANCIS C P
733 WASHINGTON RD STE 302
PITTSBURGH PA 15228-2022
412-343-2455
DONOVAN, MD, ROBERT J IM
2555B PHEASANT RUN RD
WEXFORD PA 15090-7999
DORNENBURG, MD, JAMES R GS
5 PANAMA LODGE DR
PITTSBURGH PA 15227-1118
412-882-1169
DOSHI, MD, NALINI N CLP
WEST PENN HOSP
4800 FRIENDSHIP AVE
PITTSBURGH PA 15224
412-578-7120
DOSHI, MD, NARENDRA S OBG
ST FRANCIS CEN HOSP
1200 CENTRE AVE STE 227
PITTSBURGH PA 15219
412-562-3352
DOUDS, MD, HOWARD N IM
733 WASHINGTON RD
PITTSBURGH PA 15228-2093
412-531-3883
DOUGLAS, MD, RICHARD A NS
420 E NORTH AVE
PITTSBURGH PA 15212-4746
412-359-6200
DOWLING, ROBERT F ST
119 BAYBERRY LN
EVANS CITY PA 16033-8129
DOYLE, MD, ALFRED P ON
701 BROAD ST
SEWICKLEY PA 15143-1652
412-749-7144
DOYLE, MD, JOHN J N
818 VERMONT AVE
PITTSBURGH PA 15234-1222
DREW, MD, FRANCES L P
5023 FREW ST
PITTSBURGH PA 15213-3826
412-683-6550
DUA, MD, RUP K AN
613 WHISPERING PINES RD
PITTSBURGH PA 15238-1948
412-963-6529
DUBNER, MD, PAUL F PS
161 N DITHRIDGE ST
PITTSBURGH PA 15213-2646
412-621-6540
DUCA, MD, MARK A ST
28 FOSTER SQ
PITTSBURGH PA 15212-5219
412-231-5216
DUCLOS, MD, MARTIN A IM
ROSARY WAY #3
PITTSBURGH PA 15232
DUGGAN, MD, JAMES H OBG
2580 HAYMAKER RD STE 201
MONROEVILLE PA 15146-3517
412-856-7500
DUKER, MD, DANIEL G AN
9781 WOODLAND RD
PITTSBURGH PA 15237-4360
DUNCAN, MD, JAMES R GS
1004 ELMHURST RD
PITTSBURGH PA 15215-1820
412-782-2390

DUNCAN-GLOSTER, MD,
CAROL V US
995 GREENTREE RD
PITTSBURGH PA 15220
412-922-5250
DUNN, MD, JEANETTE C PTH
1340 PINEWOOD DR
PITTSBURGH PA 15243-1814
412-279-2617
DURKAN JR, MD, GERALD N
2566 HAYMAKER RD #1-206
MONROEVILLE PA 15146-3517
412-372-5245
DURNING, MD, ROBERT P *ORS
3 PPG PL
6TH FL
PITTSBURGH PA 15222-5403
412-471-6100
DUTTA, MD, TARIT K R
105 PROVAN PL
PITTSBURGH PA 15229-1217
412-364-0414
DWYER, MD, JOHN H CHP
855 THORN ST
SEWICKLEY PA 15143-1831
412-741-4506
EARLE, MD, MARTIN F ON
MED ONCOLOGY ASSOC
5200 CENTRE AVE STE 509
PITTSBURGH PA 15232-1337
412-621-7778
EASLER, MD, RICHARD E PTH
424 WICKFORD DR
PITTSBURGH PA 15238-2532
EASTMAN, MD, LAURA B GP
102 OLD CLAIRTON RD
PITTSBURGH PA 15236-3903
412-653-4335
EBERZ, MD, DENNIS A CD
1501 LOCUST ST
PITTSBURGH PA 15219-5128
412-391-3261
EDELMANN, MD, CHRISTINE A AN
40 ST CLAIR DR
PITTSBURGH PA 15228-1831
EDELSTEIN, MD, NORMAN L OPH
1605 LINCOLN WAY
MCKEESPORT PA 15131-1713
412-673-2525
EDMUNDOWICZ, MD, DANIEL OTO
102 RIDGEVIEW CIR
GLENSHAW PA 15116-2665
412-487-2493
EDWARDS, MD, MARY D OS
6652 RIDGEVILLE ST
PITTSBURGH PA 15217-1315
412-521-7494
EDWARDS, MD, WILLIAM M EM
6910 MEADE ST
PITTSBURGH PA 15208-2402
412-361-5897
EELKEMA, MD, ELIZABETH A R
16A N MEADOWCROFT AVE
PITTSBURGH PA 15216-1504
412-343-7009
EIBLING, MD, DAVID E OTO
5502 POCUSSET ST
PITTSBURGH PA 15217-1913
412-521-0123
EICHMILLER, MD, JOHN P AN
427 BAILEY AVE
PITTSBURGH PA 15211-1709
412-381-2234
EILER, MD, WILLIAM A IM
346 SHADOW LAWN AVE
PITTSBURGH PA 15216
412-563-2454
EISEN, MD, HOWARD B R
7382 BEACON HILL DR
PITTSBURGH PA 15221-2569
EISENBEIS JR, MD, CARL H RHU
355 5TH AVE STE 800
PITTSBURGH PA 15222-2407
412-281-1594
ELATTAR, MD, ANAS A OM
864 LOCHLIN DR
PITTSBURGH PA 15243-1634
412-279-2363
ELES, DO, GUSTAV R CD
995 BEAVER GRADE RD
CORAOPOLIS PA 15108
412-264-9500
ELIAS, MD, STANTON B OPH
9104 BABCOCK BLVD STE 3114
PITTSBURGH PA 15237-5818
412-364-1754
ELIGATOR, MD, JULIAN IM
6588 BEACON ST
PITTSBURGH PA 15217-1843
412-521-9043
ELLER, MD, ANDREW W OPH
THE EYE AND EAR INST
203 LOTHROP ST
PITTSBURGH PA 15213-2588
412-647-2233
ELLIS, MD, KRIS L DR
1000 BOWER HILL RD
PITTSBURGH PA 15243
412-343-0843
ELLIS, MD, LAWRENCE D ND
3471 5TH AVE STE 1111
PITTSBURGH PA 15213-3221
412-687-1210

ELLIS, MD, PETER G ON
ONC-HEM ASSOC
816 MIDDLE ST
PITTSBURGH PA 15212
412-231-5400
ELSAWY, MD, MAGDY M HEM
1140 DOWNLOOK AVE
PITTSBURGH PA 15201-2141
412-781-9441
ELSER, CHRISTOPHER S ST
328 LEHIGH AVE APT 11
PITTSBURGH PA 15232
EMMICK, JASON G ST
2924 MALLORCA LN
DAVIS CA 95616
ENCKE, MD, TED K ORS
MEDICAL OFFICE BLDG
575 COAL VALLEY RD STE 314
CLAIRTON PA 15025-3725
412-469-1660
ENGLE, MD, DAVID J NS
109 MCCONNELL MILL LN
PITTSBURGH PA 15228-1080
ENGLISH, MD, DENNIS H OBG
4075 MONROEVILLE BLVD #220
PITTSBURGH PA 15146-2529
412-261-0888
ENNIS, MD, MICHAEL F GE
5200 CENTRE AVE # 312
PITTSBURGH PA 15232-1300
412-621-7777
EPPINGER, MD, MARY ANN CHP
3811 O'HARA ST
PITTSBURGH PA 15213-2593
412-624-3550
ERBSTEIN, MD, ROBERT A DR
2504 FOXBRIAR CT
WEXFORD PA 15090-7813
412-935-8572
ERICKSON, MD, ELMER W GS
804 N GRANDVIEW AVE
MCKEESPORT PA 15132-1602
412-673-2251
ERLANGER, DO, DANIEL B IM
113 BRUNNER DRIVE
PITTSBURGH PA 15214
ERNSTOFF, MD, BRIAN M PM
221 PENN AVE STE 1300
PITTSBURGH PA 15221-2101
412-731-8180
ERSOZ, MD, CLARA J OS
2139 CLAIRMONT DR
PITTSBURGH PA 15241-3241
412-221-3571
ERWIN, MD, KATE M CHP
122 SPRINGHOUSE LN
PITTSBURGH PA 15238
412-967-9115
ESENWINE, ALLISON J ST
348 S HIGHLAND RD #105
PITTSBURGH PA 15206
ESHELMAN, DO, JOSEPH K PM
ST FRANCIS MED CTR
45TH ST OFF PENN AVE
PITTSBURGH PA 15201
412-622-4305
ESMAN, MD, JUDITH H PM
2774 BEECHWOOD BLVD
PITTSBURGH PA 15217-2766
412-422-1466
ESPOSITO, MD, FRANCIS A PS
715 N HIGHLAND AVE
PITTSBURGH PA 15206-2563
412-441-2000
ESSIG, MD, MICHAEL J FP
DEPT OF FAMILY MEDICINE
ALLEGHENY GEN HOSP
320 E NORTH AVE
PITTSBURGH PA 15212
ESTOLANO, MD, MARIO G IM
148 SPRUCE VALLEY DRIVE
PITTSBURGH PA 15229-3000
412-527-9300
ETZEL, MD, KATHLEEN D DR
108 RATHBONE TER
MARIETTA OH 45750-1442
EVANS, MD, CYNTHIA K HEM
489 MADISON ST
PITTSBURGH PA 15237-4431
412-367-3169
EVANS, MD, DONALD E OPH
EYE PHYSICIANS &
SURGEONS LTD
CENTRE CITY TOWER STE 1110
650 SMITHFIELD ST
PITTSBURGH PA 15222
412-281-5876
EVANS, MD, THOMAS M OPH
744 VALLEYVIEW RD
PITTSBURGH PA 15243-1018
412-531-9838
EVERETT, MD, WILLIAM G OS
302 FOX CHAPEL RD APT 603
PITTSBURGH PA 15238-2338
EVERLY, EILEEN M ST
350 LEHIGH AVE
PITTSBURGH PA 15232
EVRON, MD, WAYNE A END
5140 LIBERTY AVE
PITTSBURGH PA 15224-2215
412-683-4550
EWEDEMI, OLUFUNKE O ST
826 COLLINS AVE APT 3
PITTSBURGH PA 15206-2275

FACKOVEC, MD, MICHAEL FP
SMITHFIELD MEDICAL
309 SMITHFIELD ST
PITTSBURGH PA 15222-2207
412-471-2111
FAILLA, MD, JACK P ORS
5900 CORPORATE DR STE 200
PITTSBURGH PA 15237
412-369-4000
FAITH, DONALD J ST
48 MAINSGATE ST
PITTSBURGH PA 15205-2246
FALCON, DO, CARLA T PD
4075 MONROEVILLE BLVD STE 125
MONROEVILLE PA 15146
412-373-1717
FALCON JR, MD, JOSEPH R PS
2913 FREEPORT RD
NATRONA HEIGHTS PA 15065-1907
412-226-3900
FALLERT, MD, MICHAEL A IM
PITTSBURGH CARDI ASSOC
1 MELLON BANK CTR STE 2210
PITTSBURGH PA 15219-2504
412-456-0300
FANOUS, MD, MAHER M OPH
THE EYE AND EAR INSTITUTE
203 LOTHROP ST RM 757
PITTSBURGH PA 15213
412-647-2259
FARAH, MD, TONY G CD
9919 LE GRAND DR
WEXFORD PA 15090-7012
412-934-3634
FARDO, DO, BARBARA B FP
ST MARGARET MEMORIAL
HOSPITAL
815 FREEPORT RD
PITTSBURGH PA 15215-3399
FARKAS, MD, BARRY L FP
5417 PLAINFIELD ST
PITTSBURGH PA 15217-1145
412-683-1490
FARMER, MD, LENORE P
282 JEAN DR
PITTSBURGH PA 15236-2510
412-655-8606
FARNEY, MD, ESTHER S D
6112 ALDER ST APT B2
PITTSBURGH PA 15206-4228
412-361-6571
FAROOO, MD, MOHAMMAD PUD
7504 PENN BRIDGE CT
PITTSBURGH PA 15221
FARRELL, MD, EDWARD L FP
197 KENT DR
PITTSBURGH PA 15241-2133
412-833-1544
FATUR, MD, LEO M IM
247 HOODRIDGE DR
PITTSBURGH PA 15234-1251
412-344-7487
FAWCETT, MD, JAMES L U
705 ELM RD
BRADFORDWOODS PA 15015
412-935-9429
FECZKO, MD, WILLIAM A R
IMAGING CTR
4221 PENN AVE STE G102
PITTSBURGH PA 15224-1389
412-621-9720
FEDEL, MD, GINA M AN
5231 KARRINGTON DR
GIBSONIA PA 15044-6010
412-443-7215
FEDERLE, MD, MICHAEL P *R
UNIV OF PITT RADIOLOGY
BIOMED SCIENCE TOWER
PITTSBURGH PA 15261
412-647-7288
FEDEROFF, MD, SUSAN T FP
FRANKLIN PK CORP CTR
2400 CORPORATE DR # 100
WEXFORD PA 15090
412-935-4700
FEDUSKA, MD, RICHARD G AN
1478 DOMINION CT
PITTSBURGH PA 15241-3122
412-221-3352
FEINGOLD, BRIAN D ST
265 N DITHRIDGE AVE
PITTSBURGH PA 15213
FEIST, MD, JOHN H *DR
200 LOTHROP ST
PITTSBURGH PA 15213
412-647-3557
FELDMAN, MD, STEWART L U
PROF OFFICE BLDG # 2
2580 HAYMAKER RD #401
MONROEVILLE PA 15146-3500
412-372-6330
FELIX, MD, MICHAEL D GS
301 OHIO RIVER BLVD
SEWICKLEY PA 15143
412-741-8862
FELTWELL JR, MD, PETER M R
26 WOODLAND RD
SEWICKLEY PA 15143-1123
FERENCE, ANDREA J ST
136 CEDARCOVE ST
PITTSBURGH PA 15227-2518

FERGUSON JR, MD, ALBERT B ORS
300 FOX CHAPEL RD
PITTSBURGH PA 15238-2331
412-781-5617
FERGUSON, MD, BERRYLIN J OTO
20 FAIRVIEW MANOR
PITTSBURGH PA 15238-1935
412-963-0266
FERGUSON, MD, DONALD G *R
637 HIDDEN VALLEY RD
CANONSBURG PA 15317
412-941-6985
FERGUSON, MD, GARY M ORS
ALLEG PROF BLDG
490 E NORTH AVE STE 400
PITTSBURGH PA 15212
412-321-3968
FERGUSON, MD, ROGER J ORS
5900 CORP DR STE 200
PITTSBURGH PA 15237
412-369-4000
FERGUSON JR, MD, THEODORE J FP
1063 WADE LN
OAKMONT PA 15139-1266
412-828-8200
FERGUSON, MD, THOMAS G US
223 VILSACK RD
GLENSHAW PA 15116-2016
412-486-1148
FERLAN, MD, LAWRENCE GP
158 OAK MANOR DR
NATRONA HEIGHTS PA 15065-1945
412-224-5544
FERRARO, MD, FRANCIS T NS
5750 CENTRE AVE STE 400
PITTSBURGH PA 15206-3761
412-363-5900
FERRER, MD, ARTHUR F IM
522 PARK ST
MCKEESPORT PA 15132-2142
412-664-4825
FERRERO, MD, BRUCE R AN
206 ROLLING HILLS DR
SEWICKLEY PA 15143-8939
412-741-2398
FERRIS, MD, JAMES V DR
104 WOOD HOLLOW DR
SEWICKLEY PA 15143-8963
412-749-9801
FETCHKO, MD, ALEXANDER M OBG
1225 MINNESOTA AVE
NATRONA HEIGHTS PA 15065-1041
412-226-2778
FETTEROLF, MD, DONALD E IM
PO BOX 307
MCDONALD PA 15057-0307
FIEHLER, MD, PAUL C PUD
405 JAMESBOROUGH DR
PITTSBURGH PA 15238-1605
412-963-6982
FIERRO, MD, RONALD F ON
110 FORT COUCH RD
PITTSBURGH PA 15241-1030
412-831-1320
FIGURA, MD, JUDITH H TR
WEST PENN HOSP
4800 FRIENDSHIP AVE
PITTSBURGH PA 15224
412-578-1923
FILKINS, MD, KAREN OBG
WEST PENN HOSP
4800 FRIENDSHIP AVE
PITTSBURGH PA 15224-1793
412-578-7355
FINE, MD, ARTHUR P GS
609 HIDDEN OAK DR
JEFFERSON BORO PA 15025-3852
412-384-8053
FINE, MD, DANIEL IM
171 MCLAUGHLIN DR
NEW KENSINGTON PA 15068-4961
412-339-2242
FINEGOLD, MD, AARON N U
3471 5TH AVE
PITTSBURGH PA 15213-3221
412-692-4090
FINEGOLD, MD, RICHARD A U
PROF PLZ BLDG STE 104
NORTH CHARLEROI PA 15022
412-483-3225
FINEGOLD, MD, WILFRED J GYN
4940 BAYARD ST
PITTSBURGH PA 15213-1802
FINESTONE, MD, STEPHEN C AN
15 PATRICE CT
PITTSBURGH PA 15221-3619
FINIKIOTIS, MD, MICHAEL W IM
5830 ELLSWORTH AVE STE 202
PITTSBURGH PA 15232-1778
412-361-4001
FINLAY, MD, JAMES W OPH
400 PENN CTR BLVD RM 230
PITTSBURGH PA 15235-5602
412-824-1300
FINO, MD, MARSHA J IM
476 CHERRY CT
PITTSBURGH PA 15237-2607
412-364-6205
FIORAVANTI, MD, FRED K FP
120 WETZEL RD
CABOT PA 16023-9509
412-652-4448

FIORINI, MD, CYNTHIA M PD
120 KINVARA CT
PITTSBURGH PA 15237-3922
412-369-8212
FIREMAN, MD, PHILIP PS
CHILDRENS HOSP
3705 5TH AVE
PITTSBURGH PA 15213-2524
412-692-6850
FISCH, MD, JOHN M OBG
2566 HAYMAKER RD STE 314
MONROEVILLE PA 15146-3555
412-372-0645
FISCHER, MD, GARY S IM
2641 BEECHWOOD BLVD
PITTSBURGH PA 15217-2525
412-521-5205
FISCHL, MD, EDWIN C US
640 LINCOLN AVE
PITTSBURGH PA 15202-3420
412-761-7700
FISH, MD, LARRY A OPH
EVERETT AND HURITE
OPH ASSOC
1401 FORBES AVE 3RD FLR
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412-288-0885
FISHER, MD, CURTIS K CD
10004 VALLEY VIEW CT
WEXFORD PA 15090-7101
412-935-3832
FISHER, MD, DON L CD
320 E NORTH AVE
PITTSBURGH PA 15212-4772
412-359-3045
FISHER, MD, SCOTT R DR
716 RIDERS WAY
MOON TWP PA 15108
412-299-0278
FISHER, MD, STEPHEN N R
5600 MUNHALL RD APT 803
PITTSBURGH PA 15217-5244
FITTING JR, MD, GEORGE M AN
164 OAK PARK PL
PITTSBURGH PA 15243-1146
FITZ, MD, RALPH W CDS
734 PINDAK RD
PITTSBURGH PA 15243-1153
412-682-0300
FITZGERALD, PATRICK T ST
258 SHADY AVE APT 4
PITTSBURGH PA 15206
FIX, MD, THOMAS J DR
12000 PARK PLAZA DR APT 12203
PITTSBURGH PA 15229-3127
412-931-7975
FLAHERTY, MD, MORGAN F AI
4815 LIBERTY AVE STE 222
PITTSBURGH PA 15224-2194
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FLANIGAN, MD, ROBERT E GE
1350 LOCUST ST STE 306
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412-765-1551
FLEMING, MD, ARTHUR W *OPH
2020 ARDMORE BLVD STE 105
PITTSBURGH PA 15221-4637
412-271-2400
FLICKINGER, MD, JOHN C R
RADIATION ONCOLOGY
230 LOTHROP ST
PITTSBURGH PA 15213-2546
412-647-3600
FLIT, MD, FRANK J PM
701 HEATHERGATE DR
PITTSBURGH PA 15238-1029
412-767-5079
FLOM, MD, DAVID M GP
3457 WARD ST
PITTSBURGH PA 15213-4346
412-681-1095
FLOM, MD, LYNDA L R
6850 REYNOLDS ST
PITTSBURGH PA 15208-2616
412-441-3336
FLOOD, MD, KATHERINE M PM
2504 HOLLYWOOD DR
PITTSBURGH PA 15235-4918
412-241-2515
FLOYD, MD, SUSAN L OBG
LITTLE SEWICKLEY CREEK RD
SEWICKLEY PA 15143
FLYNN, DEIRDRE C ST
650 1/2 MOREWOOD AVE
PITTSBURGH PA 15213
FOGEL, MD, STEWART R DR
3501 FORBES AVE STE 650
PITTSBURGH PA 15213-3306
412-621-1161
FOLEY, DONALD E ST
5918 ELWOOD ST
PITTSBURGH PA 15232
FONG, MD, JOHN K OBG
CENTURY 111 HEALTH CTR
2027 LEBANON CHURCH RD
W MIFFLIN PA 15122-2461
412-647-1111
FONOROFF, MD, DAVID L GS
154 N BELLEFIELD AVE
PITTSBURGH PA 15213-2655
412-621-1524

FONTANA, MD, ARMAND L GYN
2410 JAMES ST
MCKEESPORT PA 15132-1829
412-751-1887
FONTANA, MD, FRANK L GS
326 CHURCHILL RD
PITTSBURGH PA 15235-5305
412-242-7767
FORBES, MD, J DEXTER OM
BAYER CORP
100 BAYER ROAD
PITTSBURGH PA 15205-9741
412-777-2248
FORD, CHRISTINE E ST
5153 5TH AVE
PITTSBURGH PA 15232-2110
FORD, MD, ROBERT W OBG
2721 OAK HILL DR
ALLISON PARK PA 15101-2627
412-487-6611
FORMAN, MD, STEVEN D P
VAMC
7180 HIGHLAND DR # 116A
PITTSBURGH PA 15206-1297
FORTUNATO, MD, JAMES J EM
4414 PENN AVE
PITTSBURGH PA 15224-1312
412-687-8130
FOSTER, MD, HOWARD K P
401 SHADY AVE STE C202
PITTSBURGH PA 15206-4459
412-362-2777
FOSTER, MD, RICHARD G DR
1372 ROYAL OAK DR
WEXFORD PA 15090-8770
412-934-2762
FOWLER, MD, DAVID P ORS
2566 HAYMAKER RD STE 311
MONROEVILLE PA 15146-3517
412-373-0880
FRAC, MD, MICHAEL J PD
2594 CHAPELWOOD DR
PITTSBURGH PA 15241-2849
412-833-4137
FRAGOLA, MD, JORGE A N
824 CALIFORNIA AVE
PITTSBURGH PA 15202-2706
412-766-3232
FRAME, KELBY L ST
1217 TENNESSEE AVE
PITTSBURGH PA 15216
FRANCIS, MD, GEORGE J D
4424 PENN AVE
SUITE 201
PITTSBURGH PA 15224-1340
412-683-5211
FRANK, MD, LESLIE A PD
1880 SHAW AVE
PITTSBURGH PA 15217-1709
FRANKLIN, MD, JOHN W B DR
ST MARGARET MEM HOSP
815 FREEPORT RD
PITTSBURGH PA 15215-3301
412-784-4000
FRANZ, BETTINA E ST
3218 WATERFORD CT
PITTSBURGH PA 15238-1141
FRANZ, MD, JOHN P U
580 S AIKEN AVE
PITTSBURGH PA 15232-1531
412-621-8260
FRANZ, MD, THOMAS A PM
3913 LAUREL OAK DR
MURRYSVILLE PA 15668-8500
412-242-9819
FRAZIER II, MD, JOHN E CD
420 E NORTH AVE STE 202
PITTSBURGH PA 15212-4740
412-321-7500
FRIBERG, MD, THOMAS R OPH
203 LOTHROP ST STE 824
PITTSBURGH PA 15213-2588
412-647-2214
FRIDAY JR, MD, GILBERT A PS
CHILDRENS HOSP
3705 5TH AVE
PITTSBURGH PA 15213-2583
412-692-7885
FRIDAY, MD, JOHN R CD
300 FOX CHAPEL RD APT 603
PITTSBURGH PA 15238-2327
412-661-8218
FRIDAY, MD, RUPERT H GYN
1622 POWERS RUN RD
PITTSBURGH PA 15238-2438
412-963-6352
FRIED, MD, BARBARA M AN
265 SHADY AVE APT 12
PITTSBURGH PA 15206
412-661-3638
FRIEDLANDER, ERIC J ST
515 S AIKEN AVE APT 501
PITTSBURGH PA 15232
FRIEDMAN, MD, ABRAHAM W CD
347 S LINDEN AVE
PITTSBURGH PA 15208-2648
FRONDUTI, MD, ROBERT L OBG
772 SCRUBGRASS RD
PITTSBURGH PA 15243-1124
412-343-8748
FRYE, MD, PAUL E P
9000 BROOKTREE RD STE 200
WEXFORD PA 15090-9528
412-934-2560

FU, MD, FREDDIE H ORS
CTR FOR SPORTS MED AND REHAB
4601 BAUM BLVD 2ND FL
PITTSBURGH PA 15213-1217
412-578-3302
FU, MD, GENE Y CD
3 ALLEGHENY CIR APT 619
PITTSBURGH PA 15212-5319
412-322-2526
FUCHS, MD, HANS J IM
3 SYCAMORE SPUR
LEETSDALE PA 15056-1212
308-848-7071
FUGE, MD, L H FP
1601 PENN AVE STE 5300
PITTSBURGH PA 15221-2697
412-241-2336
FUHRER, MD, RUSSELL S TR
200 LOTHROP ST
PITTSBURGH PA 15213
412-647-3600
FUHRMAN, MD, CARL R DR
PRESBY UNIV HOSP
200 LOTHROP ST
PITTSBURGH PA 15213-2525
412-647-3512
FULLER, SUZANNE J ST
534 WYNCOTTE CIR
BERWYN PA 19312-1054
FULTZ, SHAWN L ST
RR 2 BOX 736
MCCLURE PA 17841-9642
FUNG, MD, JOHN J GS
332 OLDE CHAPEL TRL
PITTSBURGH PA 15238-1228
412-963-1070
FUNT, MD, LOREN D
750 WASHINGTON RD STE 8
PITTSBURGH PA 15228-2051
412-531-2663
FURGIUELE-IRACKI, MD, NATALIE GS
110 FT COUCH RD
PITTSBURGH PA 15241-1030
412-833-9722
FURIGAY, PAUL J ST
100 DENNISTON AVE #103
PITTSBURGH PA 15313
FURLONG, DO, NATALIE V FP
1445 S RANDOLPH DR
CLAIRTON PA 15025
412-653-1530
FURMAN, MD, JOSEPH M N
EYE AND EAR INST
203 LOTHROP ST STE 300
PITTSBURGH PA 15213-2588
412-647-2117
FUSCO, MD, ROBERT D GE
PO BOX 1138
MOON TWP PA 15108-6138
FUSIA, MD, JOSEPH F GP
5802 VERONA RD
VERONA PA 15147-3139
412-793-8200
FUTRELL, MD, J WILLIAM PS
UNIV OF PITT
668 SCAIFE HALL
PITTSBURGH PA 15261-2006
412-648-9675
GABOS, MD, CHARLES W GP
108 HEIDCREST DR
PITTSBURGH PA 15237-2281
412-364-3995
GABOS, MD, PAUL REN
108 TREE FARM RD
PITTSBURGH PA 15238-2126
GABRIELE, MD, MICHAEL W US
116 HAMILTON DRIVE
SEWICKLEY PA 15143
GAFFNEY, MD, MICHAEL B ORS
5750 CENTRE AVE STE 300
PITTSBURGH PA 15206-3766
412-363-2663
GAFFNEY, MD, PAUL C PS
5540 ELGIN AVE
PITTSBURGH PA 15206-1433
412-362-0178
GAGAJEWSKI, ANGELIQUE ST
3132 SHADELAND AVE
PITTSBURGH PA 15212
GAGE, KENNETH L ST
147 N CRAIG ST APT 36
PITTSBURGH PA 15213
GAGIANAS, MD, PETER J FP
118 BROOKDALE CIR
MCMURRAY PA 15317-3306
412-343-4249
GAISFORD, MD, JOHN C PS
910 WALDHEIM RD W
PITTSBURGH PA 15215-1839
412-781-2353
GALDUN, MD, JOHN P AN
1020 OLD ORCHARD DR
GIBSONIA PA 15044-6080
412-361-6953
GALLIS, MD, CHRISTINE M OBG
1105 ST MARTIN ST
PITTSBURGH PA 15203-1417
412-488-7042
GANDHI, MD, ANANT J IM
304 HARVESTER CIR
PITTSBURGH PA 15241-2032
412-833-6731

GANNON, MD, MARK P GS
820 WAINWRIGHT DR
PITTSBURGH PA 15228-1710
GANNON, MD, ROBERT P OBG
OLIVER BLDG STE 2320
PITTSBURGH PA 15222
412-281-7313
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304 WAITMAN ST
MORGANTOWN WV 26505
304-296-3920
GARBER, MD, H JORDAN P
490 E NORTH AVE STE 407
PITTSBURGH PA 15212
412-322-1211
GARCIA, MD, DIOSDADO A IM
500 LEWIS RUN RD
PITTSBURGH PA 15236
412-466-7787
GARDNER, MD, MORRIS Z DR
3018 HARTSWOOD DR
ALLISON PARK PA 15101-3121
412-487-7672
GARDNER, MD, ROBERT S CDS
CARDIAC SURGEONS INC
4815 LIBERTY AVE
PITTSBURGH PA 15224
412-682-3665
GARFINKEL, MD, MARC E CHP
401 SHADY AVE # C-106
PITTSBURGH PA 15206-4409
412-661-4663
GARNER, MD, WILLIAM J *FP
411 FIELDING DR
PITTSBURGH PA 15235-2021
413-371-3752
GAROFOLI, MD, CAESAR A FP
12 WOODLAND DR
PITTSBURGH PA 15228-1714
GARRETT, MD, JEFFREY S IM
W PENN CARDI ASSOC
5140 LIBERTY AVE
PITTSBURGH PA 15224-2257
412-682-2100
GARRETT, MD, KEVIN O GS
402 CLINTON AVE
OAKDALE PA 15071
412-693-9292
GARRETT JR, MD, WILLIAM S PS
405 E WALDHEIM RD
PITTSBURGH PA 15215-1936
GARSON, MD, WARFIELD OM
49 ROCKLYNN PL
PITTSBURGH PA 15228-1828
GARVER, MD, JAMES J OBG
1103 LACLAIR ST
PITTSBURGH PA 15218-1203
412-244-8288
GARVER, MD, KENNETH L PD
101 STEPHENS LN
VERONA PA 15147-3035
412-793-0933
GARZARELLI, MD, DAVID M FP
9 GRAYHURST DR
PITTSBURGH PA 15235-5300
412-829-1606
GASTINEAU, MD, ROBERT M OM
2381 REXFORD DR
PITTSBURGH PA 15241-3321
GATZ, MD, TIMOTHY S FP
ST MARGARET MEM HOSP
815 FREEPORT RD
PITTSBURGH PA 15215
412-784-4227
GAUDIO JR, MD, RALPH CCM
9102 BABCOCK BLVD STE LL1
PITTSBURGH PA 15237-5819
412-367-5020
GAUNTNER, MD, WALLACE C NEP
824 CALIFORNIA AVE
PITTSBURGH PA 15202-2706
412-766-3232
GAUSE, MD, TRENTON M ORS
935 THORN RUN RD
CORAOPOLIS PA 15108-2861
412-299-0809
GAUSS, MD, WILLIAM F OM
725 MARYLAND AVE
PITTSBURGH PA 15232-2549
412-661-3155
GAY, MD, THOMAS C CD
ALLEGHENY PROF BLDG
490 E NORTH AVE STE 307
PITTSBURGH PA 15212
412-321-0680
GEHL, MD, LEONARD G CD
363 VANADIUM RD
PITTSBURGH PA 15243-1497
412-429-8840
GEHL, MD, RICHARD S ORS
1200 CENTRE AVE STE 131
PITTSBURGH PA 15219-3507
412-562-3098
GEITNER, ERIKA K ST
5641 BEACON ST
PITTSBURGH PA 15217
GELB, MD, RICHARD I CD
363 VANADIUM RD
PITTSBURGH PA 15243
412-429-8840
GELET, MD, THEODORE R CD
2341 MARBURY RD
PITTSBURGH PA 15221-3675
412-244-8927

GENDELL, MD, HOWARD M NS
5750 CENTRE AVE STE 400
PITTSBURGH PA 15206-3761
412-363-5900
GENNAULA, MD, CHARLES P N
203 CASSIA DR
CLAIRTON PA 15025-3404
412-753-6876
GENTILE, MD, ANTHONY F OBG
4880 LIBRARY RD
BETHEL PARK PA 15102-2962
412-831-8335
GEORGE, MD, JOHN J AN
1108 FOLKSTONE DR
PITTSBURGH PA 15243-1924
412-343-9177
GEORGE, MD, JOHN M CD
100 DELAFIELD ROAD
SUITE 303
PITTSBURGH PA 15215-3234
412-784-5400
GEORGE, MD, ROBERT A GS
105 SPRINGHOUSE DR
CLAIRTON PA 15025-3365
412-655-1285
GEORGEVICH, MD, PHILIP G GS
1614 BLACKBURN HTS RD
SEWICKLEY PA 15143-8626
412-741-5420
GERARD, MD, JOSEPH A CD
9380 MCKNIGHT RD STE 201
PITTSBURGH PA 15237-5954
412-367-8202
GERBER, MD, LAWRENCE D IM
261 SHADY AVE APT 12
PITTSBURGH PA 15206-4336
412-361-4461
GERBER, MD, MICHAEL L PS
1535 EL PASO REAL
LA JOLLA CA 92037-6303
GERNETH, MD, GEORGE J OPH
2400 ARDMORE BLVD STE 202
PITTSBURGH PA 15221-5299
412-351-3062
GHOSHHAJRA, MD, KALYANMAY DR
516 COLOUITT DR
PITTSBURGH PA 15238-2444
412-967-2246
GIBSON JR, MD, ROY L OM
166 N DITHRIDGE ST
PITTSBURGH PA 15213-2647
412-682-3169
GIBSON, MD, WILLIAM S D
1929 MT ROYAL BLVD
GLENSHAW PA 15116-2118
GIGA, MD, JUDITH P PS
1910 COCHRAN RD
PITTSBURGH PA 15220-1203
412-341-8181
GILBERTI, MD, FRANK F AN
441 CYPRESS HILL DR
PITTSBURGH PA 15235-2618
412-793-1460
GILBERTI, MD, MICHAEL V GS
201 HILLCREST RD
PITTSBURGH PA 15238-2307
412-963-0605
GILES, MD, HARLAN RAYMOND MFM
ALLEGHENY GENERAL HOSP
320 EAST NORTH AVENUE
PITTSBURGH PA 15212
412-322-2163
GILLESPIE, THOMAS L ST
120 VIOLET ST
PITTSBURGH PA 15229-1442
GILMAN, MD, EDWARD DR
248 MERION DR
PITTSBURGH PA 15228-2349
412-343-3429
GILMORE, MD, GEORGE H ORS
620 BERKSHIRE DR
PITTSBURGH PA 15215-1502
412-781-4922
GILMORE, MD, JAMES OBG
1331 IVERNESS AVE
PITTSBURGH PA 15217
412-682-1055
GINSBURG, MD, MICHAEL J EM
2280 ELM HILL RD
PITTSBURGH PA 15221-3664
412-731-0467
GIRDANY, MD, BERTRAM R PDR
8855 WILD DUNES DR
SARASOTA FL 34241
GIRDANY, MD, DAVID S ORS
1189 ST VINCENT DR
MONROEVILLE PA 15146-4317
412-856-4199
GITLOW, MD, STUART P
4 CANAL PARK APT 612
CAMBRIDGE MA 02141
617-252-0628
GITTINGS, MD, PAUL E OBG
243 CORNWALL DR
PITTSBURGH PA 15238-2642
412-828-5523
GLASSO, MD, LOUIS C ORS
3000 BROWNSVILLE RD
PITTSBURGH PA 15227
412-884-2733
GLEASON, MD, JAMES A IM
1789 S BRADDOCK AVE STE 110
PITTSBURGH PA 15218-1868
412-244-8760

GLEESON, MD, GEORGE H IM
ST FRANCIS MED CTR
45TH ST OFF PENN AVE
PITTSBURGH PA 15201
412-622-4443
GLICK, MD, HAROLD M PS
5173 LIBERTY AVE
PITTSBURGH PA 15224-2254
412-681-2200
GLICK, MD, KENNETH A GE
4815 LIBERTY AVE STE 222
PITTSBURGH PA 15224
412-545-7300
GLICK, MD, RONALD M US
700 PINETREE RD
PITTSBURGH PA 15243-1044
412-341-1946
GLORIOSO, MD, DAVID V GE
1350 LOCUST ST
STE 406
PITTSBURGH PA 15219
412-232-8104
GLUCK, MD, JULIE L OBG
534 GUYASUTA RD
PITTSBURGH PA 15215-1653
412-782-2118
GLUCKMAN, MD, ROBERT J HEM
9930 GRUBBS RD
WEXFORD PA 15090-000
GNEGY, MD, RICHARD DR
1006 TALL TREES DR
PITTSBURGH PA 15241-3535
412-257-1788
GODLA, MD, GREGORY J AN
255 TROTWOOD DR
PITTSBURGH PA 15241-2244
GOEHRING, MD, WALTER O GS
LONGWOOD AT OAKMONT
500 RTE 909 APT G21
VERONA PA 15147-3858
412-826-5844
GOESSLER, MD, MARY C PD
446 LINCOLN AVE
PITTSBURGH PA 15202-3631
412-761-1190
GOITZ, MD, ROBERT J ORS
169 GORDON ST
PITTSBURGH PA 15218-1661
412-242-1173
GOLANI, MD, UMESH A IM
206 FOXHURST DR
PITTSBURGH PA 15238-1818
412-967-0217
GOLDBERG, MD, ANDREW L DR
320 E NORTH AVE
PITTSBURGH PA 15212-4772
412-359-3432
GOLDBERG, MD, LISA A D
215 1ST AVE
TARENTUM PA 15084-1703
412-226-2222
GOLDBLUM, MD, ABRAHAM D US
307 S DITHRIDGE ST APT 611
PITTSBURGH PA 15213-3519
412-682-6707
GOLDBLUM, MD, LEE J OBG
7135 ROYCREST PL
PITTSBURGH PA 15208-2737
412-371-4733
GOLDBLUM, MD, ORIN M D
20 CEDAR BLVD STE 410
PITTSBURGH PA 15228-1330
412-563-4120
GOLDBLUM, MD, RAYMOND W D
3471 5TH AVE STE 202
PITTSBURGH PA 15213-3221
412-621-7526
GOLDEN IV, MD, SAMUEL W IM
732 COLLEGE AVE
PITTSBURGH PA 15232
GOLDFARB, MD, I WILLIAM GS
4815 LIBERTY AVE STE 340
PITTSBURGH PA 15224-2194
412-681-5788
GOLDING, MD, IRVIN M P
540 N NEVILLE ST STE 406
PITTSBURGH PA 15213-2838
412-681-2266
GOLDMAN, MD, IRVING S OPH
5 BAYARD RD APT 902-3
PITTSBURGH PA 15213-1955
412-682-4906
GOLDSTEIN, MD, ELLIOTT J P
230 N CRAIG ST
PITTSBURGH PA 15213-1565
412-682-7568
GOLDSTEIN, MD, KEITH S EM
35 HIGHLAND RD APT 4304
BETHEL PARK PA 15102-1876
412-854-3590
GOLDSTEIN, MITCHELL J ST
11217 HALYARD ST
PHILADELPHIA PA 19116
GOLDSTEIN, MD, MORTON L GE
5200 CENTRE AVE STE 409
PITTSBURGH PA 15232-1300
412-621-2334
GOLLA, MD, SARASWATHI K R
SUBURBAN GEN HOSP
S JACKSON AVE
PITTSBURGH PA 15202
412-734-6017

GONCZ JR, DO, GRAY AN
1421 TOWNE SQUARE DR
ALLISON PARK PA 15101-1952
412-364-1002
GONTHIER, MD, DOLORES M IM
1500 OXFORD DR STE 110
BETHEL PARK PA 15102
412-854-5491
GONZALEZ, MD, ALEJANDRO R NEP
5140 LIBERTY AVE
PITTSBURGH PA 15224-2215
412-683-4550
GONZALEZ, MD, RENE M AN
1336 PRINCETON PL
WEXFORD PA 15090-8706
412-731-0601
GOODMAN, MD, MARK A ORS
SHADYSIDE MEDICAL CTR
5200 CENTRE AVE STE 506
PITTSBURGH PA 15232-1300
412-682-8144
GOODMAN, MD, RICHARD A AN
532 S AIKEN AVE STE 302
PITTSBURGH PA 15232-1521
412-621-3388
GOODWORTH, MD, JOHN H GS
4815 LIBERTY AVE
PITTSBURGH PA 15224-2194
412-621-2450
GOPAL, MD, KRISHNAN A CRS
JEFFERSON MED BLDG
575 COAL VALLEY RD STE 516
CLAIRTON PA 15025-3729
412-466-7450
GOPALANI, MD, AZIZ A P
700 STONEGATE DR
OAKDALE PA 15071-9416
412-693-8114
GORALCZYK JR, MD, EDWARD J FP
2420 GREENOCK BUENA
VISTA RD
MCKEESPORT PA 15135-3141
412-751-4661
GORDON, MD, ADAM J IM
5415 KENTUCKY AVE
PITTSBURGH PA 15232
GORDON, MD, JEROLD S OPH
EYE AND EAR INST
203 LOTHROP ST
PITTSBURGH PA 15213-2588
412-647-2211
GORDON, MD, MURRAY B IM
150 WESTLAND DR
PITTSBURGH PA 15217-2539
412-422-0186
GORDON, PAULA J ST
6939 PENN AVE
PITTSBURGH PA 15208-2405
GORDON, RAM Y ST
532 S LINDEN AVE
PITTSBURGH PA 15208-2847
GORDON, MD, RODNEY G ORS
5200 CENTRE AVE STE 506
PITTSBURGH PA 15232-1302
412-682-8144
GORDON, MD, TOM J OPH
2853 FREEPORT RD
NATRONA HEIGHTS PA 15065-1905
412-224-4240
GORIN, MD, MICHAEL B OPH
EYE AND EAR INSTITUTE
203 LOTHROP ST 8TH FL
PITTSBURGH PA 15213-2588
412-647-2211
GOTTLIEB, MD, MICHAEL A OTO
3447 FORBES AVE
PITTSBURGH PA 15213-3212
412-681-2300
GOULD, DAVID A ST
154 BRIARWOOD DR
PITTSBURGH PA 15235-4301
GOURASH, MD, LEONA PD
134 OLD CLAIRTON RD
PITTSBURGH PA 15236-3903
412-655-8775
GRADMAN, MD, ALAN H CD
4800 FRIENDSHP AVE
PITTSBURGH PA 15224-1722
412-578-6934
GRAFF, MD, DANIEL M PD
701 BROAD ST
SEWICKLEY PA 15143-1652
412-741-8700
GRAHAM, MD, THOMAS R IM
755 FLEMING LN
SEWICKLEY PA 15143-1185
412-741-3584
GRANATO, MD, JEROME E CD
2210 ONE MELLON BANK CTR
500 GRANT ST
PITTSBURGH PA 15219-2502
412-456-0300
GRANDIS, MD, DONALD J IM
5845 CENTRE AVE
PITTSBURGH PA 15206
412-363-7474
GRANDIS, MD, JENNIFER R OTO
200 LOTHROP ST # 500 EEIB
PITTSBURGH PA 15213
412-647-5280
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3471 5TH AVE STE 1010
PITTSBURGH PA 15213-3230
412-687-3900

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100 BROADWAY AVE
CARNEGIE PA 15106-2472
412-276-7340
GRAY, MD, CYNTHIA A *OBG
106 GLENHAVEN LN
PITTSBURGH PA 15238-2204
412-963-0762
GRAY JR, MD, GEORGE H NS
133 WARWICK DR
PITTSBURGH PA 15241-2106
412-561-7856
GRAY III, MD, SAMUEL CD
320 3RD AVE
TARENTUM PA 15084-1840
412-224-0700
GREALISH, MD, ROBERT J FP
2566 HAYMAKER RD
MONROEVILLE PA 15146-3517
412-858-2768
GREATHOUSE, MD, MARK K CD
756 OSAGE RD
PITTSBURGH PA 15243-1040
412-561-9195
GRECO, MD, FRANK D U
105 HICKORY HILL RD
PITTSBURGH PA 15238-2303
412-963-9423
GREEN, ALAN R ADM
PREMIER MED MAN SRVS
400 PENN CTR BLVD STE 100
PITTSBURGH PA 15235
412-825-0881
GREEN, MD, MAYER A AI
GATEWAY TOWERS
320 FT DUQUESNE BLVD STE 380
PITTSBURGH PA 15222-1102
412-471-3818
GREEN, MD, RICHARD L A
STE 380 GATEWAY TOWERS
320 FT DUQUESNE BLVD
PITTSBURGH PA 15222
412-471-3818
GREEN, MD, ROBERT M FP
306 BEVERLY RD
PITTSBURGH PA 15216-1542
412-531-9705
GREEN JR, MD, WILLIAM T ORS
CHILDRENS HOSP
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412-682-2100
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412-335-2000
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102 HIDDEN VALLEY DR
PITTSBURGH PA 15237-1767
412-367-0691
HWANG, MD, MAISIE FP
DUQUESNE PLZ
DUQUESNE BLVD AT GRANT
DUQUESNE PA 15110
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PITTSBURGH PA 15238-2338
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412-351-5313
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3071 BEECHWOOD BLVD
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19 N COURT APT 134
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937 OLD HICKORY RD
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167 HERBST RD
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119 VIP DR
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4815 LIBERTY AVE
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412-682-3665
KLEIN, MD, ALAN H ORS
ST FRANCIS MED OFF
4221 PENN AVE # G103
PITTSBURGH PA 15224
412-622-2663
KLEIN, DO, MILTON J PM
1352 5TH AVE
CORAOPOLIS PA 15108-2024
412-262-7190
KLEIN, MD, MORDECAI N CD
2223 BEECHWOOD BLVD
PITTSBURGH PA 15217-1845
412-422-4370
KLEIN, MD, RICHARD M FP
4815 LIBERTY AVE STE 25
PITTSBURGH PA 15224-2194
412-621-2676
KLEINSCHMIDT, MD, ROBERT F IM
1420 CENTRE AVE APT 1904
PITTSBURGH PA 15219-3527
412-434-5545
KLINE, MD, ROBERT W AN
1121 GILCHREST DR
PITTSBURGH PA 15235-5224
412-824-2299
KLIONSKY, MD, BERNARD L PTH
UNIV OF PITT
708 SCAIFE HALL
PITTSBURGH PA 15261-0001
412-648-2007
KLOESZ, MD, JENNIFER L PD
270 SHADY AVE APT 12
PITTSBURGH PA 15206
412-362-4986
KLUG, MD, GERALD D IM
944 BEAVER GRADE RD
CORAOPOLIS PA 15108-2716
412-269-0116
KNAPPENBERGER, MD,
GEORGE F IM
490 E NORTH AVE AVE 210
PITTSBURGH PA 15212
412-369-5900
KNAUB, MARK A ST
5562 HOBART ST APT B3
PITTSBURGH PA 15217-1945
KNEPP, MD, ELIZABETH E OBG
2580 HAYMAKER RD STE 201
MONROEVILLE PA 15146-3500
412-856-7500
KNUPP, MD, DONNA L FP
4381 MURRAY AVE
PITTSBURGH PA 15217-2905
412-521-2857
KOBALY, MD, DAVID J OPH
9576 PERRY HIGHWAY
PITTSBURGH PA 15237
412-683-8248
KODURI, MD, PARANDHAM EM
111 CHERRYHILL DR
MONROEVILLE PA 15146
KOENIG, MD, WILLIAM J PS
2 ALLEGHENY CTR STE 530
PITTSBURGH PA 15212
412-231-0200
KOKALES, MD, JOHN G IM
5750 CENTRE AVE STE 380
PITTSBURGH PA 15206-3761
412-363-0611
KOLMEN, MD, BARBARA K PD
256 SWEET GUM RD
PITTSBURGH PA 15238-1348
412-826-1254
KOLTER JR, MD, JOSEPH P GS
2275 SWALLOW HILL RD STE 3
BLDG 2400
PITTSBURGH PA 15220-1656
412-279-6006
KOMER, MD, LOUIS M FP
SOUTH HILLS MED BLDG
STE 209
JEFFERSON BORO PA 15025
412-469-7010
KONDAVEETI, MD, KOTAYYA GE
4815 LIBERTY AVE STE 453
PITTSBURGH PA 15224-2194
412-621-0220
KONDROT, MD, EDWARD C OPH
INVESTMENT BLDG
239 4TH AVE # 2020
PITTSBURGH PA 15222-1712
412-281-0447
KOOROS, MD, KIAN S CD
9104 BABCOCK BLVD
PITTSBURGH PA 15237-5818
412-364-2323
KORMAN, MD, H SHIRLEY AN
314 SCHENLEY RD
PITTSBURGH PA 15217-1173
412-683-1714

KORNBLITH, MD, PAUL L NS
907 SETTLERS RIDGE RD
PITTSBURGH PA 15238-2653
412-963-7843
KOSSOFF, MD, DAVID W IM
3105 CHARLEMAGNE CIR
PITTSBURGH PA 15237-2926
412-364-3784
KOSSOL, MD, JANET M DR
ST FRANCIS MED CTR
45TH ST OFF PENN AVE
PITTSBURGH PA 15201
412-628-2262
KOSTYAL, MD, JOHN L OBG
1225 GIRARD RD
PITTSBURGH PA 15227-1410
412-885-2648
KOTTAPALLY, MD, SRINIVAS M US
MONONGAHELA VALLEY HOSP
COUNTRY CLUB RD
MONONGAHELA PA 15063
412-258-3040
KOTWAL, MD, NIRMAL D PTH
MONONGAHELA VALLEY HOSP
COUNTRY CLUB RD RTE 88
MONONGAHELA PA 15063
412-258-1816
KRAH, JOHN G *EXEC
ALLEGHENY CO MED SOC
713 RIDGE AVE
PITTSBURGH PA 15212-6098
412-321-5030
KRAK, MD, MICHAEL PD
3305 MAIN ST
MUNHALL PA 15120-3251
412-461-1151
KRAM, MD, JOHN E GP
227 S HOME AVE APT 203
PITTSBURGH PA 15202-2823
412-766-2090
KRANIK, MD, ANDREW D ORS
440 W MAIN ST
MONONGAHELA PA 15063-2552
412-258-7155
KRAUS, MD, DAVID R ORS
1350 LOCUST ST STE 300
PITTSBURGH PA 15219-4738
412-261-1222
KRAUSE, MD, HELEN F OTO
9104 BABCOCK BLVD STE 4110
PITTSBURGH PA 15237-5818
412-366-1661
KRAUSE, MD, NORMAN M ORS
6301 FORBES AVE
PITTSBURGH PA 15217-1725
412-422-2400
KRAUSE, MD, SEYMOURE CD
FOREST HILLS PLAZA
YOST BLVD
PITTSBURGH PA 15221
412-823-3300
KREBS, MD, JAMES A IM
825 S MAIN ST
WASHINGTON PA 15301-6267
412-222-4464
KREINBROOK, MD, SUZANNE B P
W PSYCH INST AND CLINIC
3811 O'HARA ST
PITTSBURGH PA 15213-2593
412-647-8237
KRESH, MD, NORMAN N P
5545 FORBES AVE APT B
PITTSBURGH PA 15217-1178
412-521-4856
KRIDGEN, MD, PAMELA L *OBG
239 DELL LN
PITTSBURGH PA 15237
412-647-4220
KRIFCHER, MD, CHARLES PTH
BRADDOCK MED CTR
400 HOLLAND AVE
BRADDOCK PA 15104-1599
412-636-5289
KRIFCHER, MD, EMANUEL IM
5818 FORBES AVE
PITTSBURGH PA 15217
412-422-8762
KRISHER, STACY L ST
258 CHAPEL DR
HOLLAND PA 18966-1631
KRISHNAN, MADHAVAN ST
8 CHERRYWOOD CT
CHERRY HILL NJ 08003-1900
KRISHNASWAMI, MD,
SUBRAMANIA CD
515 BROAD AVE
BELLE VERNON PA 15012
412-466-5502
KRISHNASWAMI, MD, V CD
407 BRYN CT
PITTSBURGH PA 15237-3380
KRISIK, MD, LINDA S IM
63 E WEST DR
PITTSBURGH PA 15237-2723
412-931-7320
KRISKY, DAVID M ST
1551 FIELD CLUB DR
PITTSBURGH PA 15237-1525
KRISTOFIC, MD, JOHN D IM
9909 FRANKSTOWN RD
PITTSBURGH PA 15235-1647
412-244-1310

KRIVINKO, MD, DENNIS M OBG
9000 BROOKTREE RD STE 400
WEXFORD PA 15090-9288
412-934-1600
KROSS, MD, DEAN E CD
3471 5TH AVE STE 1015
PITTSBURGH PA 15213-3221
412-687-7666
KROTEC, MD, JOSEPH W FP
5438 CENTRE AVE
PITTSBURGH PA 15232-1622
412-681-5686
KROUNER, MD, ANDREW D P
BEAVER VALLEY EYE CTR
95 A GOLFVIEW DR
MONACA PA 15061
412-770-9000
KROUSKOP, MD, ANDREW C PM
218 TIMBER RIDGE RD
PITTSBURGH PA 15238-2436
412-963-0946
KRUGH, MD, FRANCIS J D
1290 BOYCE RD APT A335
PITTSBURGH PA 15241-3930
412-941-2683
KRUGH, MD, JAMES W AN
755 PINETREE RD
PITTSBURGH PA 15243-1043
412-521-8894
KUBIK, MD, CAROLYN J REN
4075 MONROEVILLE BLVD # 330
MONROEVILLE PA 15146-2529
412-856-3130
KUBIK, NICHOLAS J ST
401 S BRADDOCK AVE
PITTSBURGH PA 15221
KUMAR, MD, RAKESH IM
6497 RIDGE ROAD
NATRONA HTS PA 15065-9513
412-224-1651
KUMAR, MD, SHASHI GE
125 DAUGHERTY DR 2ND FLR
MONROEVILLE PA 15146-2749
412-372-0210
KUN, MD, JOSEPH GP
995 REDWOOD DR
PITTSBURGH PA 15234-1105
412-531-8135
KUNKEL, MD, HERBERT G AN
1550 FOX CHAPEL RD
PITTSBURGH PA 15238-1203
412-963-9641
KUNKEL JR, MD, HERBERT G PM
1550 FOX CHAPEL RD
PITTSBURGH PA 15238-1203
412-856-2598
KUNKEL, MD, JAMES V AN
4803 WOODLAKE DR
ALLISON PARK PA 15101-1019
412-443-2617
KUNKEL, MD, WILLIAM H OTO
212 S TRENTON AVE
PITTSBURGH PA 15221-2712
412-371-7070
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1058 WEST GROVE CT
GIBSONIA PA 15044
412-625-2006
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412-325-4609
KUNSMAN, MD, WILLIAM E CD
OHIO VALLEY GEN MED BLDG
HECKEL RD STE 200
MCKEES ROCKS PA 15136
412-777-4375
KUPFER, MD, SAMUEL FP
5845 DOUGLAS ST
PITTSBURGH PA 15217-2101
412-678-4247
KUREMSKY, MD, DALE A U
PARKVALE SAVINGS BLDG
200 MEYRAN AVE 3RD FL
PITTSBURGH PA 15213-3305
412-621-0248
KURTZ, MD, CHRISTOPHER A GS
512 DOGWOOD CT
PITTSBURGH PA 15237-2612
412-635-0818
KURTZ, MD, JOHN E PTH
FRIENDSHIP VILLAGE
1290 BOYCE RD APT C333
PITTSBURGH PA 15241-3921
412-563-0867
KUSH, MD, FRANK H *IM
C/O BETH CENE
4567 DOGWOOD DR
ALLISON PARK PA 15101
412-621-1566
KUSH, MD, MARGARET B *IM
114 TREE FARM RD
PITTSBURGH PA 15238-2126
412-963-6198
KUSIC, MICHAEL B ST
4601 BAYARD ST #2A7
PITTSBURGH PA 15213
KUTSENKOW, MD, MICHAEL FP
225 E MAIN ST
CARNEGIE PA 15106-2701
412-276-2626

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MERCY HOSP
1400 LOCUST ST
PITTSBURGH PA 15219-5166
412-232-8006
KUYE, OLABISI O ST
4601 BAYARD ST APT 2A7
PITTSBURGH PA 15213
KVAMME, MD, PETER DR
6554 DARLINGTON RD
PITTSBURGH PA 15217
412-422-2007
KYREAGES, MD,
CONSTANTINE G GS
1501 MONTGOMERY RD
ALLISON PARK PA 15101-1755
412-366-5138
KYRIACOPOULOS, MD, JOHN D CD
SHADYSIDE PLACE STE 325
580 S AIKEN AVE
PITTSBURGH PA 15232-1531
412-681-3779
LABUDA, DO, BRYAN E OBG
9 SPRING VALLEY RD
GREENSBURG PA 15601-9016
LACOUTURE, MD, LUIS IM
126 MARLBORO DR
MC MURRAY PA 15317
412-941-9399
LADANI, MD, CHHAGANLAL D IM
1200 CENTRE AVE
PITTSBURGH PA 15219-3507
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4451 OAK LANE
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412-885-5400
LAI, KEANE K ST
341 S HIGLAND AVE
PITTSBURGH PA 15229
LAI, YI-CHEN ST
175-20 WEXFORD TERR APT 4T
JAMAICA NY 11432
LAING, MD, PATRICK G ORS
532 S AIKEN AVE STE 408
PITTSBURGH PA 15232-1521
412-682-1600
LAKDAWALA, MD, SHABBIR IM
110 CARRIE ANN DR
NEW KENSINGTON PA 15068-9338
412-793-8193
LALLY, MD, FRANCIS L CD
701 BROAD ST
SEWICKLEY PA 15143-1652
412-741-2700
LALLY, MD, MICHAEL E VS
1350 LOCUST ST STE 205
PITTSBURGH PA 15219-4738
412-391-4360
LAMAN, ANDREW D ST
109 HILLCREST RD
PITTSBURGH PA 15238-2305
LAMAN, MD, DAVID PUD
CENTRE COMMONS BLDG
5750 CENTRE AVE STE 260
PITTSBURGH PA 15206-3761
412-362-0122
LAMB, MD, KATHLEEN G PD
2548 BARNWOOD DR
WEXFORD PA 15090-7973
412-935-0568
LAMP JR, MD, CLYDE B OTO
107 YORKSHIRE DR
PITTSBURGH PA 15238-2417
412-963-0588
LANASA, MARK C ST
1924 OAK CREST CT
ALLISON PARK PA 15101
LANAUZE, MD, HARRY E GP
1026 WALNUT ST
MCKEESPORT PA 15132-3945
412-672-2877
LANDAU, MD, PHILIP M IM
217 TIMBER RIDGE RD
PITTSBURGH PA 15238-2436
412-963-6651
LANDAY, MD, RONALD A *A
1053 LINDENDALE DR
PITTSBURGH PA 15243-1935
412-563-2262
LANDERMAN, MD, NATHANIEL S A
3471 5TH AVE
PITTSBURGH PA 15213-3221
412-682-2030
LANDFAIR, MD, ROY J CD
1805 CHEVIOT DR
SEWICKLEY PA 15143-9006
412-391-3261
LANDIS JR, MD, JAMES P CD
740 E STATE ST
SHARON PA 16146
412-983-3881
LANDON JR, MD, LYNDON H GS
3904 PARK WAY
ASHVILLE NY 14710-9772
716-789-2194
LANG, MD, DAVID F N
110 WEDGEWOOD DR #4
MORGANTOWN WV 26505

LANG, MD, HOWARD N AI
3028 BROWNSVILLE RD
PITTSBURGH PA 15227-2402
412-882-9455
LANGA, MD, VICTORIA M ORS
405 ASHTON DRIVE
CHESWICK PA 15024-9727
LANGHANS, MD, MARK J ORS
5900 CORPORATE DR STE 200
PITTSBURGH PA 15237
412-369-4000
LANGOL JR, MD, GEORGE PD
22 OLD CLAIRTON RD
PITTSBURGH PA 15236-3913
412-892-2488
LANGSTEIN, MD, HOWARD N PS
MERCY HOSP
1400 LOCUST ST
PITTSBURGH PA 15219
412-232-5950
LANZ JR, MD, ROBERT J P
421 SANGREE RD
PITTSBURGH PA 15237-3709
412-487-3408
LARSON, MD, CHRISTOPHER E AN
5633 AIKEN RD
MCKEES ROCKS PA 15136-1266
412-788-2162
LARSON, MD, THOMAS J ORS
2580 HAYMAKER RD
MONROEVILLE PA 15146
412-856-3077
LASORDA, DO, DAVID M IM
ALLEG PROF BLDG SUITE 307
490 E NORTH ST STE 307
PITTSBURGH PA 15212
412-321-0680
LATTANZI, MD, DANIEL R OBG
1050 BOWER HILL RD STE 206
PITTSBURGH PA 15243-1842
412-572-6127
LATTARI, MD, VINCENT A GS
1378 CENTER AVE
PITTSBURGH PA 15229-1604
412-761-5214
LATUSKA, MD, RICHARD F GE
2139 LE GRAN DR
GIBSONIA PA 15044-7495
LAUFE, MD, MARC D PUD
5200 CENTRE AVE # 304
PITTSBURGH PA 15232-1300
412-687-6400
LAW, MD, STUART C AN
4624 DOGWOOD LN
MURRYSVILLE PA 15668-1418
412-325-2258
LAWLESS, MD, GRANT D IM
BLUE CROSS OF WEST PA
5TH AVE PL SUITE 3031
PITTSBURGH PA 15222
412-255-7725
LAWLOR, MD, MAUREEN NEP
MERCY HOSP
1400 LOCUST ST
PITTSBURGH PA 15219-5166
412-232-8062
LAWSKY, MD, ALAN R DR
5427 BEACON ST
PITTSBURGH PA 15217-1901
412-521-6107
LEBOVITZ, MD, CHARLES N GS
4815 LIBERTY AVE # 426
PITTSBURGH PA 15224-2156
412-683-2267
LEBOVITZ, MD, JEROME J IM
204 5TH AVE BUHL BLDG 6TH FL
PITTSBURGH PA 15222-2706
412-281-2522
LEBOWITZ, MD, JONATHAN J IM
1848 SHAW AVE
PITTSBURGH PA 15217
412-521-2317
LECHMANICK, MD, EUGENE A FP
8135 PERRY HWY
PITTSBURGH PA 15237-5233
412-364-2763
LEE, MD, FOO T OBG
5200 CENTRE AVE STE 513
PITTSBURGH PA 15232-1300
412-621-6672
LEE, J MI ST
147 POWELLS LN
WINTERVILLE OH 43952
LEE, MD, JOHN KEUN-SANG ORS
450 HOLLAND AVE STE 102
BRADDOCK PA 15104-1553
412-351-3478
LEE, MD, KWAN I AN
OHIO VALLEY GEN HOSP
HECKEL RD
MCKEES ROCKS PA 15136
412-777-6491
LEE, LISA M ST
5 BAYARD RD UNIT 103
PITTSBURGH PA 15213
LEE, MD, OOK J OBG
960 BEAVER GRADE RD
CORAOPOLIS PA 15108-2718
412-264-4741
LEE, MD, ROBERT E US
UPMC
200 LOTHROP ST
PITTSBURGH PA 15213-2582
412-647-2758

LEE, MD, SANG E FP
102 7TH ST
GLASSPORT PA 15045-1602
412-672-6133
LEEHAN, MD, SEAN W FP
475 COAL VALLEY RD STE 406
CLAIRTON PA 15025-2338
412-469-7120
LEEN, MD, RAYMOND L TR
220 N DITHRIDGE STE 501
PITTSBURGH PA 15213-1419
412-682-4200
LEFF, MD, BERNARD A
1458 N HIGHLAND AVE
PITTSBURGH PA 15206-1171
LEIBENSPERGER, MD,
STEPHEN N FP
803 HILLCREST CIR
WEXFORD PA 15090-6914
412-934-0856
LEIBOWITZ, MD, LEONARD D PD
610 WINTERBERRY DR
MONROEVILLE PA 15146-1232
412-372-9248
LEIBZON, ROMAN ST
4750 CORBIN AVE
TARZANA CA 91356
LEIFER, JOSHUA M ST
3955 BIGELOW BLVD # 606
PITTSBURGH PA 15213-1235
LEMBERG, MD, JEFFREY D PM
4412 PENN AVE
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3133 TALL OAK DR
ALLISON PARK PA 15101-1134
412-487-2645
LENKEY, MD, JOSEPH L DR
815 FREEPORT RD
PITTSBURGH PA 15215-3399
412-784-4278
LENOX, MD, CORA C PDC
CHILDRENS HOSP
3705 5TH AVE
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412-692-6655
LENOX, MD, JOHN E D
552 N NEVILLE ST APT 66
PITTSBURGH PA 15213-2828
412-681-7147
LENTZ, MD, KENNETH H CD
2303 HARROW RD
PITTSBURGH PA 15241-2439
412-854-3696
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5200 CENTRE AVE STE 515
PITTSBURGH PA 15232-1300
412-688-9810
LESACA, MD, TIMOTHY G P
260 TROTWOOD W DR
PITTSBURGH PA 15241-2247
412-833-7181
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5820 CENTRE AVE
PITTSBURGH PA 15206-3753
412-661-5500
LESLIE, MD, MARTHA I FP
6235 5TH AVE # C21
PITTSBURGH PA 15232-2937
412-363-8950
LEVARI, MD, ISAAC FP
5872 BURCHFIELD AVE
PITTSBURGH PA 15217-2731
412-421-5010
LEVENSON, MD, DAVID J IM
5140 LIBERTY AVE
PITTSBURGH PA 15224-2215
412-683-4550
LEVICK, MD, MARVIN H IM
3301 WILLIAM PENN HWY
PITTSBURGH PA 15235-5242
412-371-1555
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200 LOTHROP ST
DEPT OF ANESTHESIOLOGY
PITTSBURGH PA 15213
412-648-6070
LEVINE, MD, MACY I A
3347 FORBES AVE
PITTSBURGH PA 15213-3124
412-621-2393
LEVINE, MD, MICHAEL ORS
SHADYSIDE HOSP
5200 CENTRE AVE STE 415
PITTSBURGH PA 15232-1300
412-683-6222
LEVINE, MD, PHILLIP R IM
706 ROBINHOOD RD
PITTSBURGH PA 15215
412-963-9208
LEVINE, MD, SHELDON R PD
5173 LIBERTY AVE
PITTSBURGH PA 15224-2254
412-681-2200
LEVINSON, MD, BRADLEY A CRS
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370 GULF OF MEXICO DR # 415
LONGBOAT KEY FL 34228-4047
LEVIS, MD, MICHAEL P GS
1486 MONTGOMERY RD
ALLISON PARK PA 15101-1720
LEVY, MD, JON A ORS
5820 CENTRE AVE
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412-661-5509
LEVY, MD, LESLIE J IM
575 COAL VALLEY RD # 405
CLAIRTON PA 15025-3726
412-466-6161
LEVY, MD, MARSHALL S RHU
3500 5TH AVE
4TH FLOOR
PITTSBURGH PA 15213-3316
412-682-2434
LEVY, MD, REINHARDT D FP
3500 5TH AVE
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LEWIN, MD, JULIAN R R
20 MISTY MORNING DR
HILTON HEAD SC 29926-2538
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1241 PEERMONT AVE
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LEWIS, JENNIFER L ST
300 ELM DR
RR 3
CANONSBURG PA 15317-9539
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2516 WEXFORD RUN RD
WEXFORD PA 15090-7803
413-935-1422
LIANG, MD, DAVID Y GS
4318 NORTHERN PIKE STE 102
MONROEVILLE PA 15146-2809
412-856-4114
LIANG, MD, MARIA N
9104 BABCOCK BLVD STE 2116
PITTSBURGH PA 15237-5818
412-367-1003
LICHTER, MD, JAMES G ON
223 ELMTREE RD
NEW KENSINGTON PA 15068-4602
412-339-2731
LIDEN, MD, CRAIG B PD
610 BEATTY RD
MONROEVILLE PA 15146-1502
412-856-9250
LIEBLER, MD, GEORGE A *CDS
841 VALLEYVIEW RD
PITTSBURGH PA 15243-1019
412-531-2009
LIEDERBACH, MD, STEPHEN J IM
469 LOWRIES RUN RD
PITTSBURGH PA 15237-1230
412-366-9597
LIEFELD, MD, PAUL A ORS
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412-369-4000
LIGGETT, MD, JOHN S GS
18 WOODLAND RD
SEWICKLEY PA 15143-1123
412-741-6760
LIGGETT, MD, JOSEPH G GS
34 CHURCHILL RD
PITTSBURGH PA 15235-5152
412-371-7880
LIGHT, MD, BENJAMIN W OTO
18 CONESTOGA DR
BETHEL PARK PA 15102-1955
412-835-1280
LIGHT, KAREN J ST
315 VILLAGE CT
CRANBERRY PA 16066-3341
LILIENTHAL, MD, DAVID S IM
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LIM, MD, FELIXBERTO D ON
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412-366-1652
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412-578-1785
LIN, MD, MING-SHEK AI
81 LOCKSLEY DR
PITTSBURGH PA 15235-5117
412-823-7456

LIN, MD, RONG-CHUNG U
829 WOOD ST
PITTSBURGH PA 15221-2819
412-244-8091
LINDBLAD, MD, JOHN H PD
2550 MOSSIDE BLVD STE 208
MONROEVILLE PA 15146-3531
412-372-1331
LINDENBAUM, MD, JORGE IM
3000 BROWNSVILLE RD
PITTSBURGH PA 15227-2469
412-881-0320
LINDER, MD, PAUL G IM
1062 WESTCHESTER RD
LIBRARY PA 15129-9118
412-351-3524
LINHART, MD, RANDOLPH W OPH
10 TRILLIUM LN
PITTSBURGH PA 15238-1945
412-782-2204
LIPAPIS, MD, CHRISTY N IM
207 PICTURE DR
PITTSBURGH PA 15236-4534
412-653-3237
LIPMAN, MD, RODNEY C CD
575 COAL VALLEY RD STE 210
CLAIRTON PA 15025-3724
412-469-7788
LIPSITZ, MD, H DAVID GE
4815 LIBERTY AVE
SUITE 125
PITTSBURGH PA 15224-2194
412-687-5600
LIPUT JR, MD, JOSEPH H NEP
5140 LIBERTY AVE
PITTSBURGH PA 15224-2215
412-683-4550
LISS, MD, ROBERT G ORS
1006 HIGHMONT ROAD
PITTSBURGH PA 15232
412-373-1600
LLOYD, MD, JON C GS
5750 CENTRE AVE 3RD FL
PITTSBURGH PA 15206-3708
412-363-8811
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500 LEWIS RUN RD
PO BOX 18149
PITTSBURGH PA 15236-0149
412-466-1203
LOBAS, MD, DAVID M N
1818 S VILLA DR
GIBSONIA PA 15044-7443
LOBES JR, MD, LOUIS A OPH
RETINA VITREOUS CONS
3501 FORBES AVE STE 500
PITTSBURGH PA 15213-3306
412-683-5300
LOBL, MD, LAWRENCE T P
401 SHADY AVE STE D107
PITTSBURGH PA 15206-4460
412-441-1668
LOCKE, MD, DAVID L OM
1805 WEST ST
MUNHALL PA 15120-2532
412-461-1000
LOLLEY, MD, DAVID M CDS
4815 LIBERTY AVE STE 204
PITTSBURGH PA 15224-2156
412-621-1778
LONDINO JR, MD, ALDO V RHU
2693 TIMBERGLEN DR
WEXFORD PA 15090-7562
412-692-7885
LORENZ III, MD, STEPHEN A OTO
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100 DELAFIELD RD STE 207
PITTSBURGH PA 15215-3247
412-782-5566
LOSKEN, MD, H WOLFGANG PS
4700 ELLSWORTH AVE #14
PITTSBURGH PA 15213-2817
LOSTETTER JR, MD, STEPHEN J R
2331 FOX HOLLOW DR
PITTSBURGH PA 15237
412-364-1366
LOUGHMAN, MD, LINDA FP
125 DAUGHERTY DR
MONROEVILLE PA 15146-2749
412-372-0210
LOVELY, MD, THOMAS J NS
200 LOTHROP ST STE B400
PITTSBURGH PA 15213-2582
412-647-0951
LOWDER JR, MD, RALPH J R
10521 COUNTRY LN
WEXFORD PA 15090-9417
412-935-2976
LOWERY, MD, WILLA D OBG
119 SUNNYHILL DR
PITTSBURGH PA 15237-3666
LOWY JR, MD, ALEXANDER D IM
302 FOX CHAPEL RD APT 315
PITTSBURGH PA 15238-2337
412-782-3188
LOY, MD, MARIA J V IM
545 S AIKEN AVE APT 27
PITTSBURGH PA 15232
412-621-1748
LOZANO, MD, RAMON G IM
1006 GOLFVIEW DR
MCKEESPORT PA 15135-2122
412-751-4505

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3471 5TH AVE STE 810
PITTSBURGH PA 15213-3221
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LUCAS, MD, DONNA M AN
100 ST ANDREWS DR
PITTSBURGH PA 15205-9797
412-787-0813
LUDWIG, MD, KARL D P
2168A REIS RUN RD
PITTSBURGH PA 15237-1425
LUMISH, MD, ROBERT M *ID
1508 VALLEY CT
PITTSBURGH PA 15241-2718
412-835-1736
LUNDQUIST, MD, THOMAS G PD
446 LINCOLN AVE
PITTSBURGH PA 15202-3631
412-761-1190
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114 HIGHRIDGE CR
PITTSBURGH PA 15234-1010
412-835-8423
LUPARIELLO, MD, ANGELO D NEP
4564 PENN AVE
PITTSBURGH PA 15224-1314
412-683-7560
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791 SCRUBGRASS RD
PITTSBURGH PA 15243-1123
412-343-4849
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5750 CENTRE AVE STE 430
PITTSBURGH PA 15206-3761
412-661-3400
LWIN, MD, TINT R
JEFFERSON HOSP
COAL VALLEY RD
CLAIRTON PA 15025
412-469-5928
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513 PROTECTORY PL # 302
PITTSBURGH PA 15219
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MONROEVILLE PA 15146-2132
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PITTSBURGH PA 15232-1300
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MACLEOD, MD, GORDON K IM
319 JUNIATA CT
PITTSBURGH PA 15208-2609
MADHAVAN, MD, VASANTHA C CD
CARDIAC MEDICAL ASSOC
FOREST HILLS PL
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PITTSBURGH PA 15212-4785
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490 E NORTH AVE STE 302
PITTSBURGH PA 15212
412-359-8820
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412-359-8820
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PITTSBURGH PA 15219-3507
412-562-3292

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110 HILANDS PLACE
PITTSBURGH PA 15237
412-635-0393
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PITTSBURGH PA 15236-4353
412-892-2742
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MALLOY, MD, EDWARD L ON
ALLEGHENY VALLEY HOSP
1301 CARLISLE ST
NATRONA HTS PA 15065-1150
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6026 CALLE DE SUERTE
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1350 LOCUST ST STE G102
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213 TROTWOOD WEST DR
PITTSBURGH PA 15241-2227
412-833-7374
MANNINO, MD, STANLEY C IM
409 GREENHURST DR
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850 CLAIRTON BLVD STE 2300
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169 SHADOW RIDGE DR
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MARATTA, MD, JAN W GS
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CORAOPOLIS PA 15108-2347
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MARAZZO, MD, DONALD P OBG
MAGEE WOM HOSP GEN
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363 VANADIUM RD
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220 N DITHRIDGE ST APT 607
PITTSBURGH PA 15213-1422
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2664 W TIMBERGLEN DR
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SEWICKLEY PA 15143
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ANES DEPT
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MAROUIS, MD, MARIAN K EM
235 RIDGEVIEW DR
WEXFORD PA 15090-9435
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GATEWAY TOWERS APT 10-0
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MARRYSHOW, MD, BASIL A ORS
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9066 PERRY HWY
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39 N LINWOOD AVE
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412-922-2969
MARTENS, MD, JEFFREY D PTH
245 MELWOOD AVE APT 702
PITTSBURGH PA 15213-1624
412-683-0665
MARTIDIS, MD, ADAM US
156 LINDEN CT
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ST MARG MED ARTS BLDG
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412-782-2302
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MASSUCCI, MD, JAMES E AN
108 MEADOWVIEW DR
CANONSBURG PA 15317-2389
412-243-1882
MASTANDREA, MD, CARL A IM
1270 HAMILTON RD
PITTSBURGH PA 15234-2342
412-884-6474
MASTER, WILLIAM E ST
716 OSAGE RD
PITTSBURGH PA 15243-1040
MASTERS, MD, RAYMOND E FP
1144 BROADWAY ST
E MCKEESPORT PA 15035-1549
412-823-5250
MASTERS, MD, RUTH S FP
1144 BROADWAY ST
E MCKEESPORT PA 15035-1549
412-823-5250
MATALA, DO, MARIA E FP
ST MARGARET MEM HOSP
815 FREEPORT ROAD
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MATEER, MD, FRANK IM
2812 ORLANDO PL
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5412 ELMER ST
PITTSBURGH PA 15232-2261
412-621-8975
MATHEO, MD, LORETA M PD
UPTOWN PEDIATRICS
1709 BLVD OF THE ALLIES
PENN HILLS PA 15219
412-575-5800
MATHEW, MD, ANNA OM
237 PICTURE DR
PITTSBURGH PA 15236-4534
412-655-1239
MATHOS, DO, THOR C FP
12895 RT 30
N HUNTINGDON PA 15642-1324
412-864-7101
MATHUR, MD, AJAY K IM
MONONGAHELA HOSP PROF BLDG
COUNTRY CLUB RD
MONONGAHELA PA 15063
412-258-9680
MATTHIE, CLAUDINE M ST
120 RUSKIN AVE APT 421
PITTSBURGH PA 15213
MAUE, MD, FREDERICK R P
168 N 11TH STREET
SUNBURY PA 17801-2444
412-242-0473
MAYER-COSTA, MD, CARLOS M FP
100 DELAWARE AVE APT 331
OAKMONT PA 15139-2033
MAYERNIK, MD, DAVID G ON
4101 MANOR OAKS DR
EXPORT PA 15632-9202
MAZZA, MD, JOSEPH L IM
7613 4TH AVE W
BRADENTON FL 34209
MAZZEI, MD, JOSEPH M DR
1142 NEVADA ST
PITTSBURGH PA 15218-1003
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MC BRIDE, MD, ANNE K D
6605 WOODWELL ST
PITTSBURGH PA 15217-1320
412-521-7275
MC CLAIN III, MD, EDWARD J ORS
3 RIVERS ORTHO ASSOCS INC
1350 LOCUST ST STE 300
PITTSBURGH PA 15219
412-261-1222
MC CLOSKEY, CAROL A ST
3218 BEL AIR DR
PITTSBURGH PA 15227
MC CLUSKEY, KEVIN M ST
6345 MARCHAND ST
PITTSBURGH PA 15206-4311
MC COOL, MD, CHARLES M IM
3609 ASHLAND DR
BETHEL PARK PA 15102-1407
412-854-1744
MC ELWAIN, MD, MARIANN C GS
2689 HUNTER'S POINT DR
WEXFORD PA 15090
412-934-1092
MC FADDEN, BRETT A ST
6625 ADELPHIA ST #2
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1254 DORSEY AVE
MORGANTOWN WV 26505-7038
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PHILADELPHIA PA 19131
MC PHERSON, MD, ELIZABETH W PD
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CLEARWATER BEACH FL 34630-2630
813-447-1238
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MCHENRY, MD, THOMAS PD
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MEDWICK, DO, GERALD R TR
912 HIGHLANDER CIR
WEXFORD PA 15090-7463
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315 SUNNYFIELD DR
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NUNEZ, MD, HERMES GS
756 CHARTIERS AVE
MCKEES ROCKS PA 15136-3602
412-331-1168
NUSSBAUM, MD, ARTHUR J DR
N HILLS PASSAVANT RADIO
9100 BABCOCK BLVD
PITTSBURGH PA 15237-5842
412-367-6700
O'BRIEN, MD, GERARD T FP
1672 CHISLETT ST
PITTSBURGH PA 15206-1313
412-362-1642
O'CONNOR, MD, MARY K IM
7027 BENNINGTON WDS DR
PITTSBURGH PA 15237-6370
O'MALLEY, MD, DONALD F OS
575 COAL VALLEY RD STE 314
CLAIRTON PA 15025-3725
412-469-1660
O'MALLEY JR, MD, DONALD F ORS
2150 ENGLISH TURN DR
PRESTO PA 15142-1038
412-481-1116
O'ROARK, DO, DANIEL M CD
3913 PRINCESS CT
MURRYSVILLE PA 15668-1035
412-327-5698
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5200 CENTRE AVE STE 703
PITTSBURGH PA 15232-1300
412-687-8300
O'TOOLE, MD, THOMAS P IM
1922 HAMPSTEAD DR
PITTSBURGH PA 15235-5035
OBAGI, SUZAN ST
444 N CAMDEN DR
BEVERLY HILLS CA 90210
OBER, MD, SCOTT K IM
1280 SOM CENTER RD STE 129
MAYFIELD HEIGHTS OH 44124
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PO BOX 160
ADAMSBURG PA 15611-0160
412-889-1108
OBRIEN, MD, ROBERT G GYN
1410 CANDLEWOOD DR
PITTSBURGH PA 15241-2908
412-835-1236

OCHOA, MD, E RICARDO DR
5 LITTLE MEADOWS DR
WEXFORD PA 15090
412-935-5385
OCHOCO-CAVANAUGH, MD,
LILLIAN A IM
4221 PENN AVE STE 505
PITTSBURGH PA 15224-1389
OCONNOR, MD, JOHN P TR
ST FRANCIS MED CTR
45TH ST OFF PENN AVE
PITTSBURGH PA 15201
412-622-4068
ODONNELL, MD, CHRIS T IM
1099 OHIO RIVER BLVD
SEWICKLEY PA 15143-2056
412-741-7440
ODONNELL, MD, WALTER F U
PARKVALE SAVINGS BLDG
200 MEYRAN AVE 3RD FL
PITTSBURGH PA 15213-3305
412-621-0248
OEHRLE, MD, JOHN S PTH
ALLEGHENY VALLEY HOSP
1301 CARLISLE ST
NATRONA HEIGHTS PA 15065-1150
412-226-7076
OESTERLING JR, MD, EVERETT F NM
OHIO VAL GEN HOSP
HECKEL RD
MCKEES ROCKS PA 15136
412-777-6249
OFFERMAN, MD, JOOP FP
6740 REYNOLDS ST
PITTSBURGH PA 15206-4512
412-361-4960
OGUN, MD, DAVID J IM
2707 TILBURY AVE
PITTSBURGH PA 15217
OH, MD, KOOK-SANG PDR
ALLEGHENY GEN HOSP
RADIOLOGY
320 E NORTH AVE
PITTSBURGH PA 15212
412-359-3433
OH, RICHARD W ST
6315 STANTON AVE
EXETER CA 15206-2246
OHARA, MD, KEVIN R R
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5230 CENTRE AVE
PITTSBURGH PA 15232-1304
412-622-2083
OLAH, MD, GEORGE W GP
2504 CHURCHILL RD
PITTSBURGH PA 15235-5114
412-371-8139
OLBUM, DO, JENNIFER R OPH
409 BROAD ST STE 270
SEWICKLEY PA 15143-1518
412-741-5567
OLIVENSTEIN, MD, ALAN E CD
5005 IMPALA DR
PITTSBURGH PA 15239-2775
412-547-3858
OLIVER-SMITH, MD, DAVID R NS
420 E NORTH AVE STE 408
PITTSBURGH PA 15212-4746
412-321-3033
OLSEN, MD, KARL R OPH
3501 FORBES AVE STE 500
PITTSBURGH PA 15213-3306
412-683-5300
OLSON, MD, MARY K OBG
200 GUYASUTA RD
PITTSBURGH PA 15215-1519
412-781-1298
OMMERT, DENNIS P ST
89 MEADOW VIEW DR
LEOLA PA 17540
ONEIL, DO, ROBERT J GP
1809 PINE HOLLOW RD
MCKEES ROCKS PA 15136-1537
412-331-8855
ONG, MD, JIMMY J N
2571 MOSSIDE BLVD STE 4
MONROEVILLE PA 15146-3510
412-856-4171
ORAL, MD, ARSINUR HEM
213 SWEET GUM RD
PITTSBURGH PA 15238-1350
412-826-0667
ORAVITZ, MD, TODD M AN
2103 TEAL TRACE
PITTSBURGH PA 15237
412-366-9446
OREBAUGH, MD, STEVEN L AN
238 NATIONAL DR
PITTSBURGH PA 15236-4437
412-655-7051
ORGANIST, MD, MICHELE L IM
255 44TH ST
PITTSBURGH PA 15201
412-682-1276
ORIE, MD, JUDITH E IM
320 E NORTH AVE
PITTSBURGH PA 15212-4772
412-359-6674
ORR, MD, DONALD P *DR
ST CLAIR HOSP
1000 BOWER HILL RD
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412-343-0843

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MCKEES ROCKS PA 15136-2918
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355 5TH AVE STE 800
PITTSBURGH PA 15222-2407
412-281-1594
OSOFSKY, MD, MURRAY V OBG
540 N NEVILLE ST APT 103
PITTSBURGH PA 15213-2835
412-621-6666
OTTONELLO, MD, DOMINGO G RHU
500 NAYSMITH RD
N VERSAILLES PA 15025-3013
412-673-8110
OU, MD, KUANG-YU GP
7405 IRVINE AVE
PITTSBURGH PA 15218-2423
412-351-3088
OWENS, MD, E REESE ORS
THE TRILLIUM # 18
PITTSBURGH PA 15238
412-781-1077
OZAKI, MD, WAYNE H GS
3785 GR BRIER DR APT 272C
ANN ARBOR MI 48105-2684
PACELLA, JOHN J ST
5604 ELLSWORTH AVE APT B
PITTSBURGH PA 15232-1808
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PITTSBURGH PA 15236
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412-765-1551
PAI, MD, KOCHIKAR G PD
51 PROF PL
850 CLAIRTON BLVD
PITTSBURGH PA 15236-4567
412-466-5004
PAISLEY, KEVIN J ST
245 MELWOOD AVE APT 707
PITTSBURGH PA 15213-1624
PALANISAMY, MD,
SUBRAMANIAM CDS
4520 PENN AVE
SUITE 100
PITTSBURGH PA 15224-1389
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PALARSKI, MD, JEFFREY D AN
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PITTSBURGH PA 15221-1243
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101 CIRCLE RD
LANCASTER PA 17601-3215
PALKOVITZ, MD, HARRY P N
3471 5TH AVE STE 810
PITTSBURGH PA 15213-3221
412-682-2536
PALLAN, MD, LAURA A OPH
111 BUHLMONT DR
SEWICKLEY PA 15143
412-741-8693
PALMER, MD, ARTHUR H NS
1501 LOCUST ST # 224
PITTSBURGH PA 15219-5128
412-471-4772
PALOMBO, MD,
CHRISTOPHER J OBG
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PITTSBURGH PA 15222-2306
412-281-7313
PALUS, MD, BERNARD R D
10 DUFF RD
PITTSBURGH PA 15235-3263
412-241-0606
PANAHANDEH, MD,
ABOLHASSAN CRS
4725 MCKNIGHT RD STE 212
PITTSBURGH PA 15237-3414
412-369-8112
PANCHAL, MD, PRAVIN D PM
200 HIGHLAND RD
PITTSBURGH PA 15238-2112
412-963-9172
PANDEY, MD, RAMESH IM
2940 S PARK RD
BETHEL PARK PA 15102-1655
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9102 BABCOCK BLVD STE 107
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PANDYA, MD, KAMLESH N PD
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STE 201
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1248 OLD MEADOW RD
UPPER ST CLAIR PA 15241
412-221-3607
PARIKH, MD, BHARATI K AN
2370 WEST GATE DR
PITTSBURGH PA 15237-1622
412-364-2308
PARK, MD, NANCY H FP
123 VALENTINE DR
CORAOPOLIS PA 15108-2941
412-264-5311
PARK, MD, SANG B TS
HEART AND LUNG INST
4221 PENN AVE # 402
PITTSBURGH PA 15224-1389
412-622-6708
PARKER, MD, BRIAN M AN
2011 EAGLE RIDGE DR
MONROEVILLE PA 15146-1776
412-373-4653
PARKER, MD, DONNA J FP
1216 MACON AVE
PITTSBURGH PA 15218
412-241-4348
PARKS, MD, MARY M FP
ST MARGARET MEM HOSP
815 FREEPORT RD
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412-784-4227
PARNES, MD, ROBERT E OPH
MERCY AMBULATORY CTR
1400 LOCUST ST STE 1400
PITTSBURGH PA 15219
412-288-0885
PARTEZANA, MD, JANETTE S FP
710 THOMPSON AVE
MCKEES ROCKS PA 15136-3808
412-771-6460
PARVA, MD, GHASEM FP
4790 WILLIAM FLYNN HWY
ALLISON PARK PA 15101-2413
412-443-8100
PASCUAL, MD, GENEROSO S DR
JEFFERSON HOSP
COAL VALLEY RD
PITTSBURGH PA 15236
412-469-5706
PASH, MD, CHRISTOPHER A IM
143 HERBST RD
CORAOPOLIS PA 15108-3661
412-771-4528
PATEL, MD, GAUTAM P DR
1554 PINEVIEW DR
PITTSBURGH PA 15241-3204
PATEL, MD, HARISH K P
3209 WATERFORD CT
PITTSBURGH PA 15238
412-767-5129
PATEL, MD, HITENDRA R IM
9829 PRES DR APT 203
ALLISON PARK PA 15101-1857
412-661-3473
PATEL, MD, MINA G AI
1236 SOUTHGATE DR
PITTSBURGH PA 15241-3267
412-257-2786
PATEL, MD, RITA M AN
MAGEE WOMENS HOSP
300 HALKET ST
PITTSBURGH PA 15213-3180
412-647-4260
PATRICK, MD, GREGORY B PUD
701 BROAD ST
SEWICKLEY PA 15143
412-741-2700
PATTERNAC, MD, STEPHEN T FP
7714 CANNON ST
PITTSBURGH PA 15218-2109
412-469-7120
PATTON, MD, ANNA M OBG
1315 HEBERTON ST
PITTSBURGH PA 15206-1716
412-361-7440
PATTON, MD, GEORGE D GYN
320 S LEXINGTON AVE
PITTSBURGH PA 15208-2723
412-371-8148
PAUL, MD, MARIA A US
580 S AIKEN AVE STE 201
PITTSBURGH PA 15232
412-681-1072
PAUL, MD, ROGI FP
GLEN ANDREWS DR APT 204A
PITTSBURGH PA 15116
412-486-4327
PAULOWSKI, MD, JOHN J CD
110 LAMAR DR
PITTSBURGH PA 15241-1547
PAUTLER, MD, STANISLAV AN
445 MIRANDA DR
PITTSBURGH PA 15241-2037
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PAVLIC, MD, GEORGE J HEM
1943 OVERLAND CT
ALLISON PARK PA 15101-3222
412-364-1631

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SEWICKLEY PA 15143-2056
412-741-6776
PAVSEK, MD, EDWARD J R
3116 WESTOVER DR
STATE COLLEGE PA 16801
814-867-3474
PAWAR, MD, SURENDRA V DR
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PITTSBURGH PA 15237-5842
412-364-1110
PAWLOSKY, MD, FRANK X FP
530 WASHINGTON RD
PITTSBURGH PA 15228-2817
412-531-3700
PAYAN, MD, HUSHANG M PTH
4108 WINDFALL LANE
GIBSONIA PA 15044-9672
412-443-5379
PEAL, MD, STANLEY P
1154 FIRWOOD DR
PITTSBURGH PA 15243-1825
412-341-1008
PEARD, MD, ROBERT J DR
1561 PINEVIEW DR
PITTSBURGH PA 15241
412-258-1040
PECMAN, MD, JOANNA OM
703 DEHAVEN CT
GLENSHAW PA 15116-1759
412-486-9114
PECORA, MD, MICHAEL J CD
90 W CHESTNUT ST
WASHINGTON PA 15301
412-228-5355
PEDUZZI, TRINA L ST
5551 BEACON ST
PITTSBURGH PA 15217
PEIRSOL, MD, BETTY L GS
1731 GOLDEN MILE HWY
MONROEVILLE PA 15146-2011
412-856-8400
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3129 DEERFIELD LN
MURRYSVILLE PA 15668-1521
412-325-2836
PELKOFER, MD, CLETUS G R
825 MOREWOOD AVE APT L2
PITTSBURGH PA 15213-2925
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100 BROADWAY ST
CARNEGIE PA 15106-2472
412-276-7340
PENA, MD, MARIO FP
913 CENTER AVE APT 411
MCKEESPORT PA 15132
PENKROT, MD, RONALD J DR
201 ALRIES ST
PITTSBURGH PA 15210-3768
412-882-0604
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301 PINKERTON RD
WEXFORD PA 15090-8679
PEPPER, MD, L DOUGLAS FP
105 ORCHARD AVE
BELLE VERNON PA 15012-2021
412-929-8437
PERER, MD, WILLIAM A GP
2965 DUNEVILLE ST
LAV VEGAS NV 89102
702-871-8121
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5133 DAUBE DR
PITTSBURGH PA 15236
412-885-3435
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PITTSBURGH PA 15219-4738
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PGH RADIOLOGY ASSOC
P C 128 N CRAIG ST STE 210
PITTSBURGH PA 15213-2610
412-681-8399
PERRY, MD, JAMES M IM
450 STEVENS DR APT 303
PITTSBURGH PA 15237-3150
412-939-0506
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3402 RTE 8
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412-486-3181
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640 OSAGE RD
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39 NEWGATE RD
PITTSBURGH PA 15202-1001
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1350 LOCUST ST STE 406
PITTSBURGH PA 15219-4738
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9104 BABCOCK BLVD STE 6118
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PITTSBURGH PA 15211-1511
412-431-6224
PETRAGLIA, DO, VINCENT F FP
446 MC MURRAY RD
BETHEL PARK PA 15102-1156
412-831-1200
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3518 5TH AVE
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412-682-8137
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5200 CENTRE AVE STE 706
PITTSBURGH PA 15232-1323
412-681-4401
PETZ, DO, DARRELL W IM
1621-C UNION AVE
NATRONA HTS PA 15065-2103
412-224-6700
PFAEFFLE, MD, HUGO H AN
PASSAVANT HOSP ANES
PITTSBURGH PA 15237
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115 COUNTRY LN
SAXONBURG PA 16056-8601
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95 LEONARD AVE
WASHINGTON PA 15301
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PHANSE, MD, MOHAN S GE
515 WASHINGTON AVE
BRIDGEVILLE PA 15017-2021
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PHILLIPS, MD, JANE G PM
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MURRYSVILLE PA 15668-1062
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PHITAYAKORN, MD, CHET TS
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909 ZIMMER LN
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PITTLE, MD, HOWARD S FP
511 PAYNE HILL RD APT A102
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PITTSBURGH PA 15215-3247
412-421-1500
POBER, MD, HYMEN A GP
220 N DITHRIDGE ST APT 50
PITTSBURGH PA 15213-1456
412-681-4767
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188 BEALL DR
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103 FITZRANDOLPH DR
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POLLOCK, MD, BURTON H RHU
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PONTZER, MD, RAYMOND E ID
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POPEY, MD, TRACY L C GS
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PORKOLAB, MD, FREDERICK L CD
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PITTSBURGH PA 15224-2257
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124 TROTWOOD DR
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POTOTO, DANIEL R ADM
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CRANBERRY TWP PA 16066-4236

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STE 301 1050 BOWER HILL RD
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412-856-7974
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PRESS, MD, ALLAN J OPH
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SMALL, MD, GEORGE A N
104 FOX RIDGE FARMS DR
PITTSBURGH PA 15215-1142
412-321-5073
SMITH JR, MD, BENJAMIN V GS
RR 5 BACKBONE ROAD
SEWICKLEY PA 15143-9805
SMITH, MD, CHARLES E AN
67TH CSH UNIT 26610
APO AE 09244
SMITH, MD, EARL B GS
1049 APPLEJACK DR
GIBSONIA PA 15044-9576
412-444-1126
SMITH, MD, GARY L ORS
LITTLE SEWICKLEY CREEK RD
RR 6
SEWICKLEY PA 15143-9806
412-741-4053
SMITH, MD, GREGORY T IM
409 ASHTON DR
CHESWICK PA 15024-9727
412-767-5877
SMITH, MD, JAMES K PS
200 CORPORATE CTR DR 310
CORAOPOLIS PA 15108-3186
412-262-4202
SMITH, MD, JAN D AN
UPMC
200 LOTHROP ST
PITTSBURGH PA 15213
412-647-3262
SMITH, MD, JOHN R FP
216 FOREST HILLS PLZ
PITTSBURGH PA 15221-5214
412-825-0500
SMITH, MD, JOHN W GS
1920 SW 10TH ST
BOCA RATON FL 33486-5207
SMITH, LAURA I ST
810 S NEGLEY AVE
PITTSBURGH PA 15232
SMITH, MD, ROBERT C IM
4000 RIVERVIEW RD
N HUNTINGDON PA 15642-2842
412-751-1763
SMITH JR, MD, ROSS H R
22 THE TRILLIUM
PITTSBURGH PA 15238-1930
SMITH, MD, WARREN S FP
526 PERRYSVILLE AVE
PITTSBURGH PA 15229-1854
412-931-2324
SMITH, MD, WILLIAM T GS
635 NEWPORT DR
PITTSBURGH PA 15235-3272
412-241-8065
SMOLAR, MD, BEN R N
6431 HOWE ST APT 1
PITTSBURGH PA 15206-4405
412-363-3936
SNITZER, MD, ARNOLD J FP
748 N NEGLEY AVE
PITTSBURGH PA 15206-2009
412-362-1167
SNODGRASS JR, MD, W HOMER PD
3520 LAKETON RD
PITTSBURGH PA 15235-2939
412-371-6414
SNYDER, MD, ALLEN P GS
100 DELAFIELD RD STE 212
PITTSBURGH PA 15215-3247
412-781-1800
SNYDER, MD, JAMES V AN
1137 WIGHTMAN ST
PITTSBURGH PA 15217-1049
412-687-2325
SNYDERMAN, MD, CARL H HNS
200 LOTHROP ST
PITTSBURGH PA 15213-2582
412-647-2100
SNYDERMAN, MD, RUBEN IM
5615 AYLESBORO AVE
PITTSBURGH PA 15217-1400
412-521-0045
SOBER, MD, DIANE M OBG
4815 LIBERTY AVE STE M54
PITTSBURGH PA 15224-2194
412-621-1818
SOFFRONOFF, MD, PIERCE OBG
3742 WINDOVER RD
MURRYSVILLE PA 15668-1130
412-733-2055
SOLANO JR, MD, FRANCIS X IM
106 BRECKENRIDGE DR
WEXFORD PA 15090-9400
412-935-9007
SOLOT, DO, JERALD A EM
SHADYSIDE HOSP EMER RM
5230 CENTRE AVE
PITTSBURGH PA 15232-1381
412-622-2047

SOLOW, MD, IRWIN A A
8 DARLINGTON CT
PITTSBURGH PA 15217-1502
412-521-3996
SOLTER, MD, ALAN W D
9104 BABCOCK BLVD
PITTSBURGH PA 15237-5818
412-366-8500
SOMERS, MD, KEITH S PD
5173 LIBERTY AVE
PITTSBURGH PA 15224-2254
412-681-2200
SOMERSET, DO, WILLIAM J PM
DT WATSON REHAB HOSP
CAMP MEETING RD
SEWICKLEY PA 15143
412-749-2228
SOMMER, MD, DEBORAH L OBG
2635 FOUNTAIN HILLS DR
WEXFORD PA 15090-7815
412-935-9619
SONBOLIAN, MD, NASSER AN
EYE AND EAR HOSP
230 LOTHROP ST
PITTSBURGH PA 15213-2546
412-647-2260
SORIANO, MD, CLAVER S OBG
482 LAREDO DR
PITTSBURGH PA 15241-1716
412-941-5481
SORR, MD, EDWARD M OPH
1401 FORBES AVE 3RD FLR
PITTSBURGH PA 15219
412-288-0885
SORTINO, MD, ANTONIO TS
100 BROADWAY AVE
CARNEGIE PA 15106-2472
412-276-7340
SOTEREANOS, MD, DEAN G HS
KAUFMANN BLDG # 1010
3471 5TH AVE
PITTSBURGH PA 15213
412-687-3900
SOTOODEHFAR, MD, RAHIM GE
9104 BABCOCK BLVD STE 5112
PITTSBURGH PA 15237-5818
412-366-4402
SOTOS, MD, STEVEN N PUD
3120 TREELINE DR
MURRYSVILLE PA 15668-1568
412-325-3536
SOUKAS, MD, PETER A US
490 EAST NORTH AVENUE
SUITE 307
PITTSBURGH PA 15212
SPAEDER, MD, JEFFREY A US
4949 W PINE BLVD APT 8B
ST LOUIS MO 63108-1474
SPANARD, MD, RUSSELL A GP
224 TECH RD
PITTSBURGH PA 15205-1723
SPAULDING, MD, MICHAEL R IM
355 LEHIGH AVE APT 3
PITTSBURGH PA 15232-2007
412-363-6593
SPEARMAN, MD, MICHAEL P NR
UNIV OF PGH MED CTR
200 LOTHROP ST
PITTSBURGH PA 15213
412-648-6051
SPERLING, MD, DAVID M FP
2325 WESTON DR
PITTSBURGH PA 15241-2465
412-833-5160
SPERLING, MD, HERBERT V GE
4815 LIBERTY AVE
PITTSBURGH PA 15224-2194
412-682-1887
SPERO, MD, JOEL A HEM
4928 ELLSWORTH AVE
PITTSBURGH PA 15213-2807
412-681-5613
SPIKER, MD, DUANE G P
2790 MOSSIDE BLVD STE 290
MONROEVILLE PA 15146-2735
412-856-8770
SPINGOLA, DEAN B ST
411 WALNUT ST
CLEARFIELD PA 16830-2343
SPOEHR, MD, LUTHER W US
720 PERRY HWY
PITTSBURGH PA 15229-1160
412-367-4411
SPONSLER, REBECCA L ST
3109 4TH ST
ALTOONA PA 16601-3503
SRINIVASA, MD, NANGALI S NEP
100 OXFORD DR # 919
MONROEVILLE PA 15146-2326
SRINIVASAGAM, MD,
NARASIMMAN FP
1813 WEST ST
MUNHALL PA 15120-2555
412-461-1103
SRINIVASAN, MD,
VENKATRAMAN CD
554 NORMANDY CT
PITTSBURGH PA 15238-2441
SRODES, MD, CHARLES H ON
425 LOCUST ST
PITTSBURGH PA 15218-1419
412-241-7571

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HAMPTON MED ARTS BLDG
4773 RTE 8
ALLISON PARK PA 15101-2401
412-487-8891
STAFFORD, MD, MARSHALL W US
100 DELAFIELD RD STE 201
PITTSBURGH PA 15215
412-782-5900
STAFFORD, MD, REGIS W CD
171 MAIN ENTRANCE DR
PITTSBURGH PA 15228-2141
412-563-4130
STAHLFELD, MD, KURT R PS
1350 LOCUST ST STE 205
PITTSBURGH PA 15219-4738
412-391-4360
STALTER, MD, RALPH J IM
435 LINWOOD DR
BETHEL PARK PA 15102-1537
412-831-9787
STAMAN, MD, HARRY OPH
300 FOX CHAPEL RD APT 309
PITTSBURGH PA 15238-2325
412-784-8334
STANGER, MD, ROBERT H P
120 DAUGHERTY DR
MONROEVILLE PA 15146-2710
412-372-1600
STANKO, MD, KENNETH M P
135 RIVERVIEW TER
PITTSBURGH PA 15215-1918
412-784-1087
STANLEY, MD, ERNEST J GE
110 SEWICKLEY HTS DR
SEWICKLEY PA 15143-8907
STANTON JR, MD, JAMES N OBG
114 MOORINGS PARK DR
APT A403
NAPLES FL 33942-2125
STAPOR, MD, DAVID J ORS
575 COAL VALLEY RD STE 314
CLAIRTON PA 15025-3725
412-469-1660
STARR, MD, ROBERT P
126 ASHBERRY LN
NEW CASTLE PA 16105-1163
412-654-8180
STARUNKO, MD, BASILIO AN
467 MALCOLM DR
CORAOPOLIS PA 15108-9614
412-457-2482
STARZ, MD, TERENCE W RHU
3500 5TH AVE
4TH FLOOR
PITTSBURGH PA 15213-3316
412-682-2434
STARZL, MD, THOMAS E OS
UNIV OF PITT TRANSPL
4C FALK CLINIC
PITTSBURGH PA 15213
STAVRIDES, MD, ALEXANDER PTH
2053 BEECHWOOD BLVD
PITTSBURGH PA 15217-1705
412-421-2252
STAVRIDES, MD, MARCIA M PD
2053 BEECHWOOD BLVD
PITTSBURGH PA 15217-1705
412-421-2252
STEELE, MD, LOGAN H GP
6 ST JAMES PL
PITTSBURGH PA 15215-1804
412-781-4518
STEEN, MD, OLIVER T DR
2327 CADES COVE DR
SPRING TX 77373-6275
STEFANELLI, MD, JOANN G US
6017 KENTUCKY AVE
PITTSBURGH PA 15206-4210
STEIN, MD, BRADLEY D P
W PSYCH INST AND CLINIC
3811 O'HARA ST
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1550 INGOMAR HEIGHTS RD
PITTSBURGH PA 15237-1607
412-369-9016
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54 RIVERSIDE DR APT A7
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532 S AIKEN STE 201
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PITTSBURGH PA 15217-1203
412-521-2076
STEINMAN, MD, ARNOLD M PD
1910 COCHRAN RD
PITTSBURGH PA 15220-1203
412-341-8181
STEPANKOVA, MD, ZUZANA IM
5900 PHILLIPS AVE
PITTSBURGH PA 15217-2122
412-422-8557
STEPHAN, MD, PETER D FP
286 CORDIAL DR
BRIDGEVILLE PA 15017-1157
412-573-1335

STEPT, MD, LARRY L TS
4815 LIBERTY AVE # 437
PITTSBURGH PA 15224
412-682-3665
STEPT, MD, LEONARD A U
580 S AIKEN AVE
PITTSBURGH PA 15232-1531
412-621-8260
STEPT, MD, RAYMOND U
5048 5TH AVE
PITTSBURGH PA 15232-2151
412-687-2626
STEPT, MD, WILLIAM J *AN
2644 MOSSIDE BLVD
MONROEVILLE PA 15146-3348
412-373-6777
STERN, MD, ROBERT M OBG
705 DEVONSHIRE ST
PITTSBURGH PA 15213-2905
412-682-0440
STEVENS, JAY D ST
1332 LIVERPOOL ST
PITTSBURGH PA 15233
STEVENSON, MD, PETER T EM
24 DONNA DR
APOLLO PA 15613-9678
STEWART, MD, ELLEN C OBG
320 FT DUQUESNE BLVD STE 245
PITTSBURGH PA 15222
412-683-4433
STEWART, MD, MERVIN S P
230 N CRAIG ST
PITTSBURGH PA 15213-1565
412-687-1833
STEWART, MD, TERRI L CD
854 CARRIAGE RD
PITTSBURGH PA 15220-1930
412-563-7976
STEWART, MD, WILLIAM D AN
608 MOREWOOD AVE
PITTSBURGH PA 15213-2910
412-683-7193
STILLER, MD, RONALD A PUD
5200 CENTRE AVE STE 203
PITTSBURGH PA 15232
412-621-1200
STINE JR, MD, LESTER E GE
TWIN TOWERS STE 363
4955 STEUBENVILLE PIKE
PITTSBURGH PA 15205-9604
412-787-0426
STOFMAN, MD, GUY M PS
MERCY HOSP
1400 LOCUST ST
PITTSBURGH PA 15219-5166
412-232-5616
STOKAR, MD, LAWRENCE M D
502 5TH AVE
MCKEESPORT PA 15132-2503
412-621-4646
STOLLER, MD, RONALD G ON
SHADYSIDE MED CENTER
5200 CENTRE AVE STE 509
PITTSBURGH PA 15232-1337
412-621-7778
STOLZER, MD, BERTRAND L RHU
355 FIFTH AVE
PITTSBURGH PA 15222-2407
412-281-1594
STONE JR, MD, CHARLES S ORS
103 MARVELWOOD LN
PITTSBURGH PA 15215-1533
STONE, MD, DAVID A FP
SPORTS MED AND REHAB CTR
4601 BAUM BLVD
PITTSBURGH PA 15213-1217
412-578-3357
STOREY, MD, MARK A AN
532 S AIKEN AVE STE 302
PITTSBURGH PA 15232
412-623-2167
STOUT, MD, RICHARD R OPH
INVESTMENT BLDG
239 4TH AVE # 2020
PITTSBURGH PA 15222-1712
412-281-0447
STRACCI, DO, PETER F CD
323 CABRINI DR
PITTSBURGH PA 15220
412-429-8964
STRAKA, MD, JOHN A OTO
1099 OHIO RIVER BLVD
SEWICKLEY PA 15143-2056
412-741-5670
STRAMAT, MD, JOHN M IM
3756 FENTON DR
MURRYSVILLE PA 15668-1014
412-733-5923
STRAYHORN, MD, JOSEPH M CHP
11676 PERRY HWY STE 1200
WEXFORD PA 15090
412-933-0099
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UNIVERSITY DRIVE C
PITTSBURGH PA 15240
412-692-3345
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3520 WASHINGTON PIKE APT 403
BRIDGEVILLE PA 15017-1065
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1050 BOWER HILL RD STE 306
PITTSBURGH PA 15243-1870
412-572-6168

STRONG, MD, THERESSA B OPH
713 WASHINGTON RD
PITTSBURGH PA 15228-2001
412-561-1964
STUART, MD, JOHN C *OPH
1110 CENTRE CITY TOWER
PITTSBURGH PA 15222
412-281-5876
STUPI, MD, ANGELA M RHU
4221 PENN AVE STE 500
PITTSBURGH PA 15224-1389
412-687-0301
STURM JR, MD, CHARLES F FP
2566 HAYMAKER RD
MONROEVILLE PA 15146-3593
412-858-2760
SU, MD, SHYH-MIN CD
5200 CENTRE AVE STE 206
PITTSBURGH PA 15232-1300
412-621-1500
SUATONI JR, MD, FRANK J AN
ALLEGHENY GEN HOSP
320 E NORTH AVE
PITTSBURGH PA 15212-4772
412-359-8534
SUBACH, MD, BRIAN R GS
962 KENNEBEC ST
PITTSBURGH PA 15217-2605
412-683-9544
SUKANICH, MD, KRIENGSAK GS
144 S 20TH ST
PITTSBURGH PA 15203-2052
412-431-1122
SUKAROCHANA, MD,
KAMTHORN *PDS
761 THOMPSON RUN RD
PITTSBURGH PA 15237-3970
SUKYS, MD, NANCY A FP
3 STRATFORD DR # 204
WHEELING WV 26003-6148
SULLIVAN, MD, LAWRENCE X GS
302 FOX CHAPEL RD STE 405
PITTSBURGH PA 15238-2337
412-681-2718
SULLIVAN JR, MD, LAWRENCE X TS
5200 CENTRE AVE STE 515
PITTSBURGH PA 15232-1300
412-688-9810
SUMKIN, DO, JULES H R
914 SETTLERS RIDGE RD
PITTSBURGH PA 15238-1600
412-963-1229
SUNDARARAJAN, MD,
RAJALAKSHMY IM
10588 WASHTENAW DR
OSCEOLA IN 46561-9235
SUNDARARAMAN, VIDYA ST
1917 RED COACH RD
ALLISON PARK PA 15101
SUNG, MD, CHUN M OTO
2330 GULF VIEW DR
PITTSBURGH PA 15241-3308
412-483-4470
SUNG, MD, DUK I ON
537 OLD MILL RD
PITTSBURGH PA 15238-1917
412-963-1418
SUNSERI, MD, MARIA J N
209 GRANDVIEW DR S
PITTSBURGH PA 15215-1822
412-781-8485
SUSANG-TALAMO, MD,
BARBARA A OBG
4959 CIRCLE DR
EXPORT PA 15632-9349
412-325-2126
SUTKOWSKI, MD,
PRZEMYSLAW J IM
5302 BEELER ST
PITTSBURGH PA 15217-1006
412-687-3038
SUYAMA, JOE ST
9 FAWN LN
HAVERFORD PA 19041-1115
SWAMY, MD, MALLIKARJUNA S CD
2003 E CARSON ST
PITTSBURGH PA 15203-1901
412-381-1470
SWAN, MD, BARBARA E PM
301 OHIO RIVER BLVD STE 306
SEWICKLEY PA 15143-1300
412-741-3952
SWAN, MD, DAVID M FP
900 COMMERCE DR
CORAOPOLIS PA 15108-4732
412-264-1918
SWANSON, MD, JOEL W AN
801 HILL ST
SEWICKLEY PA 15143-1609
412-741-7467
SWANSON, MD, MICHAEL D OBG
606 TWIN PINE RD
PITTSBURGH PA 15215-1571
412-967-0248
SWARTZ, MD, WILLIAM M PS
CENTRE COMMONS
5750 CENTRE AVE STE 180
PITTSBURGH PA 15206-3761
412-661-5380
SWEGAL, MD, OTTO F GP
1074 GREENTREE RD
PITTSBURGH PA 15220-3123
412-563-4944

SWENSEN, MD, HAROLD E ORS
5750 CENTRE AVE STE 300
PITTSBURGH PA 15206-3761
412-363-2663
SWIDWA, MD, DENISE M PUD
2580 HAYMAKER RD STE 301
MONROEVILLE PA 15146
412-373-7247
SZAFRANSKI, MD, JOHN A FP
2443 ROLLING FARMS RD
GLENSHAW PA 15116-2563
412-486-1306
SZWAST, ANITA L ST
5800 ELLSWORTH AVE #10
PITTSBURGH PA 15232
SZYDLOWSKI, MD, GARY W TS
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THEODORE M PYA
401 SHADY AVE STE D105
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412-362-8080
TABOR, MD, ELLEN K DR
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TAFFE, ELISA ST
3255 NIAGARA SO
PITTSBURGH PA 15213
TAITELBAUM, MD, BEN P
6347 WALDRON ST
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412-521-4070
TALBOTT, MD, JOHN B N
5750 CENTRE AVE STE 100
PITTSBURGH PA 15206-3761
412-361-4576
TALLERICO, MD, SAMUEL J *IM
4815 LIBERTY AVE STE GR25
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412-621-1566
TAN, MD, ANTHONY H GS
5200 CENTRE AVE RM 609
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412-681-4989
TAN, MD, BRADLEY A IM
69 SHANGRI-LA CIRCLE
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412-921-4612
TANNEHILL, MD, NORMAN B R
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412-264-3065
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SUITE 461
CLAIRTON PA 15025-3730
412-466-6800
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3471 5TH AVE
PITTSBURGH PA 15213-3221
412-687-1180
TAORMINA, MD, DARRIN A AN
4138 CLENDENNING RD
GIBSONIA PA 15044
412-443-2562
TATA, MD, RAMACHANDRA N
2801 FREEPORT RD
NATRONA HTS PA 15065-1905
412-226-9960
TAUBER, MD, JOSEPH B OM
1423 BEAVER RD
SEWICKLEY PA 15143-2009
412-741-6925
TAUBERG, MD, HERBERT R OS
146 N BELLEFIELD AVE PH 2
PITTSBURGH PA 15213-2621
412-621-3939
TAUBERG, MD, STUART G CD
219 CORNWALL DR
PITTSBURGH PA 15238
TAYLOR, MD, SHARON L OPH
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PITTSBURGH PA 15237-5866
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320 E NORTH AVE
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412-359-8636
TEMELES, MD, ROY S ORS
101 GILMORE DR
PITTSBURGH PA 15235-5259
412-824-4729
TENENOUSER, MD, BARRY FP
2400 ARDMORE BLVD STE 301
PITTSBURGH PA 15221-5299
412-351-4114
TENERIELLO, MD, MICHAEL G OBG
ALLEGHENY GENERAL HOSP
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4 WYNNECLIFFE DR
CARNEGIE PA 15106-3835
TEPPER, MD, GISELLY IM
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TERNER, MD, IRWIN S OPH
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TESSARO, MD, ANNE N R
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9104 BABCOCK BLVD
PITTSBURGH PA 15237-5818
412-367-6700
TETRICK, MD, ELBERT L OM
510 WHITE BIRCH CT
PITTSBURGH PA 15238-1324
THAETE, MD, F LELAND R
111 ROCKWOOD DR
PITTSBURGH PA 15238-2333
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3501 FORBES AVE # 916
PITTSBURGH PA 15213-2593
412-383-1218
THEIS, MD, STEVEN W ORS
2001 WATERDAM PLAZA DR
STE 208
MCMURRAY PA 15317-2475
412-941-3886
THOMAS, MD, CHRISTINE R AN
1465 HILLSDALE AVE
PITTSBURGH PA 15216-2049
412-343-1019
THOMAS, MD, JOHN W P
159 SEWICKLEY OAKMONT RD
PITTSBURGH PA 15237-1880
412-366-7087
THOMAS, MD, ROBERT D OBG
MAGEE WOMENS HOSP
300 HALKET ST
PITTSBURGH PA 15213-3180
412-621-1722
THOMAS, MD, RONALD L OBG
WEST PENN HOSPITAL
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TICZON, MD, ANDRES R *CD
18 WEDGEWOOD LN
PITTSBURGH PA 15215-1542
412-963-8468
TIMMINS III, MD, PATRICK F OBG
613 BARCLAY AVE
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412-271-1618
TIPPING, MD, JAMES S IM
250 OUTLOOK DR
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TIRADO, MD, PABLO H FP
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PITTSBURGH PA 15232-1514
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TIRNEY, MD, SEAN P U
575 S NEGLEY AVE APT 20
PITTSBURGH PA 15232
412-362-3038
TISHERMAN, MD, SAMUEL A TRS
4429 MT ROYAL BLVD APT 505
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TOOR, MD, SHAISTA N IM
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5316 ELLSWORTH AVE
PITTSBURGH PA 15232-1424
412-683-4865
WILLIAMS, MD, BRENDA A FP
34 COLLINWOOD DR
PITTSBURGH PA 15215-1458
412-782-0617
WILLIAMS, MD, BRIAN A AN
618 OAKVIEW DR
VERONA PA 15147-2227
WILLIAMS, MD, KEITH N US
3929 NOBEL DR APT 316
SAN DIEGO CA 92122-5717
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PO BOX 24
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1507 MONTGOMERY RD
ALLISON PARK PA 15101-1755
WILLIAMS, MD, SHELLEY D PD
115 WESSEX HILLS DR
MOON TWP PA 15108-1068
412-422-5909

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1302 CLEARVIEW DRIVE
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412-371-1559
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5200 CENTRE AVE STE #304
PITTSBURGH PA 15232-1302
412-621-1200
WILSON, MD, DOUGLAS G NM
JEFF HOSP DIAG IMAG
COAL VALLEY RD
PITTSBURGH PA 15236
412-469-5740
WILSON, MD, GEORGE W GS
409 E WALDHEIM RD
PITTSBURGH PA 15215-1936
412-781-4482
WILSON, MD, JOHN S IM
420 E NORTH AVE STE 202
PITTSBURGH PA 15212-4784
412-321-7500
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6215 5TH AVE APT 2
PITTSBURGH PA 15232-2948
412-361-5373
WILSON, SHUREA A ST
120 RUSKIN AVE APT 121
PITTSBURGH PA 15213
WILSON, MD, STEPHEN A FP
343 S FAIRMONT ST #4
PITTSBURGH PA 15232-1003
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3339 BROOKDALE DR
PITTSBURGH PA 15241-1563
412-833-3930
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200 LOTHROP ST
PITTSBURGH PA 15213-2582
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2520 MOSSIDE BLVD
MONROEVILLE PA 15146-3539
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530 HERBST MNR RD
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272 ELM CT
PITTSBURGH PA 15237-2614
WOO, MD, JON E FP
509 S HIGHLAND AVE APT 11
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103 NANTUCKET DR
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705 TALLY DR
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BETHEL PARK PA 15102-1707
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5820 CENTRE AVE
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1082 BOWER HILL RD
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PITTSBURGH PA 15224-1342
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412-621-3419
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1082 BOWER HL RD
PITTSBURGH PA 15243-1334
412-429-9500
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3000 BROWNSVILLE RD
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7134 ROYCREST PL
PITTSBURGH PA 15208-2738
412-371-6705
WU, MD, WAYNE C IM
C810 MCKNIGHT CIR
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209 HIGHLAND RD
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PITTSBURGH PA 15213
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PITTSBURGH PA 15241-2002
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309 EVANS RD
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412-683-6700
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200 LOTHROP ST
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217 MERION DR
PITTSBURGH PA 15228-2352
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1772 BEECHWOOD BLVD
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ZERNICH, MD, MILAS IM
4 AUTUMN PATH LN
PITTSBURGH PA 15238-2102
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ZIDAR, MD, BERNARD L HEM
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90 WOODLAND DR
PITTSBURGH PA 15228-1760
412-344-0299
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2137 CLAIRMONT DR
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ZLOTOLOW, DAN A ST
261 MUSKET LN
WAYNE PA 19087-1108
ZORA, DO, KEITH M AN
145 WETZEL RD
PITTSBURGH PA 15209-1127
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ZORUB, MD, DAVID S NS
SHADYSIDE MEDICAL CTR
5200 CENTRE AVE STE 617
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412-521-2637
ZWEIG, MD, NEAL IM
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412-561-1484
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300 N DITHRIDGE ST #311
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412-756-2940
BALESTRINO, DO, SHEILA FP
419 BROAD ST BOX 368
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NATRONA HTS PA 15065-1149
412-226-7315
BIERER, MD, EDWARD D GP
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KITTANNING PA 16201-1324
412-543-4422
BONO, MD, JOHN OTO
RD 7 BOX 519
KITTANNING PA 16201-7543
412-545-2831
BUCK, MD, KEITH K FP
310 MARKET ST
PO BOX 131
KITTANNING PA 16201-1527
412-543-1026
CHOWDHRY, MD, ZAFAR I NS
PO BOX 217
NATRONA HTS PA 15065-0217
412-224-0205
CORDOBA, MD, DIEGO R CD
MEDICAL ARTS BLDG STE 140
ONE NOLTE DR
KITTANNING PA 16201-8898
412-548-4701
CROSS JR, MD, SAMUEL GS
155 MULBERRY ST
KITTANNING PA 16201-2433
412-548-4708
CROYLE, LUANN EXEC
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MEDICAL SOCIETY
416 PINE HILL RD
KITTANNING PA 16201-2042
DAVID, MD, JEFFREY W OBG
WOMENS HLTH CARE ASSOC
ONE NOLTE DR STE 160
KITTANNING PA 16201
412-545-2270
DOERFLER JR, MD,
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412-545-1288

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147 MAIN ST
LEECHBURG PA 15656-9224
412-842-3711
FREDERICK, MD, PAUL L TS
ONE NOLTE DR STE 510
MEDICAL ARTS BLDG
KITTANNING PA 16201-9808
412-545-7195
GALLAGHER, MD, JOHN E GP
508 OWENSVIEW AVE
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412-478-8985
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RR 8 PO BOX 59C
KITTANING PA 16201-8871
412-543-2229
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PO BOX 308
FORD CITY PA 16226-0308
412-763-7144
GENOVESE, MD, FRANK N OPH
RR 7
KITTANNING PA 16201-9807
412-543-2146
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MEDICAL ARTS BLDG
RR 8 BOX 57B
KITTANNING PA 16201-8886
412-548-8591
GROOMES, MD, RODERICK B EM
20 PINTAIL DR
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412-767-0201
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6322 STANTON AVE
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412-226-1600
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TARENTUM PA 15084
412-224-5165
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RR 8
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412-543-2146
KOHL, MD, DAVID H GS
ONE NOLTE DR # 540
KITTANNING PA 16201-9808
412-543-2505
KOST, MD, KENNETH R GS
COUNTRY CLUB EST RR 7
KITTANNING PA 16201
412-548-4421
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810 4TH AVE
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412-763-9621
MC NUTT, MD, FRANK H GP
RR 3 BOX 417
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213 LOCUST LN
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710 4TH AVE
FORD CITY PA 16226-1103
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400 2ND AVE
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220 PRIMROSE DR
SARVER PA 16055-9573
412-295-5183
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1 NOLTE DR LAUBE CANCER CTR
KITTANNING PA 16201
412-543-8657
SELVARAJ, MD, MYLAPPAN CD
1 NOLTE DR STE 410
KITTANNING PA 16201-8881
412-545-9774
SIM, MD, HYUN S AN
106 BLACKTHORN DR
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KERSTETTER, MD, DAVID L PD
RR 1 BOX 80E
EVERETT PA 15537-9512
814-623-9039
MAYLOCK, MD, JOHN H PTH
J C BLAIR MEMORIAL HOSPITAL
WARM SPRINGS AVE
HUNTINGDON PA 16652
814-643-8636
NEWMAN, MD, WILLIAM R R
300 S JULIANA ST
BEDFORD PA 15522-1736
PALIN, MD, WILLIAM E GS
PO BOX 637
BEDFORD PA 15522-0637
814-623-9034
RINARD, MD, GRAFFIOUS L GP
345 E JOHN STREET
BEDFORD PA 15522-1428
814-623-9156
RINCON, MD, GEORGE A *EM
331 NATURE TRAIL LN
MURRYSVILLE PA 15668-1786
412-325-1541
SHARBAUGH, MD, DONALD G GP
PO BOX 329
CARROLLTOWN PA 15722-0329
814-344-6567
SHOPE, MD, EARL S PTH
RR 1 BOX 80S
EVERETT PA 15537-9512
814-623-2152
SIMONS, MD, LAWRENCE M AN
PO BOX 631
BEDFORD PA 15522-0631
814-623-7806
SLICK, MD, GREGORY *IM
RR 5 BOX 28
BEDFORD PA 15522-8704
814-623-1825
TORRES, MD, FLORA M FP
220 W MAIN ST
EVERETT PA 15537-1134
814-652-6107
TORRES, MD, ROBIN G *OBG
220 W MAIN ST
EVERETT PA 15537-1134
814-652-6107
TOUSI, MD, ABBAS H OBG
602 E PITT ST
BEDFORD PA 15522-1503
814-623-9712
VREELAND, MD, JAMES H GS
RR 1 BOX 80D
EVERETT PA 15537-9512
814-623-8761
WIKERT, MD, GARY A U
RD 1 BOX 343A
MEDICAL ARTS BUILDING
EVERETT PA 15337
814-623-0552
ZUBAK, MD, GEORGE M *FP
300 N SPRING ST
EVERETT PA 15537-1011
814-652-5133

BERKS

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4885 DEMOSS RD STE 202
READING PA 19606
610-779-6010
AGNEW, MD, EDWARD A FP
1544 ROSE VIRGINIA RD
WYOMISSING PA 19610-2843
610-373-4514
AGOURIDIS, MD, NICHOLAS T OBG
25 M MIMELA ST
GLYFADA FC 16674
AITA, MD, PAUL C GS
301 S 7TH AVE STE 230
W READING PA 19611-1450
610-375-4381
ALBERT, DO, JOSEPH E *FP
TWIN VALLEY MED CTR
PO BOX 529
MORGANTOWN PA 19543
610-286-9071
ALEXANDER, MD, R WILLIAM *R
544 ELM ST
READING PA 19601-3302
610-374-4951
ALLEN, MD, DAVID W NS
606 MUSEUM RD
READING PA 19611-1427
610-373-4007
ALLEN, DO, TIMOTHY L FP
6 HEARTHSTONE CT STE 106
READING PA 19606-3053
610-779-9489
ALLEY, MD, SAMIE A GS
1146 ELM ST
READING PA 19604-2958
610-375-7237
ALTMAN, MD, ADAM J OPH
183 HAWTHORNE CT
WYOMISSING PA 19610
610-670-6181

ANDERSON, MD, JOHN B O8G
1340 PENN AVE
WYOMISSING PA 19610-2132
610-375-4241
ARNDT, MD, JAMES L CHP
20 BETHANY RD APT 3
EPHRATA PA 17522
ASCANIO JR, MD, GUIDO J AN
211 LINDA LN
READING PA 19606-3511
610-779-7600
ASHWORTH, MD, HALBERT E CDS
1161 OLD MILL LN
WYOMISSING PA 19610-2726
ATWELL, MD, MARGARET S OM
2525 N 12TH ST
PO BOX 13396
READING PA 19612-3396
610-939-7234
AVEDISSIAN, MD, MICHAEL G CD
301 S 7TH AVE
SUITE 205
W READING PA 19611-1410
610-375-6565
AVELLA, MD, BERARD N *IM
301 S 7TH AVE STE 225
W READING PA 19611-1410
610-376-8004
AYNARDI, MD, J MARC IM
301 S 7TH AVE #210
WEST READING PA 19611
610-376-8169
BAKER, DO, TERENCE R FP
PO BOX 26
346 MAIN ST
OLEY PA 19547-0026
610-987-9870
BANDARU, MD, ARTI FP
6TH AND SPRUCE ST
READING PA 19612
610-378-6198
BANEY JR, MD, CHARLES M FP
LAKE HAUTO
RR 1 BOX 124B
NESQUEHONING PA 18240-9629
BARRETT, MD, JAMES P AN
1304 FARR RD
READING PA 19611-1712
610-376-6003
BARRIOS, MD, MARIO F FP
530 LAUERS LN
WYOMISSING PA 19610-2616
BATCHELDER, MD, BARRON M AN
26 BLOSSOM CT
BERNVILLE PA 19506-9320
610-926-0185
BAZARNIC, MD, MARGARET L R
353 GREENBRIAR CT
WYOMISSING PA 19610-2730
610-488-7770
BECKER, MD, WARD G FP
THE LUTHERAN HOME
ONE S HOME AVENUE
TOPTON PA 19562
610-682-2145
BEEM, MD, JOHN W OPH
W READING OPHTH
206 S SIXTH AVENUE
W READING PA 19611-1411
610-378-1344
BEETEL, MD, CHRISTOPHER J VS
600 MUSEUM RD
READING PA 19611-1427
610-375-2214
BELL, MD, RICHARD T *PUD
301 S 7TH AVE
SUITE 130
W READING PA 19611-1410
610-374-4421
BERGER, MD, MARC S FP
PO BOX 6825
WYOMISSING PA 19610
BERTOLETTE, MD, RICHARD D P
810 KENHORST BLVD
READING PA 19611-1722
610-372-8443
BIALAS, MD, HENRY N FP
727 PENN AVE
WEST READING PA 19611-1005
610-374-1976
BIGOS, MD, EDWARD T FP
CONRAD WEISER MED GRP
1137 PENN AVENUE
WOMELSDORF PA 19567-9721
610-589-2555
BINGENER, DO, KENNETH C FP
POTTSTOWN MED SPEC
810 E PHILADELPHIA AVE
BOYERTOWN PA 19512
610-367-2259
BISHOP, MD, JERRY W FP
1075 BERKSHIRE BLVD STE 950
WYOMISSING PA 19610-1227
610-375-8225
BITETTO, MD, NICOLA CD
BERKS CARDIOLOGISTS LTD
222 N 12TH ST
READING PA 19604-2964
610-375-4679
BLACK, MD, JONATHAN D *ORS
301 S 7TH AVE STE 100
WEST READING PA 19611
610-375-6226

BLAUSER, MD, ROBERT B FP
260 STATE ST
PO BOX 488
HAMBURG PA 19526-1823
610-562-3066
BOHNENBLUST JR, MD,
WALTER R IM
512 STEPHEN RD
READING PA 19601-1020
BONANNI JR, MD, FERNANDO B GS
11 PACIFIC AVE
SINKING SPRINGS PA 19608-9789
610-366-1032
BONNER, MD, JAMES J OBG
ROCKLAND PROF CENTER
1940 N 13TH ST SUITE 207
READING PA 19604-1544
610-921-9751
BONNER, MD, MARY J IM
101 W LANCASTER AVE
SHILLINGTON PA 19607-1879
610-777-6516
BORGATTA, MD, LOUIS CD
108 GRANDE BLVD
SINKING SPRING PA 19608-9681
610-670-2203
BOROFSKY, MD, MICHAEL A RHU
401 BUTTONWOOD ST
W READING PA 19611-1124
610-375-4251
BOWER SR, MD, JOHN R P
COUNTRY MEADOWS
1800 TULPEHOCKEN RD APT 281
WYOMISSING PA 19610-1240
610-372-3793
BOWER, MD, JOHN R *GYN
2640 WESTVIEW DR
WYOMISSING PA 19610-1186
610-678-2656
BOWERS, MD, DAVID N PM
5 ANDREW DR
MOHNTON PA 19540
BOYER, DO, MICHAEL A FP
131 N 5TH ST
READING PA 19601
610-375-8507
BRACKBILL, MD, ELIZABETH J FP
BERKS HEIM
PO BOX 1495
READING PA 19603-1495
610-376-4841
BRAUN, MD, MARIA A FP
600 HIGH BLVD
PO BOX 347
KENHORST PA 19607-0347
610-775-2799
BRIGHAM, MD, ROBERT A VS
301 S 7TH AVE STE 315
WEST READING PA 19611-1451
610-378-9667
BROWN, MD, MICHAEL T GS
301 S 7TH AVE
SUITE 350
WEST READING PA 19611-1410
610-373-4151
BROWN, MD, PATTI J *PM
READING REHAB HOSPITAL
1623 MORGANTOWN ROAD
READING PA 19607-9727
610-796-6354
BRZOZOWSKI, MD, LAWRENCE A N
200 N 13TH ST STE 311
READING PA 19604-2956
610-376-3981
BUB, MD, IVAN FP
1874 LINCOLN AVE
WYOMISSING PA 19610-2637
610-775-9601
BURKE, MD, JOSEPH W R
3 CEDAR
MOHNTON PA 19540
610-775-8638
BURNS, MD, DONALD T OPH
1500 PENN AVE
WYOMISSING PA 19610-2136
610-376-8237
BUTTERWORTH, MD, THOMAS D
2000 CAMBRIDGE AVE #333
WYOMISSING PA 19610
610-777-1906
BUZAS, MD, JEROME W D
2650 WESTVIEW DR
WYOMISSING PA 19610-1187
610-670-2211
CAIRNS, MD, LUCY J OPH
806 APPLE DR
WYOMISSING PA 19610-1404
610-678-2524
CALATA, MD, ELISEO R PM
READING REHAB HOSP
1623 MORGANTOWN ROAD
READING PA 19607-9727
610-796-6338
CALDER, MD, PETER D OPH
560 VAN REED RD STE 102
WYOMISSING PA 19610
610-372-0712
CAMMARANO III, DO,
DOMINIC J *OBG
3611 PERKIOMEN AVE
READING PA 19606-2712
610-779-6550

CAPOBIANCO, MD, LUCIAN F FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2080
CAPPA, MD, ROBERT J *FP
2866 W PHILA AVE
OLEY PA 19547-9345
610-987-6474
CARABELLO, MD, CHARLES A PD
1326 READING BLVD
READING PA 19610
610-372-9256
CARIM, MD, HYDER M PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
610-376-8691
CARIM, MD, MOIZ M OPH
CARIM EYE & RETINA CTR LTD
1981 STATE HILL RD
WYOMISSING PA 19610-1605
610-376-1981
CARLSON, MD, ARTHUR S PTH
5002 CLUB DR
READING PA 19606-2473
610-779-7146
CARLSON, MD, JOHN E DR
301 S 7TH AVE
SUITE 135
READING PA 19611-1410
610-378-6108
CARLSON, MD, LYNN B OBG
640 E WALNUT ST STE 301
READING PA 19601
610-376-6668
CARLSON, MD, STEPHEN E GE
6 HEARTHSTONE CT STE 303
READING PA 19606-3053
610-779-4449
CARNEY, MD, EDWARD A FP
341 W 3RD ST
MT CARMEL PA 17851-1939
CARPOUSIS, MD, AVRA H IM
4271 HUNTERS RUN BLVD
READING PA 19606
610-370-1532
CARTER, MD, FRANK M GS
1075 BERKSHIRE BLVD STE 900
WYOMISSING PA 19610
610-375-6000
CARUANA, MD, BRUCE J GE
6 HEARTHSTONE CT STE 303
READING PA 19606-3053
610-779-4449
CASEY JR, MD, JOHN D *ORS
ORTHOPAEDIC ASSOCS
OF READING
401 BUTTONWOOD ST
W READING PA 19611-1180
610-376-8671
CAVORSI, MD, JOSEPH P GS
2201 RIDGEWOOD RD #190
WYOMISSING PA 19610
610-375-4353
CEFARATTI, MD, MICHAEL D OPH
606 COURT ST STE 200
READING PA 19601-3542
610-374-5885
CESCON, MD, TERRENCE P ON
301 S 7TH AVE
SUITE 220
W READING PA 19611-1410
610-374-4404
CHELIUS, MD, ALAN B FP
131 N 5TH ST
READING PA 19601
610-375-8507
CHENSEE, MD, JASPER G *PTH
4720 OLEY TURNPIKE RD
READING PA 19606-9113
610-779-2342
CHIRIELEISON, MD, ROCCO F *IM
301 S 7TH AVE
SUITE 225
W READING PA 19611-1410
610-376-8004
CHOWDHURY, MD, A RAB GE
8 N 11TH ST
READING PA 19601-3706
610-375-3962
CHRIST, MD, NICHOLAS J FP
141 N WALNUT ST
BIRDSBORO PA 19508-2005
610-582-2400
CHRIST, MD, PETER J *PTH
ST JOSEPH HOSPITAL
BOX 316
READING PA 19603
610-378-2000
CHRISTENSEN, MD, DAVID W FP
BIRDSBORO FAM MED CTR
E 1ST & SPRUCE STS PO BOX 65
BIRDSBORO PA 19508
610-582-1561
CHUA, MD, HENRY S FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2440
CITRO, MD, LAURENCE A DR
COMMUNITY GEN HOSP
145 N 6TH ST
READING PA 19601-3501
610-378-8355

CLOSE, MD, RICHARD A NS
601 SPRUCE ST
W READING PA 19611-1443
610-375-4567
COFFEY, MD, JAMES A VS
301 S 7TH AVE STE 315
W READING PA 19611-1451
610-378-9667
COHEN, MD, BRUCE A FP
12 LUDWELL PLACE
DURHAM NC 27705-5460
COHN, MD, C HAROLD TS
137 HAWTHORNE CT
WYOMISSING PA 19610-1034
610-678-8900
COMESS, MD, RAYMOND R GS
1801 ECKERT AVE
READING PA 19602-1405
610-373-3417
CONNERTON, MD, GEORGE E PTH
1921 STURBRIDGE DR
WYOMISSING PA 19610-2678
610-777-9771
CONSING, MD, JESSE RAY N FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2440
CONSOLI, MD, DEBORAH P OBG
640 WALNUT ST STE 301
READING PA 19601-3525
610-376-6668
COPE, MD, DAVID A OTO
1029 PARKSIDE DR N
WYOMISSING PA 19610-2233
610-376-9728
CRAFT, MD, ROBERT E *IM
1940 N 13TH ST STE 233
READING PA 19604
610-939-9422
CRAIG, MD, PAUL C OPH
PENNSWOOD VILLAGE APT 113D
NEWTOWN PA 18940-2401
215-968-6185
CRAMP, MD, LLOYD L GS
15 CONGRESSIONAL CIR
READING PA 19607-3416
610-775-4046
CRANDALL, MD, TONIE L OBG
301 S 7TH AVE STE 245
W READING PA 19611-1451
610-374-2214
DAMM, MD, CHRISTOPHER J CD
114 W MORELAND AVE
PHILADELPHIA PA 19118-4030
215-242-5611
DATLOF, MD, STEVEN B P
999 BERKSHIRE BLVD STE 130
WYOMISSING PA 19611-2549
610-374-4577
DEBENEDICTIS, MD, KENNETH J ID
301 S 7TH AVE
SUITE 385
W READING PA 19611-1410
610-374-9523
DEBIAS, MD, DENNIS A FP
352 RIVER RD
COLLEGEVILLE PA 19426-3026
DEIBERT, MD, DAVID C END
560 VAN REED RD STE 304
WYOMISSING PA 19610-1799
610-373-7743
DELP JR, MD, CHARLES W FP
810 E PHILADELPHIA AVE
BOYERTOWN PA 19512-1307
610-367-2259
DELVECCHIO, MD, LEONARD M FP
103 AUGUSTA CIR
KERRVILLE TX 78028-6512
210-792-3936
DEMKO, MD, TRUDY M IM
720 SCHOFFERS ROAD
READING PA 19606-9707
610-779-8402
DENBY, MD, ROBERT A FP
25 STEVENS AVE
W LAWN PA 19609-1424
610-678-4455
DENGLER, MD, ERNEST H OPH
STAPELEY IN GERMANTOWN
6300 GREENE ST W311
PHILADELPHIA PA 19144-2596
215-438-7013
DERSH, MD, JEROME OPH
606 COURT ST STE 200
READING PA 19601-3542
610-374-5885
DETHOFF, MD, JOHN C ORS
COMMONWEALTH ORTHO ASSOC
11 FAIRLANE ROAD
READING PA 19606
610-375-8471
DEVINE, MD, RAYLENE A *PD
6 W PENN AVE
WERNERSVILLE PA 19565-1502
610-670-2141
DIETRICH, DO, LEONARD M FP
PO BOX 243
15250 KUTZTOWN ROAD
KUTZTOWN PA 19530-0243
610-683-6085
DIETRICH, DO, MARCIA C FP
8 CHURCH LN
DOUGLASSVILLE PA 19518-1824
610-385-3022

DIETRICH, MD, SCOTT A FP
142 VICTORIA LN
WYOMISSING PA 19610-1456
610-678-7604
DIPILLO, MD, MARK A OPH
W READING OPHTHALMIC
206 S 6TH AVE
W READING PA 19611
610-378-1344
DIRENZO, MD, DENNIS P PD
40 BERKSHIRE CT
WYOMISSING PA 19610-1224
610-374-7400
DONOVAN, MD, ROBERT S FP
1 BALTHASER ROAD
SINKING SPRING PA 19608-9333
610-678-1887
DOOLEY, MD, THOMAS W *PS
1754 GARFIELD AVE
WYOMISSING PA 19610-2334
610-378-9265
DUFFY, MD, SCOTT S IM
301 S 7TH AVE
SUITE 225
W READING PA 19611-1410
610-376-8004
DUSZAK JR, MD, RICHARD L *DR
212 STURBRIDGE DR
WYOMISSING PA 19610
610-775-9806
EAGER, MD, J MICHAEL *OBG
1340 PENN AVE
WYOMISSING PA 19610-2132
610-375-4241
EARLY JR, MD, ROBERT F AN
1418 OLD MILL RD
WYOMISSING PA 19610-2852
610-375-6661
EBERSOLE, MD, THOMAS M OBG
640 WALNUT ST STE 301
READING PA 19601-3525
610-376-6668
ECKERT, DO, ROBERT R FP
ST LAWRENCE MEDICAL
120 PROSPECT ST
READING PA 19606
610-779-1330
EDMUNDS, MD, ELIZABETH H FP
514 CARSONIA AVE
READING PA 19606-1521
610-779-8822
ELLENBERGER, MD, PAMELA M *GS
BERKS PLAS SURG INST
6 HEARTHSTONE CT STE 101
READING PA 19606
610-370-1615
EMKEY, MD, KENNETH D GE
301 S 7TH AVE STE 215
W READING PA 19611-1450
610-374-4401
EMKEY, MD, RONALD D RHU
401 BUTTONWOOD ST
W READING PA 19611-1124
610-375-4251
ERTEL, MD, D GREGORY GE
301 S 7TH AVE STE 215
W READING PA 19611-1450
610-374-4401
FALL, MD, STEPHEN M CD
CARDIOTHORACIC SURG
ASSOC OF RDG PC
1235 PENN AVE STE 302
WYOMISSING PA 19610
610-374-5000
FALLON III, MD, EDWARD C DR
READING HOSPITAL &
MED CENTER
PO BOX 16052
READING PA 19612-6052
610-378-6108
FARBER, MD, DAVID N OPH
1515 ALSACE RD
READING PA 19604-1859
610-374-3640
FARBER, MD, ERIC B OPH
606 COURT ST STE 200
READING PA 19601-3542
610-374-5885
FARBER, MD, HAROLD I IM
1511 HAMPDEN BLVD
READING PA 19604-1829
610-478-9131
FAROOO, MD, MOHAMMAD T PM
855 N PARK RD APT C-203
WYOMISSING PA 19610-1318
FAUST, MD, DONALD S TR
READING HOSPITAL &
MED CENTER
P O BOX 16052
READING PA 19612-6052
610-378-6067
FEASTER, MD, MARSHALL M *CDS
1235 PENN AVE
WYOMISSING PA 19610-2100
610-374-5000
FEHNEL, MD, STEPHEN H OBG
301 S 7TH AVE
SUITE 245
W READING PA 19611-1410
610-374-2214

FEICK, MD, RALPH H FP
WILLOW VALLEY ESTATES
111 DORIANNE DR
WILLOW ST PA 17584-9205
717-464-4051
FEINBERG, MD, STANFORD S N
290 RIDINGS WAY
BROAD AXE PA 19002-5246
215-628-0103
FERRY, MD, GERALD W *OBG
200 N 13TH ST STE 304
READING PA 19604-2956
610-378-5200
FISCHER, MD, EDWARD C R
READING HOSPITAL &
MED CENTER
P O BOX 16052
READING PA 19612-6052
610-378-6108
FISHER, DO, CLAUDIA C FP
150 SLIM LN
MOHNTON PA 19540
610-796-9579
FLEISCHER, MD, ALAN N U
200 N 13TH ST STE 201
READING PA 19604
610-372-2351
FLORES, MD, EVELYN R N
200 N 13TH ST STE 311
READING PA 19604-2956
610-376-3981
FOLDES-ROTH, MD, ELISABETH GYN
3300 DARBY RD # 7203
HAVERFORD PA 19041-1074
FRANCO, MD, FRANK A IM
1425 OLD MILL RD
WYOMISSING PA 19610-2834
610-373-2440
FRANCOIS, MD, MAX B FP
2021 FRANKLIN PL
WYOMISSING PA 19610-1425
610-678-1316
FRANK, MD, JEFFREY B OBG
301 S 7TH AVE
SUITE 345
W READING PA 19611-1410
610-374-2214
FRIEDMAN, MD, ELLIS F ORS
320 ABINGTON DR
WYOMISSING PA 19610-1898
610-678-4525
FUSCO-RIPKA, MD, GIOVANNA D OS
1216 MEADE ST
READING PA 19611-1852
GALLEN, MD, JOHN H FP
2950 VAN REED RD
SINKING SPRING PA 19608-1035
610-678-7000
GARCIA, MD, ANTONIO S FP
PO BOX 185
HAMBURG PA 19526-0185
610-562-3133
GEHMAN, MD, M JACK FP
11 NORTHRIDGE DR WEST
MOHNTON PA 19540-1238
610-777-2452
GEHRIS, MD, LEROY A FP
HIGHLANDS AT WYOMISSING
2000 CAMBRIDGE AVE APT 110
WYOMISSING PA 19610-2723
610-775-4471
GEORGE, MD, DAVID L RHU
READING HOSP DEPT OF MED
W READING PA 19616
GERHART, MD, GEORGE R FP
3351 PERKIOMEN AVE
READING PA 19606-2736
610-779-3500
GEYER, MD, DAVID W AN
1539 READING BLVD
WYOMISSING PA 19610-2443
610-375-3337
GHATTAS, MD, JANETTE G OBG
12 BUCKINGHAM DR
READING PA 19605-1098
610-916-3021
GIACCIA, MD, AMATO FP
600 SCHUYLKILL AVE
READING PA 19601-2640
610-373-1618
GIESECKE, MD, SUSAN B DR
1634 MEADOWLARK RD
WYOMISSING PA 19610-2821
610-775-3374
GILFILLAN III, MD, A GEORGE PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
610-376-8691
GINSBERG, MD, GARY *U
429 E LANCASTER AVE
SHILLINGTON PA 19607
610-775-4205
GLENN, ALBERT L ADM
CARDIO ASSOCS OF W READING
301 S 7TH AVE STE 205
READING PA 19611
610-375-6565
GLESSNER, MD, CAROL A *FP
1008 BEN FRANKLIN HWY W
DOUGLASVILLE PA 19518
610-385-3010
GLOSSER, MD, WILLIAM E EM
42 PHILADELPHIA DR
WERNERSVILLE PA 19565-2013

GOLDMAN, MD, ALLA FP
120 VALLEY VIEW CIR
PHOENIXVILLE PA 19460-3185
610-783-5338
GOLDSTEIN, MD, ALLAN *AN
404 ORCHARD VIEW LN
READING PA 19606-3214
610-779-9143
GORDON, MD, MICHAEL E R
COMMUNITY GEN HOSP
145 N 6TH ST
READING PA 19601-3501
610-376-2100
GOSS, EDWARD S ADM
BERKS CARDIO LTD
1150 BERKSHIRE BLVD #250
WYOMISSING PA 19610
610-378-4910
GOULDY, MD, CHRISTINE A US
1620 CORTLAND AVE
READING PA 19607-2114
717-766-3569
GRABIAS, MD, STANLEY L *ORS
301 S 7TH AVE STE 100
W READING PA 19611-1449
610-375-6226
GRAHAM, MD, BARRY E OBG
1340 PENN AVE
WYOMISSING PA 19610
610-375-4241
GRANADOS, MD, NICANOR G IM
1555 SCHUYLKILL AVE
READING PA 19601-1312
610-378-0107
GREENBERG, MD, ROBERT N GS
200 N 13TH ST STE 204
READING PA 19604-2955
610-376-8244
GREENE, MD, LUCILLE T FP
38 BEECHWOOD DR
READING PA 19606-3134
610-374-2435
GREENE, MD, RICHARD J A
39 E LANCASTER AVE
SHILLINGTON PA 19607-2631
610-777-9883
GREGORY, MD, GEORGE W CDS
9942 HOLT RD
CARMEL CA 93923-8596
GRETH, MD, WARREN E RHU
401 BUTTONWOOD ST
W READING PA 19611-1101
610-375-4251
GROSS, MD, LAWRENCE S *PD
EXETER PEDIATRICS
10 FAIRLANE ROAD
READING PA 19606-9562
610-779-9550
GRUBB, MD, WILLARD Y FP
143 W PHILADELPHIA AVE
BOYERTOWN PA 19512-1429
610-367-2790
GRUBER, MD, JOHN W CD
301 S 7TH AVE
SUITE 205
W READING PA 19611-1410
610-375-6565
GRUNDY, MD, PAUL H OM
1114 COMMONS BLVD
READING PA 19605
610-926-0960
GUAY JR, MD, ROBERT C DR
1848 READING BLVD
WYOMISSING PA 19610-2626
610-775-3246
GUILES-LACHINA, DO, AMY A FP
1126 MEADE ST
READING PA 19611-1850
610-777-9872
HANNA, MD, EZZAT A FP
KENHORST FAM MED CTR
PO BOX 347 600 HIGH BLVD
KENHORST PA 19607-0347
610-775-2799
HARE, MD, JEFFREY L DR
332 BELL BLVD
WEIRTON WV 26062-3300
610-691-3028
HARMELIN, DO, MICHAEL C AN
145 N 6TH ST
READING PA 19601
610-376-1900
HARRIS, MD, LAWRENCE K CD
COMMUNITY GEN HOSP
145 N 6TH ST
READING PA 19601-3501
610-375-4679
HARRISON, MD, DIANE D OBG
1340 PENN AVE
WYOMISSING PA 19610-2132
610-375-4241
HASSAN, MD, JOSEPH R IM
4201 KUTZTOWN RD
TEMPLE PA 19560-1836
610-921-2094
HASSEL, MD, JEFFREY L *IM
640 WALNUT ST STE 305
READING PA 19601-3525
610-376-0353
HASSLER, MD, CARL W FP
606 WELLINGTON AVE
READING PA 19609-2342
610-777-9956

HAUSER, MD, RAYMOND J FP
THE LUTHERAN HOME
ONE S HOME AVENUE
TOPTON PA 19562
610-682-2145
HAWKE, MD, WILLIAM *AN
29 FLINT RIDGE DR
SHILLINGTON PA 19607-3016
HEIN, MD, EDWARD W AI
BERKSHIRE ALL &ASTHMA
1125 BERKSHIRE BLVD
WYOMISSING PA 19610-1232
610-375-6708
HEISEY, MD, JOHN C IM
4885 DEMOSS RD STE 200
READING PA 19606
610-779-0300
HELINEK, MD, GERARD L R
READING HOSPITAL &
MED CENTER
PO BOX 16052
READING PA 19612-6052
610-378-6108
HELINEK, MD, THOMAS G DR
2001 STATE HILL RD STE 104
WYOMISSING PA 19610
215-955-2788
HELLER, MD, FREDERICKA S M OBG
530 KENHORST BLVD
READING PA 19611-1716
610-775-7133
HENNINGER, MD, WILLIAM H AN
189 OAKMONT CT
READING PA 19607-3406
610-777-1463
HENRY, MD, JOHN M U
950 FRANKLIN ST
WYOMISSING PA 19610-3003
610-208-0413
HERB, DO, RONALD K IM
560 VAN REED RD
SUITE 101
WYOMISSING PA 19610
610-378-1601
HERMANOVICH JR, MD, JOHN CD
301 S 7TH AVE STE 205
W READING PA 19611-1450
610-375-6565
HESTER, MD, PAUL S IM
511 FRANKLIN ST
W READING PA 19611
610-373-4558
HEY JR, MD, E BERRY CD
301 S 7TH AVE STE 205
W READING PA 19611-1450
610-375-6565
HIEHLE, MD, J FREDERICK DR
1748 GARFIELD AVE
WYOMISSING PA 19610-2334
610-374-8164
HIGH, MD, BERTRAND J IM
30 VILLAGE CENTER DR
READING PA 19607
610-775-4500
HILDRETH, MD, EUGENE A IM
READING HOSP & MED CTR
PO BOX 16052
READING PA 19612-6052
610-378-6566
HOCH, MD, WILLIS S PTH
444 DONALYN LN
BERWYN PA 19312-1007
HOFFMAN, MD, DAVID A *GYN
1330 PENN AVE
WYOMISSING PA 19610-2132
610-373-4271
HOFFMAN, MD, NEIL A *PTH
READING HOSP AND MED CTR
P O BOX 16052
READING PA 19612-6052
610-378-6088
HOLM, MD, ERIC K NS
606 MUSEUM RD
READING PA 19611-1427
610-373-4007
HOPE, MD, EARL J CD
S 7TH AVE STE 205
W READING PA 19611
610-375-6565
HOPKINS, MD, JOHN E *AN
6TH & SPRUCE STS
W READING PA 19611
610-378-6269
HORAN, MD, JENNIFER PD
40 BERKSHIRE CT
WYOMISSING PA 19610
610-374-7400
HORAN, MD, KEVIN F AN
200 N 13TH ST STE 203
READING PA 19604
610-374-4816
HORNER, MD, SCOTT A U
318 N 5TH ST
READING PA 19601
610-376-5121
HOWANITZ, MD, E PAUL CDS
200 N 13TH ST STE 215
READING PA 19604
610-378-2676
HOYT, MD, RALPH C GE
RR 3 BOX 2082
BIRDSBORO PA 19508-9547
610-582-4159

HUBBARD, MD, RAYMOND J PD
40 BERKSHIRE COURT
WYOMISSING PA 19610
610-374-7400
HUNTER, MD, JOHN S FP
2000 CAMBRIDGE AVE APT 84
WYOMISSING PA 19610-2722
610-777-4884
IMBER, MD, IRVING IM
HIGHLANDS AT WYOMISSING
2000 CAMBRIDGE #307
WYOMISSING PA 19610-2737
610-775-7833
IMPINK, MD, ROBERT R GS
125 ORCHARD PL
SHILLINGTON PA 19607-3226
INNIS, MD, PATRICIA A FP
R R 1 BOX 333
HAWLEY PA 18428-9718
ISIOCHA, MD, UCHEBUIKE H FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2440
IZZO, MD, DOMENIC C OPH
560 VAN REED RD STE 102
WYOMISSING PA 19610-1799
610-372-0712
JACOBSON, MD, MARTIN A IM
4201 KUTZTOWN RD
TEMPLE PA 19560-1836
610-921-2094
JAMES, MD, JEFFREY R IM
602 BARRINGTON CT
PALMYRA PA 17078-9367
717-838-7598
JAXHEIMER, MD, ERIC C VS
801 S TRENT AVE
WYOMISSING PA 19610-2253
610-372-7147
JAY JR, MD, W THOMAS IM
516 LYNNE AVE
WYOMISSING PA 19610-2225
610-375-1009
JENCKES III, MD, GEORGE A IM
345 GREEN BRIAR CT
WYOMISSING PA 19610-2730
610-775-0442
JIMERSON, MD, CEDRIC C GS
DORAL DR #7-B
READING PA 19607
JOHNSON, MD, ALFRED T FP
PHOEBE BERKS VILLAGE
9 READING DR APT 9
WERNERSVILLE PA 19565-2022
610-678-1140
JOHNSON, MD, CRAIG H NS
301 S 7TH AVE STE 365
W READING PA 19611-1436
610-373-5138
JOHNSON, MD, WILLIAM T *AN
170 WHITEHALL RD
REINHOLDS PA 17569-9549
717-336-5711
JONES, MD, REBECCA K OBG
3611 PERKIOMEN AVE
READING PA 19606
610-779-6550
JONES JR, DO, ROBERT S ID
1010 HUNTERS RD
MOHNTON PA 19540
610-478-7974
KAO, MD, WINIFRED W OTO
301 S 7TH AVE STE 155
W READING PA 19611-1410
610-376-9728
KAPLAN, MD, LAWRENCE M DR
COMM GEN HOSP
145 N 6TH ST
READING PA 19601-3501
610-373-3100
KAPLAN, MD, SHELDON J OPH
W READING
OPHTHALMIC ASSOC
206 S 6TH AVE
W READING PA 19611-1411
610-378-1344
KARABELNIK, MD, DON FP
325 E LANCASTER AVE
SHILLINGTON PA 19607-2633
610-775-3316
KASE, MD, JAMES J IM
112 N 11TH ST
READING PA 19601-3707
610-376-9112
KASTENBAUM, MD, MICHAEL IM
101 W LANCASTER AVE
SHILLINGTON PA 19607-1879
610-777-6516
KEARNEY, MD, JOHN M GS
1130 SHELBOURNE RD
READING PA 19606-9771
KEFFER, MD, WILLIAM H OM
1424 MONROE AVE
WYOMISSING PA 19610-2436
610-376-2371
KELLER, MD, LYNWOOD V FP
1334 GIRARD AVE
WYOMISSING PA 19610-2420
610-375-1751
KERSHNER, MD, MARILYN S R
READING HOSP & MED CTR
P O BOX 16052
READING PA 19612-6052
610-378-6108

KILCHEVSKY, MD, EITAN S PD
PO BOX 16052
READING PA 19612
610-378-6843
KILLIAN III, MD, CALEB L FP
2508 HAMPDEN BLVD
READING PA 19604-1009
610-921-3924
KIM, MD, CHRISTOPHER NPM
READING HOSP & MED CTR
PO BOX 16052
READING PA 19612
610-378-6943
KIM, MD, CHUNG S IM
140 W WINDSOR ST
READING PA 19601-2059
610-376-2230
KIMBALL, MD, C EVE J PD
132 SOUTH 5TH STREET
READING PA 19601-3325
610-372-9222
KIMBALL JR, MD, DANIEL B *IM
DIRECTOR DEPT MED BOX 16052
READING HOSP & MED CTR
READING PA 19612-6052
610-378-6133
KIMMEL, MD, CRAIG A OTO
301 S 7TH AVE
SUITE 155
W READING PA 19611-1410
610-376-9728
KING, MD, WEIR L IM
PO BOX 48
LIMEKILN PA 19535-0048
KLEIN JR, MD, WILLIAM J NEP
301 S 7TH AVE
SUITE 355
W READING PA 19611-1410
610-376-7365
KLEINER, MD, ANTON J *GYN
301 S 7TH AVE
SUITE 325
W READING PA 19611-1410
610-375-8493
KLOMBERS, MD, LEE A OPH
W READING OPHTH
206 S 6TH AVE
W READING PA 19611-1411
610-378-1344
KNIAZER, MD, BARRY OBG
613 DAVIS RD
CHELTENHAM PA 19012-1636
215-663-9266
KOCHU, MD, STEVE END
11 E LANCASTER AVE
SHILLINGTON PA 19607
610-796-4020
KOHL, MD, STEPHEN D *OBG
640 WALNUT ST STE 301
READING PA 19601-3525
610-376-6668
KOREY JR, MD, JOSEPH J OBG
250 N 12TH ST
READING PA 19604-2952
610-374-0970
KORMENDI, MD, ROBERT FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2484
KOSLOW, MD, MICHAEL CD
224 LOGAN AVE
WYOMISSING PA 19610
610-796-0798
KOVALSKY, MD, KENNETH FP
9 BRISTOL CT
WYOMISSING PA 19610-1805
610-670-2222
KRALJEVIC, MD, JUAN E IM
403 N 13TH ST
READING PA 19604
610-375-8577
KRAMER, MD, RANDALL K FP
226 E WYOMISSING AVE
MOHNTON PA 19540-1812
610-775-3710
KRIEBEL, MD, DOROTHY E FP
232 PHEASANT RUN
LANSDALE PA 19446-5846
610-584-3768
KRING, MD, CARROLL S FP
24055 PASEO DEL LAGO # 851
LAGUNA HILLS CA 92653-2643
KROL, MD, RONALD C PUD
1940 N 13TH ST STE 101
READING PA 19604-1543
610-929-2433
KUBACKI, MD, JOSEPH J OPH
421 S 5TH AVE
W READING PA 19611-1301
610-372-4222
KURJANOWICZ, MD, WADIM FP
2050 MT LAUREL ROAD
FLEETWOOD PA 19522-8709
KUTSCHER, MD, HARLAN A *U
200 N 13TH ST
SUITE 201
READING PA 19604-2961
610-372-2351
KUTZ, MD, TIMOTHY J FP
162A TREXLER AVE
KUTZTOWN PA 19530-1741
610-683-8480

LAKSHMIN, MD, MURALI AN
COMM GEN HOSP
145 N 6TH ST
READING PA 19601-3501
610-376-2100
LAMANNA, MD, JOHN V PS
40 KENHORST BLVD
READING PA 19607
610-796-1000
LATMAN, MD, STEPHEN F ORS
2130 PENN AVE
W LAWN PA 19609-1600
610-670-2280
LATTIN, MD, GARY M CD
BERKS CARDIO LTD
222 N 12TH ST
READING PA 19604-2964
610-375-4679
LEASURE, MD, NICK C ON
301 S 7TH AVE STE 220
W READING PA 19611-1450
610-374-4404
LEE, MD, JUNG S FP
220 HAWTHORNE CT
WYOMISSING PA 19610
610-678-7290
LEE, MD, JUNG-PIL U
318 N 5TH ST
READING PA 19601-3002
610-376-5121
LEINBERRY, MD, CHARLES F ORS
COMMON ORTHO ASSOC
11 FAIRLANE ROAD
READING PA 19606
610-375-8471
LEISAWITZ, MD, ELLIOTT G IM
101 W LANCASTER AVE
SHILLINGTON PA 19607-1879
610-777-6516
LEONI, MD, JOSEPH U
931 PENN AVE
WYOMISSING PA 19610-3021
610-372-8995
LEVINE, MD, ALAN P IM
4885 DEMOSS RD STE 200
READING PA 19606
610-779-0300
LEVY, MD, PAUL F GE
200 N 13 ST STE 207
READING PA 19604-2961
610-374-9808
LEWIS, MD, ELAINE R R
TRHMC DEPT OF RADIO
P O BOX 16052
READING PA 19612-6052
610-378-6108
LI, MD, XIAOLU FP
850 CARSONIA AVE APT B-203
READING PA 19606
610-370-9990
LIBELL, MD, DAVID P *US
100 TOWLER PL
CHARLOTTESVILLE VA 22902-6463
610-372-7062
LIGNELLI, MD, GREGORY J NS
TRI COUNTY NEURO
ASSOC
1630 E HIGH ST BLDG 5
POTTSTOWN PA 19464-3244
610-327-0380
LINDENTHAL, MD, JOHN P AN
41C CANTERBURY CIR
READING PA 19607-3450
610-777-6202
LLOYD, MD, BENJAMIN J IM
8 BALTHASER RD
SINKING SPRING PA 19608-9334
610-678-5494
LODER, DO, DONALD I FP
143 E WALL ST
LEESPORT PA 19533
610-926-2123
LOEPER, MD, DONALD J FP
214 W 6TH ST
BOYERTOWN PA 19512-1008
LOGUE III, MD, JAMES G AN
1802 HOLLY RD
READING PA 19602-1511
610-378-1725
LONGENECKER, MD, BENJAMIN E FP
901 ELNORE AVE
TEMPLE PA 19560-1827
610-929-0027
LONGENECKER, MD, ROGER N FP
EAST PENN MED CTR
111 PARK RD BOX 70
BLANDON PA 19510
610-926-2168
LONGENECKER, MD,
STEPHEN C *ORS
401 BUTTONWOOD ST
W READING PA 19611
610-376-8671
LORD, MD, KENNETH J FP
TRHMC FAMILY PRACT CTR
P O BOX 16052
READING PA 19612-6052
610-378-6856
LORD, MD, WILLIAM H FP
1991 STATE HILL ROAD
WYOMISSING PA 19610
610-373-8083

LOUGH, MD, FREDERICK C *CDS
1235 PENN AVE
WYOMISSING PA 19610-2100
610-374-5000
LUECKE, MD, GAIL A DR
READING HOSP & MED CTR
P O BOX 16052
READING PA 19612-6052
610-378-6108
LUSCH, MD, CHARLES J ON
301 S 7TH AVE
SUITE 220
W READING PA 19611-1410
610-374-4404
LUTZ, MD, CHARLES K OTO
222 N 12TH ST
READING PA 19604-2964
610-374-5599
LYNCH, MD, JAMES D CD
59 TIMBERLINE DR
WYOMISSING PA 19610-1971
LYONS, MD, CLIFFORD H FP
389 HILL DR
HAMBURG PA 19526
MAHMOOD, MD, EDNA Z OPH
W READING OPHTH
206 S 6TH AVE
W READING PA 19611-1411
610-378-1344
MAIDANSKY, MD, IGOR AN
16 SEVEN SPRINGS DR
READING PA 19607
610-796-1511
MAIORANA, MD, S LEROY *OBG
1512 ROSE VIRGINIA RD
WYOMISSING PA 19610-2843
610-373-3051
MAKATCHE, DO, TIMOTHY J FP
SCHUYLKILL VALLEY FAM
PRACTICE
CENTRE & WALL STS
LEESPORT PA 19533
610-926-5707
MALAK, MD, TIMOTHY M GS
5 HEARTHSTONE CRT STE 105
READING PA 19606
610-370-1790
MALICK, MD, GERALD P *GYN
301 S 7TH AVE
SUITE 325
W READING PA 19611-1410
610-375-8493
MANUBAY, MD, JOHN M FP
131 N 5TH ST
READING PA 19601
610-375-8507
MANUBAY, MD, MARCELO A EM
1510 ECKERT AVE
READING PA 19602-1401
610-374-1592
MARCHINSKI, MD, LEONARD J *ORS
301 S 7TH AVE STE 100
W READING PA 19611-1449
610-375-9789
MARCUS, MD, JEROME I CLP
OMEGA MEDICAL LABS
2001 STATE HILL RD STE 100
WYOMISSING PA 19610-1699
610-378-1900
MARIGLIO, MD, JOSEPH A PUD
1940 N 13TH ST STE 101
READING PA 19604-1543
610-929-2433
MARSHALL, MD, JOHN E FP
2431 CYPRESS DR
PAWLEYS ISL SC 29585-5631
MARTIN JR, MD, JOHN A ORS
COMMON ORTHO ASSOC
11 FAIRLANE ROAD
READING PA 19606
610-779-2663
MARTINEZ, MD, ZEFERINO ORS
640 WALNUT ST STE 303
READING PA 19601-3525
610-375-4900
MARYNIAK, MD, GIRARD M OBG
1643 MEADOWLARK RD
WYOMISSING PA 19610-2820
610-775-9829
MASSENGALE, MD,
ALEXANDER T OBG
301 S 7TH AVE STE 115
W READING PA 19611-1449
610-372-2800
MATHIS, MD, JAMES G AN
1905 STURBRIDGE DR
READING PA 19610-2678
610-796-1592
MATSKO, MD, JANE R FP
RR 4 BOX 429
TAMANEND PA 18252-9310
MATTHEWS, MD, GEORGE R R
1310 MUSEUM RD
READING PA 19611-1439
610-375-9688
MAZUZ, MD, MEIR CD
2660 HILL RD
READING PA 19606-9214
610-375-4650
MAZZA, MD, PATRICK A FP
1307 ORCHARD RD
READING PA 19611-1437
610-375-7685

MCBRYAN JR, MD, DONALD J *IM
9 PENNSYLVANIA AVE
SHILLINGTON PA 19607-1920
610-777-4237
MEDENILLA JR, MD, ROSENIO R US
601 S 19TH ST APT E105
READING PA 19606
610-208-0409
MEHARG JR, MD, JOHN G IM
11 E LANCASTER AVE
SHILLINGTON PA 19607
610-777-7827
MELLON, MD, ROBERT CHP
11 SCHOOLHOUSE RD
EAST CHATHAM NY 12060
518-766-6394
MEMON, MD, PARVEZ A FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2080
MENDELSOHN, MD, EUGENE OBG
911 N 26TH ST
READING PA 19606-1415
610-779-5770
MENGEL, MD, ROGER G PUD
301 S 7TH AVE STE 130
W READING PA 19611-1449
610-374-4421
MENGES JR, MD, JOB F *ORS
1424 PENN AVE
WYOMISSING PA 19610
610-374-4474
MERCURIO, MD, TERESA ON
301 S 7TH AVE
SUITE 220
W READING PA 19611-1410
610-374-4404
MILLER, MD, JAY B U
301 S 7TH AVE STE 340
W READING PA 19611-1451
610-375-4579
MINEHART, MD, CHARLES R CD
BERKS CARDIOLOGISTS LTD
222 NORTH 12TH ST
READING PA 19604-2964
610-375-4679
MINNICH, MD, KEITH A AN
1917 STURBRIDGE DR
WYOMISSING PA 19610-2678
610-796-1563
MINTZ, MD, PAUL S *AN
READING HOSP AND MED CTR
PO BOX 16052
READING PA 19612
610-378-5946
MITCHELL, MD, DAVID J OPH
206 S 6TH AVE
W READING PA 19611
215-378-1344
MITNICK, MD, PAUL D NEP
301 S 7TH AVE
SUITE 355
W READING PA 19611-1410
610-376-7365
MOFFITT, MD, VINCENT J PD
1258 PENN AVE
WYOMISSING PA 19610-2130
610-374-4491
MOLL, MD, THOMAS B OPH
VAN REED PROF BLDG
560 VAN REED RD
WYOMISSING PA 19610-1799
610-372-0712
MORRISSEY JR, MD, E JAMES ORS
1121 PENN AVE
WYOMISSING PA 19610-2033
610-373-5203
MORROW, MD, BERT A GS
12 MAPLE AVE
SHILLINGTON PA 19607-1216
MOSER, MD, JOHN C *FP
TWIN VALLEY MED CTR
BOX 529
MORGANTOWN PA 19543-0529
610-286-9071
MOY, MD, KAI H PD
4905 BRIARWOOD CIR
READING PA 19606-2484
610-370-2689
MUALLEM, MD, NABIL S OBG
110 GAIL CIR
WYOMISSING PA 19610-3106
610-670-9052
MUHLENBERG, MD, J PETER PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
610-376-8691
MULLIGAN, MD, ROBERT L R
600 N BROBST ST
SHILLINGTON PA 19607-1210
NAGLE, MD, ARLINGTON A FP
855 N PARK RD APT 201
READING PA 19610-1330
610-375-4115
NAGY, MD, ROBERT D
560 VAN REED RD
SUITE 302
WYOMISSING PA 19610
610-373-6486
NAYAK, MD, RAMESH M AN
715 OLD MILL RD APT J15
WYOMISSING PA 19610-2651
610-372-5025

NEMEROFF, MD, JEFFREY B R
26 WARWICK CT
READING PA 19606
610-378-2230
NEUBERT, MD, A GEORGE OBG
READING HOSP & MED CTR
PO BOX 16052
READING PA 19612
610-378-6957
NG, MD, ROMEO FP
READING HOSP & MED CTR
PO BOX 16052
READING PA 19612-6052
610-378-6000
NGUYEN, MD, KIM-LIEN AI
ALLERGY & ASTHMA MED CTR
130 PROSPECT ST
READING PA 19606
610-370-9360
NICHOLAS JR, MD, PETER D RHU
401 BUTTONWOOD ST
W READING PA 19611-1124
610-375-4251
NIEHLS, MD, BEVERLY J FP
316 LAURELWOOD DR
DOUGLASVILLE PA 19518-1010
610-385-4548
NOBLE, MD, S ROSS PM
200 READING AVE STE 102
READING PA 19611
610-478-8662
NUTTING, MD, RON D *CDS
1235 PENN AVE
WYOMISSING PA 19610
610-374-5000
O'DONNELL, DAVID L ADM
W READING OPHTH ASSOCS
206 S 6TH AVE
W READING PA 19611
610-378-1348
O'ROURKE, MD, DAVID B FP
560 VAN REED RD STE 306
WYOMISSING PA 19610
610-376-7878
OCBO, MD, ELISA M AN
4 SEVEN SPRINGS DR
READING PA 19607-9750
610-378-2459
OHNSMAN, MD, CHRISTINA M OPH
560 VAN REED RD STE 102
WYOMISSING PA 19610
610-372-0712
OPLINGER, MD, ARTHUR F FP
2509 PERKIOMEN AVE
READING PA 19606-2051
610-779-2107
OROUIZA, MD, CLODUALDO S U
931 PENN AVE
WYOMISSING PA 19610-3021
610-372-8995
ORZECHOWSKI, ROBERT D ADM
W READING
OPHTHALMIC ASSOC
206 S 6TH AVE
W READING PA 19611-1498
610-378-1348
PACIULLI, MD, RAFFAELE ORS
4751 BOYERTOWN PK
READING PA 19606-9803
PADIYAR, MD, RAMDAS B *AN
15 GLADWYN DR
READING PA 19606-9592
610-689-4958
PALLAS, MD, RANDOLPH S CD
1639 MEADOWLARK RD
WYOMISSING PA 19610-2820
610-777-7524
PAN, MD, EDWARD L ORS
COMMON ORTHOPAEDICS
11 FAIRLANE RD
READING PA 19606
610-375-8471
PANDIT, MD, NIRAJ P CD
222 N 12TH ST
READING PA 19604-2964
610-375-4679
PAOLINI, MD, MAURO J PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610-1232
610-376-8691
PARCELLA, MD, PHYLLIS A AN
READING HOSPITAL &
MED CTR
P O BOX 16052
READING PA 19612-6052
610-378-6269
PARIKH, MD, SHIRISH N IM
73 S HAMPTON DR
WYOMISSING PA 19610-3108
PATADIA, MD, CHANDRAKANT IM
2309 ALSACE RD
READING PA 19604-1115
610-921-0862
PAUL, MD, LEENA AN
BERKS ANES ASSOC
200 N 13TH ST STE 203
READING PA 19604
610-378-2459
PAYER, MD, JEAN M OBG
WOMEN'S CLINIC
301 S 7TH AVE STE 245
W READING PA 19611
610-374-2214

PEARAH, MD, J DAVID OPH
455 PENN AVE
SINKING SPRING PA 19608-1109
610-678-4552
PELLECCHIA, MD, DENNIS J *AN
102 ROBERT RD
WYOMISSING PA 19610-3116
610-670-5037
PELLEGRINI, MD, VINCENT A OBG
119 GAIL CIR
WYOMISSING PA 19610-3106
PENTA, MD, JOHN M OTO
301 S 7TH AVE STE 305
W READING PA 19611-1451
610-376-6990
PERILSTEIN, MD, MICHAEL D *RHU
200 N 13TH ST STE 310
READING PA 19604-2956
610-378-1658
PERLMUTTER, MD, GORDON S *R
1711 READING BLVD
WYOMISSING PA 19610-2605
610-374-3284
PIEGARI, MD, GUY N CD
BERKS CARDIOLOGISTS LTD
222 N 12TH ST
READING PA 19604-2964
610-375-4679
PLUCINSKY, MD, FRANCIS C *AN
403 ARROWHEAD TRL
SINKING SPRING PA 19608-9581
610-670-9829
PLYMYER, MD, RAY E A
2601 MERRITT PKY
W LAWN PA 19609-1029
PODOLSKY, DO, JOEL *P
244 N 5TH ST
READING PA 19601-3304
610-372-8822
POLITZER, MD, FRANK E CD
1218 VAN STEFFY AVE
WYOMISSING PA 19610-2446
POMERANTZ, MD, PHILIP A NEP
403 N 13TH ST
READING PA 19604-2822
610-375-8577
PROBST, MD, SUSAN J *OBG
740 PENN AVE
W READING PA 19611-1006
610-376-3700
PROKURAT, ANDREW T ADM
EBERSOLE KOHL ZERBY
CONSOLI W ASSOCS
640 WALNUT ST # 301
READING PA 19601-3525
610-376-6668
PUTNAM, MD, MARK A P
2020 MILLER RD
CHESTER SPINGS PA 19425-1307
610-827-1848
RAHMANIAN, MD, NADER *IM
150 N 6TH ST
READING PA 19601-3502
610-376-3936
RAMSEY JR, MD, HARRY E ON
301 S 7TH AVE
SUITE 220
W READING PA 19611-1410
610-374-4404
REED, MD, CLIFFORD A *N
301 S 7TH AVE
SUITE 240
W READING PA 19611-1410
610-372-0813
REED, MD, MARK S CLP
333 WHEATLAND AVE
SHILLINGTON PA 19607-1370
610-777-3332
REES, MD, DAVID B *ORS
401 BUTTONWOOD ST
W READING PA 19611-1124
610-376-8671
REHR, MD, ROGER B CD
2 MERRYMOUNT RD
WYOMISSING HILL PA 19609-1718
610-670-8687
REICHARD, MD, RICHARD C FP
112 S HOME AVE PO BOX 68
TOPTON PA 19562
610-682-2163
REIGH, MD, ERNEST E NS
33 OREGON RD
MOHNTON PA 19540
REINER, MD, REBECCA L PD
1125 BERKSHIRE BLVD STE 100
WYOMISSING PA 19610
610-376-8691
RENKERT, MD, ELIZABETH E FP
KIMBERTON CLINIC
P O BOX 447
KIMBERTON PA 19442
610-933-0708
RESTREPO, MD, JAMES P OTO
222 N 12TH ST
READING PA 19604-2964
610-374-5599
REUBEN, MD, MARK S PD
40 BERKSHIRE CT
WYOMISSING PA 19610-1224
610-374-7400

REYNER, MD, PETER C IM
MUHLENBERG MEDASSOC
4201 KUTZTOWN RD
TEMPLE PA 19560
610-921-2094
RIGHTMYER, MD, JOHN N FP
15 SCENIC DR
HAMBURG PA 19526-9519
RIST, MD, KEVIN E CD
105 LUCINDA LN
WYOMISSING PA 19610-1026
610-670-5930
ROBERTSON, MD, JOHN J *FP
30 E MAIN ST
KUTZTOWN PA 19530-1513
610-683-7393
ROBINSON, MD, GARY EM
550 PEARL ST APT 110
READING PA 19602-2658
610-371-0827
ROBINSON, MD, MICHAEL L DR
60 DOWNING DR
WYOMISSING PA 19610-3109
610-670-1271
RODRIGUEZ, MD, ADOLFO E GS
301 S 7TH AVE STE 230
W READING PA 19611-1450
610-375-4381
ROGERS JR, MD, ROBERT M OBG
WOMENS CLINIC
301 S 7TH AVE SUITE 245
W READING PA 19611-1410
610-374-2214
ROMIG, MD, RONALD S GS
109 DEBORAH DR
WYOMISSING PA 19610
ROSENBERG, MD, LAURENCE J *AN
210 ORCHARD VIEW LN
READING PA 19606-3212
ROSENBLUM, MD, NORMAN G GO
6TH AVE AND SPRUCE ST
W READING PA 19611
610-378-6905
ROSENDO, MD, LEYBERTH M FP
PO BOX 13702
READING PA 19612-3702
610-921-3796
ROSENZWEIG, MD, SETH E GE
301 S 7TH AVE STE 215
W READING PA 19611-1450
610-374-4401
ROTENBERG, MD, LARRY A P
560 VAN REED RD STE 301
WYOMISSING PA 19610-1799
610-378-9601
ROWAN, MD, SANDRA K PD
310 N 11TH ST
READING PA 19604-2904
610-373-1605
ROZANSKI, MD, STANLEY J FP
941 FRANKLIN ST
READING PA 19602-1751
610-374-9624
RUBRIGHT, MD, GEORGE L FP
600 FAIRMONT AVE
WERNERSVILLE PA 19565-9756
610-678-2631
RUDOLPH, MD, ROBERT I D
1134 PENN AVE
WYOMISSING PA 19610-2034
610-374-4463
RUNYEON, MD, WILLIAM K GS
8 HUMMINGBIRD RD
WYOMISSING PA 19610-2815
SACKS, MD, DAVID R
READING HOSP
PO BOX 16052
READING PA 19612-6052
610-378-6108
SAHOO, MD, KASHINATH *TR
ST JOSEPHS HOSPITAL
BOX 316
READING PA 19603
610-378-2117
SANTORO, MD, WILLIAM FP
3212 KUTZTOWN RD
READING PA 19605-2661
610-929-3380
SCHAEBLER, MD, M LEE FP
7 CORNELL AVE
W LAWN PA 19609-2318
610-777-5080
SCHARTEL, DO, ALBERT P FP
451 DOUGLASS ST
READING PA 19601-2545
610-372-1614
SCHILDT, MARIE T ADM
TWIN VAL MED CTR PC
NORTH & WALNUT STS
MORGANTOWN PA 19543
610-286-9071
SCHLECHTER, MD, BENJAMIN PS
301 SOUTH 7TH AVENUE
W READING PA 19611
610-376-4677
SCHWARTZ, MD, PETER A OBG
READING HOSP & MED CTR
DEPT OB/GYN
PO BOX 16052
READING PA 19612-6052
610-378-6827

SCHWEIZER, MD, ROBERT R FP
137 E PENN AVE
ROBESONIA PA 19551-1527
610-693-5831
SCORNAVACCHI JR, MD,
JOSEPH M *ORS
401 BUTTONWOOD ST
W READING PA 19611-1124
610-376-8671
SCORNAVACCHI SR, MD,
JOSEPH M U
111 CLUBHOUSE DR
BERNVILLE PA 19506-9536
610-488-6066
SCOVERN, MD, HENRY AI
2001 STATE HILL RD
WYOMISSING PA 19610-1607
SCULLY, MD, JOHN P D
1219 WEAVERTOWN RD
DOUGLASSVILLE PA 19518-8801
610-582-8646
SEAGER, DIANE L ADM
KENHORST FAM MEDCTR
600 HIGH BLVD
KENHORST PA 19607
610-775-2799
SEDA, MD, HECTOR J OTO
301 S 7TH AVE
SUITE 155
W READING PA 19611-1410
610-376-9728
SEO, MD, JIN S AN
BERKS ANES ASSOC INC
200 N 13TH ST STE 203
READING PA 19604-2991
610-374-4816
SERGI, MD, MICHAEL A PD
40 BERKSHIRE CT
READING PA 19610-1224
610-374-7400
SERGI, MD, TIFFANY L PD
40 BERKSHIRE CT
WYOMISSING PA 19610
610-374-7400
SEXTON JR, MD, GEORGE L GYN
301 S 7TH AVE
SUITE 245
W READING PA 19611-1410
610-374-2214
SHADDUCK, MD, SNEED P AN
READING HOSPITAL
& MED CTR
P O BOX 16052
READING PA 19612-6052
610-378-6269
SHAFFER, MD, EUGENE M *GS
301 S 7TH AVE STE 310
W READING PA 19611-1451
610-378-7900
SHAFFER, MD, IRVIN G AN
2200 LORRAINE RD
READING PA 19604-1304
610-921-2144
SHAH, MD, HARNISH V PD
501 WARWICK DR
WYOMISSING PA 19610-1825
SHAPIRO, MD, JOHN A PUD
301 S 7TH AVE STE 130
W READING PA 19611-1449
610-374-4421
SHARMA, MD, P V PATHANJALI VS
200 N 13TH ST
READING PA 19604-2961
610-376-8118
SHEFFER, MD, M LEONARD FP
310 FAIRVIEW CHAPEL RD
BIRDSBORO PA 19508-8816
610-582-2848
SHEMANSKI, MD, CLEM J GER
PHOEBE BERKS VILLAGE
1 READING DR APT 142
WERNERSVILLE PA 19565-2019
610-777-2991
SHIPPEN, MD, EUGENE R FP
9 E LANCASTER AVE
SHILLINGTON PA 19607-2631
610-777-7896
SHOOK, MD, DANIEL R DR
900 E HOWELL ST
PHILADELPHIA PA 19149
215-831-4963
SHULTZ, MD, BARRY S U
301 S 7TH AVE STE 340
W READING PA 19611-1451
610-375-4579
SHUMAN, MD, JOHN F PUD
301 S 7TH AVE STE 130
W READING PA 19611-1449
610-374-4421
SHUMAN, MD, NANCY A IM
301 S 7TH AVE STE 130
W READING PA 19611-1449
610-374-4422
SIGIDIN, MD, MARINA Y FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2440
SIHELNIK, MD, STEPHEN A U
301 S 7TH AVE
W READING PA 19611
610-375-8260

SILVERMAN, MD, EDWARD J *IM
600 MUSEUM RD
READING PA 19611-1427
610-375-0260
SIMONS, MD, JEFFREY S *AN
106 LOGAN AVE
WYOMISSING PA 19610-2618
610-775-9501
SKORPINSKI, MD, EDWARD W PD
40 BERKSHIRE CT
WYOMISSING PA 19610
610-374-7400
SMITH, MD, BARTON L GE
301 S 7TH AVE
SUITE 215
W READING PA 19611-1410
610-374-4401
SMITH, MD, RAYMOND L PS
926 PENN AVE
WYOMISSING PA 19610-3017
610-372-2130
SMITH, MD, RONALD E AN
960 WAYNE AVE
WYOMISSING PA 19610-2272
610-374-4000
SOUDERS, MD, THOMAS B OPH
VAN REED PROF BLDG
560 VAN REED RD STE 102
WYOMISSING PA 19610-1799
610-372-0712
STAEBLER, MD, ROBIN J *FP
2948 ST LAWRENCE AVE
READING PA 19606-2233
610-779-9438
STEIN, MD, WALTER AN
PO BOX 6109
WYOMISSING PA 19610-0109
STELMACH, MD, JOHN P ORS
1715 ALSACE RD
READING PA 19604-1625
610-372-1066
STELMACH, MD, PAUL PUD
1940 N 13TH ST
SUITE 101
READING PA 19604
610-929-2433
STELMACH, MD, PETER IM
1500 OAK LN
READING PA 19604-1895
610-373-7833
STELMACH, MD, W PETER FP
1500 OAK LN
READING PA 19604-1895
610-373-7833
STOLZ, MD, JOHN C R
2000 CAMBRIDGE AVE APT 117
WYOMISSING PA 19610
STOLZ, MD, JONATHAN L R
COMM GEN HOSP
145 N 6TH ST
READING PA 19601-3501
610-376-2100
STOLZ, MD, PAUL K R
39 SHEEP HILL RD
FLEETWOOD PA 19522-9609
610-987-3307
STOUDT, DO, KATHY J FP
711 N 5TH ST
READING PA 19601-2209
610-376-7645
STRAUSE, ALANA L ADM
READING DIAGNOSTIC CLINIC
301 S 7TH AVE STE 225
W READING PA 19611-1497
610-376-8004
STRAUSE JR, MD, HAROLD L OPH
289 LEVAN ST
READING PA 19606-2808
STYPKO, MD, ANDRZEJ P FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2440
SUTHERLAND, MD, ROBERT D *ORS
401 BUTTONWOOD ST
W READING PA 19611-1124
610-376-8671
SZARKO, MD, CAROL J *AN
RR 1 BOX 200
OLEY PA 19547-9606
610-689-5390
SZARKO, MD, FRANK J TR
READING HOSPITAL
& MED CTR
P O BOX 16052
READING PA 19612-6052
610-378-6067
TALLMAN, MD, EDWIN H FP
27 ST PAULIA LANE
OLEY PA 19547-9734
610-987-6214
TAN, MD, JACQUELINE G FP
200 N 13TH ST STE 100
READING PA 19604
610-378-2440
TASE, MD, DOUGLAS S ORS
COMMON ORTHO ASSOC
11 FAIRLANE ROAD
READING PA 19606
610-375-8471
TIETBOHL, MD, RALPH H FP
25 STEVENS AVE
W LAWN PA 19609-1424
610-678-2266

TORRI, MD, GIOVANNI PUD
PULM MED ASSOC INC
301 S 7TH AVE STE 130
W READING PA 19611
610-374-4421
TOSO, MD, GIANFRANCO F OTO
301 S 7TH AVE
SUITE 155
W READING PA 19611-1410
610-376-9728
TREXLER, MD, ETHAN L FP
PHOEBE BERKS VILLAGE
1 READING DR APT 45
WERNERSVILLE PA 19565-2019
610-678-6787
TRUEX JR, MD, RAYMOND C NS
601 SPRUCE ST
W READING PA 19611-1443
610-375-4567
TUKE, MD, GREGORY C FP
CENTRE & WALL STREETS
P O BOX Z
LEESPORT PA 19533
610-926-5707
VALENCIA, MD, CELEDONIO C EM
357 PENNSYLVANIA AVE
SHILLINGTON PA 19607-1313
VENIER, MD, LEON H PM
200 N 13TH ST STE 300
READING PA 19604-2956
610-372-5198
VILLARS, MD, FREDERICK *CDS
200 N 13TH ST STE 215
READING PA 19604
610-378-2676
VONG, MD, GAREN T FP
1515 HILL RD APT A18
READING PA 19602
610-374-9023
WAGNER, MD, JOHN B FP
600 MUSEUM ROAD
READING PA 19611
610-376-1340
WANCZYK, MD, CASIMIR J OBG
4550 OLEY TURNPIKE RD
READING PA 19606-9574
610-779-1083
WEAVER, MD, KENT E FP
2509 PERKIOMEN AVE
READING PA 19606-2051
610-779-2107
WEAVER, MD, M FAY *FP
COMMUNITY HEALTH CTR
PO BOX 1728
READING PA 19603-1728
610-478-8704
WEIDMAN, BRUCE R EXEC
BERKS CTY MED SOC
1940 N 13TH ST STE 248
READING PA 19604-1544
610-929-8853
WEIDNER, MD, SANDRA L PD
CHILDRENS CLINIC
1125 BERKSHIRE BLVD
WYOMISSING PA 19610-1233
610-376-8695
WEISBERG, MD, JEROME S RHU
401 BUTTONWOOD ST
W READING PA 19611-1124
610-375-4251
WELSH, MD, JAMES F PTH
870 IMPERIAL DR
MOHNTON PA 19540-9710
610-777-0121
WEST JR, MD, WILLIAM J *OBG
111 LUCINDA LANE
WYOMISSING PA 19610-1026
610-678-2674
WESTCOTT, MD, RICHARD J *GS
640 WALNUT ST
SUITE 304
READING PA 19601-3525
610-372-3824
WIENER, MD, STEPHEN G D
1212 LIGGETT AVE
READING PA 19611-1838
610-777-6161
WILLIAMS, MD, HERMAN J FP
1801 CAMBRIDGE AVE APT A1
WYOMISSING PA 19610-2640
610-375-9215
WILLIAMS, MD, JOHN J FP
1907 MEADOW LN
WYOMISSING PA 19610-2705
610-775-9668
WINN, MD, RANDALL S NM
63 DOWNING DR
WYOMISSING PA 19610-3111
610-670-1053
WINSTON, MD, JOSEPH M R
ST JOSEPH HOSP
P O BOX 316
READING PA 19603
610-378-2230
WINSTON, MD, NORMAN J R
1241 GULF OF MEXICO DR APT 701
LONGBOAT KEY FL 34228
WIRTH, MD, TIMOTHY M IM
3200 READING CREST AVE
READING PA 19605-1656
610-921-2366

WITTELS, MD, EMANUEL FP
325 E LANCASTER AVE
READING PA 19607
610-775-3316
WOLF, MD, FRANKLIN M GS
200 N 13TH ST STE 204
READING PA 19604-2955
610-376-8244
WONG, MD, JAMES IM
403 N 13TH ST
READING PA 19604-2822
610-375-8577
WORNAS, MD, CHRISTIAN G IM
5500 S FAIRWAY DR
READING PA 19606-3614
610-779-1382
WOTRING, MD, JOHN M OPH
2000 CAMBRIDGE AVE APT 328
WYOMISSING PA 19610
610-775-9487
WOYNAROWSKI, MD, DAVID M IM
1830 LORRAINE RD
READING PA 19604-1638
610-376-7094
WOYNAROWSKI, MD, JOHN A FP
826 N 5TH ST
READING PA 19601-2212
610-374-6518
WUMMER, MD, BRIAN A FP
CONRAD WEISER MED GROUP
1137 W PENN AVENUE
WOMELSDORF PA 19567-9721
610-589-2555
YEAGLEY, MD, HEBER E DR
1409 OLD MILL RD
WYOMISSING PA 19610-2834
YEE, MD, MARIA R *P
920 BRITTNEY TER
DOWNINGTOWN PA 19335-4422
610-873-2784
YOH, MD, HAROLD N FP
GRACE COMMUNITY APT G-71
MYERSTOWN PA 17067-2202
YOUNGBERG, MD, RUSSELL E PM
RR 1 BOX 54-Z
MOHRSVILLE PA 19541-9727
610-488-7188
YUEN, MD, ALBERT RO
READING HOSP AND MED CTR
RAD/ONC DEPT PO BOX 16052
READING PA 19612-6052
610-378-6067
ZAPATA, MD, WILLIAM A IM
4201 KUTZTOWN RD
TEMPLE PA 19560-1836
610-921-2094
ZAVATSKY, MD, ALBERT R IM
RR 1 BOX 72
HARLEM MT 59526
406-353-2651
ZELNICK, MD, ERIC B GE
301 S 7TH AVE STE 215
W READING PA 19611-1450
610-374-4401
ZERBY, MD, JEFFREY C OBG
640 WALNUT ST STE 301
READING PA 19601-3525
610-376-6668
ZINNER, MD, ELI S OBG
AGES OB/GYN
1340 PENN AVE
WYOMISSING PA 19610
610-375-4241
ZIOLKOWSKI, MARIA ADM
W READING OPHTHALMIC ASSOCS
206 S 6TH AVE
W READING PA 19611
610-378-1348
ZOBIAN, MD, EDWARD J *OPH
W READING OPHTHALMIC
206 S 6TH AVENUE
W READING PA 19611-1411
610-378-1344
ZOLGHADRI, MD, SIAVASH GE
6 HEARTHSTONE CT STE 303
READING PA 19606-3053
610-779-4449

BLAIR

AIGNER, MD, WILLIAM J GP
2301 BROAD AVE
ALTOONA PA 16601-1937
814-944-3569
ANASTASI, MD, JOHN S CD
ALTOONA HOSP
HOWARD ST AT 7TH AVE
ALTOONA PA 16601
814-946-2328
ARANEDA, MD, LUIS O AN
162 MT VIEW DR
HOLLIDAYSBURG PA 16648-9001
814-696-1116
ARBITMAN, MD, MICHAEL DR
505 LANCASTER ST APT 10A
JACKSONVILLE FL 32204
904-354-6758
AYERS, MD, LLOYD R *IM
RR 2 BOX 178
HOLLIDAYSBURG PA 16648-9724
814-695-2632

BASILE, MD, JOSEPH *ORS
CLAY AVENUE MED CTR
3 HOSPITAL DR
TYRONE PA 16686
814-684-3101
BHATNAGAR, MD, MUKUL CD
1528 PLEASANT VALLEY BLVD
ALTOONA PA 16602-4641
814-944-4340
BIESINGER, MD, GEORGE J OBG
1701 12TH AVE BLDG A
ALTOONA PA 16601-3100
814-944-5062
BINGHAM, MD, RODNEY S *PM
108 STONEHEDGE RD
HOLLIDAYSBURG PA 16648-9764
814-696-9689
BISACCO, MD, STEPHEN J OBG
PO BOX 912
ALTOONA PA 16603-0912
814-944-6055
BISHOP, MD, DAVID W IM
RR 4 BOX 165A
ALTOONA PA 16601-9751
814-942-5657
BIZOUSKY, DO, FRANKLIN P FP
715 FOX CHAPEL RD
DUNCANSVILLE PA 16635-7527
BLACK, MD, HOWARD M CRS
102 HILLCREST DR
P O BOX 253
ROARING SPRING PA 16673-0253
814-224-2215
BOWERS, MD, LEROY W FP
6833 MEADE ST APT 10
PITTSBURGH PA 15208-2300
412-661-5214
BRAY, MD, JOHN P AN
ALTOONA HOSPITAL
DEPT OF ANESTHESIOLOGY
ALTOONA PA 16601
814-946-2887
BRIDENBAUGH, MD, ROBERT P FP
COVE MED CTR
NASON DR
ROARING SPRING PA 16673
814-224-5132
BRUMBAUGH, DO, JANELLE L FP
3950 JANELLE RD
DUNCANSVILLE PA 16635-8169
814-696-0897
BUDD, MD, ROBERT M OPH
501 HOWARD AVE
ALTOONA PA 16601-4819
814-946-0821
BULGER, MD, DONALD W *FP
RR 1 BOX 579
CLAYSBURG PA 16625-9705
814-239-2211
BULGER, DO, JOHN B IM
PO BOX 2562
BALA CYNWYD PA 19004
610-337-2520
BULGER, MD, RICHARD H *GP
PO BOX 47
NEW ENTERPRISE PA 16664-0047
814-766-2231
BURKET, MD, LOUIS C PD
1213 24TH AVE
ALTOONA PA 16601-2921
814-942-5584
BURKET, MD, RAMON C *FP
COVE MED CTR
NASON DR
ROARING SPRING PA 16673
814-224-2213
CARDAKLI, MD, U. FUSUN OPH
501 HOWARD AVE
STE F-1
ALTOONA PA 16601-4818
814-946-0821
CASSIDY, MD, JOSEPH A *GP
309 POWELL AVE
CRESSON PA 16630-1220
814-886-4127
CHAITOFF, MD, KEVIN A AN
7621 S WOODRIDGE DR
PARKLAND FL 33067
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810 VALLEY VIEW BLVD
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601 HAWTHORNE ST
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814-695-5500
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ALTOONA PA 16601-4816
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112 SYLVAN OAKES DR
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111 SARAH DR
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TOWANDA PA 18848-9801
WANAMAKER, MD, JOHN L *CD
GUTHRIE CLINIC LTD
SAYRE PA 18840
717-882-2279

NSTON, MD, RALPH B CD
R 1 BOX 250
OWANDA PA 18848
17-265-8649
OHLTMANN, MD,
RISTOPHER D GS
01 MAPLE ST
AYRE PA 18840-1505
17-888-2922
EGER, MD, THOMAS A FP
UTHRIE CLINIC FAM PRAC
UTHRIE SO
AYRE PA 18840
17-882-3288

BUCKS

IR, MD, ISAAC PD
ICHBORO NEWTOWN RD
ICHBORO PA 18954
15-355-8383
RAHAM, DO, RONALD PM
25 E STREET RD
EASTERVILLE PA 19053-7711
15-322-2777
RAMOWITZ, DO, ALAN I IM
000 COOKS LN
OYLESTOWN PA 18901
15-230-9192
ELIZZI, MD, PAUL J R
KINGS CROSS CIR
OYLESTOWN PA 18901-2470
15-345-8295
LER, DO, DONALD J D
03 PROGRESS DR
OYLESTOWN PA 18901
15-345-4080
ARWAL, MD, RAVI PD
01 BATH RD
RISTOL PA 19007-3101
15-785-9705
LLO, MD, STEPHEN A IM
ENNSWOOD RET VILL
EWTOWN PA 18940
15-968-9110
METTE, MD, ALEXANDER A OPH
04 E BROAD ST
OUDERTON PA 18964-1214
15-723-2768
RUK, MD, SAMIR R IM
790 YARDLEY LANGHORNE RD
ESTON HALL # 110
ARDLEY PA 19067-5523
15-321-9199
AND, MD, CHRISTOPHER M ORS
04 MIDDLETOWN BLVD STE A-80
ANGHORNE PA 19047
15-702-0600
BRECHT, MD, JAMES B FP
56 TRUMBAUERSVILLE RD
UAKERTOWN PA 18951-2651
15-563-0655
DEN, DO, MITCHELL B IM
00 E MT PLEASANT AVE
MBLER PA 19002
DERFER, MD, ARTHUR J OBG
HILLENDALE RD
ERKASIE PA 18944-2368
PLESTEIN, MD, BRUCE *CD
15 W STATE ST
OYLESTOWN PA 18901
15-345-1900
PAIA, MD, ALDO A EM
0 BEACON PL
TATEN ISLAND NY 10306
18-667-7253
AR, MD, REZA R AN
12 HARVEST HILL DR
HALFONT PA 18914-1527
15-822-6634
DAYOS, MD, ALICIA P *P
20 BETHLEHEM PIKE
108B
T WASHINGTON PA 19034-1216
15-542-9907
KSHI, MD, KINNARI K OPH
742 KNIGHTS RD
ENSALEM PA 19020-3526
15-245-7288
NCROFT, MD, URSULA F IM
7 TRAUB DR
HURCHVILLE PA 18966
RBA III, MD, WILLIAM P PD
ENL BUCKS PED
08 SHADY RETREAT RD STE 3&4
OYLESTOWN PA 18901-2503
15-345-6090
RNES, MD, DENICE M PD
70 MIDDLETOWN BLVD
XFORD SO STE 502
ANGHORNE PA 19047-1840
15-741-0336
RONE, MD, FRANCES A PD
19 LEHIGH DR
UAKERTOWN PA 18951-1534
RRER, MD, MITCHELL J *AN
00 LAWN AVE
ELLERSVILLE PA 18960-1548
15-453-4550
RRIS, MD, BRUCE J IM
100 BROOKSIDE RD
HILADELPHIA PA 19117-2402
15-946-1500

BARTOLANZO, MD, ROBERT A PD
1589 RAMBLEWOOD LN
JAMISON PA 18929-1426
412-771-6462
BASEMAN, MD, ALAN S FP
164 MAIN ST
SILVERDALE PA 18962
215-257-7550
BELOFF, MD, LOUIS GP
BEAVER HILL CONDO UNIT 424
309 N FLORENCE AVE
JENKINTOWN PA 19046-2605
215-577-7442
BENNOV, MD, BENJAMIN Z IM
7622 OGENTZ AVE
PHILADELPHIA PA 19150
215-224-8980
BERK, MD, ROBERT L OBG
ST MARY MED BLDG
SUITE 201
LANGHORNE PA 19047
215-750-6440
BERNAL, MD, GUILLERMO J *PM
613 E MELISSA CIR
YARDLEY PA 19067-4482
215-493-4122
BERNARDINO JR, MD,
VITALIANO B OPH
PO BOX 397
LANGHORNE PA 19047-0397
215-752-7194
BERNSTEIN, MD, MARK H P
593 BETHLEHEM PK STE 4
MONTGOMERYVILLE PA 18936-9709
215-822-2224
BIUCKIANS, MD, EDWARD *P
1517 DURHAM RD
PENNDEL PA 19047-5707
215-752-1541
BLACKBURN JR, MD,
LAURENCE H OM
22 WATER CREST DR
DOYLESTOWN PA 18901-3240
BLOCK, MD, STEVEN *OBG
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-1193
BLOOM, MD, SANDRA L *P
1110 N W END BLVD
OUAKERTOWN PA 18951-4122
215-538-2686
BLORE JR, MD, JAMES P FP
GENERAL DELIVERY
PLUMSTEADVILLE PA 18949-9999
215-766-8844
BLUMENTHAL, MD, JEFFREY R IM
333 N OXFORD VALLEY RD
FAIRLESS HLS PA 19030-2605
215-946-1500
BLUMENTHAL, MD, MELVIN S CD
1472 GREENMEADOWS RD
YARDLEY PA 19067
215-321-4214
BOLAND JR, MD, FRANCIS B ORS
PO BOX 2265
800 STATE ST STE 202
DOYLESTOWN PA 18901
215-348-2022
BONNER, MD, DENNIS J PM
1205 LANGHORNE NEWTOWN RD
STE 206
LANGHORNE PA 19047
215-752-0200
BONNER, MD, WILLIAM F PM
333 N OXFORD VALLEY RD
STE 102
FAIRLESS HILLS PA 19030-2605
215-547-6611
BORAH, MD, BISHNU C *PD
380 MIDDLETOWN BLVD # 702
OXFORD SQUARE
LANGHORNE PA 19047-1822
215-752-9100
BRACKIN, MD, GEORGE G R
DOYLESTOWN HOSPITAL
595 W STATE ST
DOYLESTOWN PA 18901-2598
215-345-2290
BRECHER, MD, JEFFREY A IM
205 NEWTOWN RD STE 219
WARMINSTER PA 18974-5275
215-672-4726
BRENNEMAN, MD, PAUL G FP
RR 1 BOX 607M
CANADENSIS PA 18325
717-595-2903
BRESLIN, MD, KENNETH S GE
301 OXFORD VALLEY RD STE 701
YARDLEY PA 19067-6339
215-321-7221
BRESSLER, MD, LAWRENCE P *NEP
10 BRECKENRIDGE DR
IVYLAND PA 18974-1275
215-357-0899
BROTMAN, MD, DAVID N VS
ST MARY MEDBUILDING
1205 LANGHORN-NEWTOWN RD
LANGHORNE PA 19047
215-741-4321
BROWN, MD, SUSAN J PD
CEN BUCKS PED
708 SHADY RETREAT RD STE 3&4
DOYLESTOWN PA 18976
215-345-6090

BROWN V, MD, THOMAS W GS
750 S WEST END BLVD
OUAKERTOWN PA 18951-2662
215-536-1133
BROWN JR, MD, WILLIAM C OPH
COMMONWEST STE 10
638 NEWTOWN YARDLEY RD
NEWTOWN PA 18940-1737
215-860-0909
BRYAN JR, MD, JOHN S ORS
3766 FRETZ VALLEY RD
OTTSVILLE PA 18942-9500
BUCHER, MD, ROBERT G FP
CHERRY LN
WYCOMBE PA 18980
215-598-3821
BUCKLER, MD, RICHARD A N
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-4900
BUCKWALTER, MD, JEFFREY A FPS
14 SANDY KNOLL DR
DOYLESTOWN PA 18901-2425
215-348-1152
BUDD, MD, CATHERINE B OBG
1039 LAFAYETTE DR
YARDLEY PA 19067-2830
215-493-5239
BUMGARDNER, MD, JAMES L ORS
LAWN AVE PROF CTR
SELLERSVILLE PA 18960
215-257-3789
BURKE, MD, GERRIANNE IM
5 BROOK LN
CHALFONT PA 18914-1309
215-822-6636
BURKE, MD, JEROME M *GE
836 LAWN AVE
SELLERSVILLE PA 18960-1550
215-257-3011
BURMEISTER, MD, CHARLES W GP
4158 DILLON RD
DOYLESTOWN PA 18901
215-766-8844
BYER, MD, HAROLD H OPH
2901 HONEY RUN RD
AMBLER PA 19002
215-348-0443
CAMPBELL, MD, NEIL P *OBG
300 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-547-2670
CANDIA, MD, ANDREA J DR
DOYLESTOWN HOSPITAL
DOYLESTOWN PA 18901
215-345-2299
CAPPIELLO, MD, WILLIAM A GS
19622 N PALO VERDE DR
SUN CITY AZ 85373-1135
CARLIN, MD, MARIE C D
444 S STATE ST STE C3
NEWTOWN PA 18940-1945
215-860-6100
CARLOS, MD, HECTOR J PS
670 LAWN AVE STE 3B BOX 6
SELLERSVILLE PA 18960-1571
215-257-6906
CARROLL, DO, EDMUND T AI
1621 FARRAGUT AVE
BRISTOL PA 19007-5406
215-788-5594
CARVAJAL, MD, ROBERTO T IM
2105 YARDLEY RD
YARDLEY PA 19067-3065
215-493-8442
CASALE, MD, LOUIS J PD
709 W SANDY RIDGE RD
DOYLESTOWN PA 18901-2129
215-345-6228
CASHER, MD, DANIELLE PD
PENNRIDGE PEDIATRICS
SELLERSVILLE PA 18960
215-257-2727
CAUFFMAN, MD, WILLIAM J IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
CAUTILLI, MD, DAVID A *ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152
215-725-8500
CAUTILLI, MD, GEORGE P *ORS
32 HALS DR
LANGHORNE PA 19053-1520
610-630-6644
CAUTILLI JR, MD, RICHARD A *ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
CHAI, MD, CHIU L *FP
256 TRUMBAUERSVILLE RD
OUAKERTOWN PA 18951-2651
215-536-0655
CHARNEY, DO, GEORGE AN
200 OXFORD VALLEY RD
LANGHORNE PA 19047
215-949-5109
CHARNEY, MD, RICHARD H *U
205 NEWTOWN RD STE 101
WARMINSTER PA 18974-5206
215-674-0301

CHAU, DO, BRUCE PS
444 OXFORD VAL RD STE 100
LANGHORNE PA 19047
215-946-5575
CHAWLA, MD, HARISH C PM
1411 WOODBOURNE RD
APT B
LEVITTOWN PA 19057-1504
215-943-2000
CHIN, MD, BYOUNG KWON IM
763 GROVE AVE
SOUTHAMPTON PA 18966-3438
215-357-0733
CHOBY, MD, JOHN J OBG
4380 WISMER RD
DOYLESTOWN PA 18901-9321
215-348-8241
CIANFRANI, MD, PETER M FP
925 MAIN ST
PENNSBURG PA 18073-1631
215-679-4421
CICCONE, MD, PATRICK E *P
JOHNSON & JOHNSON - MERCK
CAMP HILL RD
FT WASHINGTON PA 19034
215-233-8656
CICCOTELLI, MD, ALDO A FP
813 CLIFF ROAD
BENSALEM PA 19020-4071
215-245-0572
CIRIGLIANO, MD, DANIEL A PM
FLOURTOWN COMMONS STE 213
1811 BETHLEHEM PIKE
FLOURTOWN PA 19031-1111
215-233-2810
CLARKE, MD, FRANKLYN R P
376 S BELLEVUE AVE
LANGHORNE PA 19047-2840
215-757-3030
COHEN, MD, MARTIN A *ORS
409 WESTVIEW RD
ELKINS PARK PA 19117-2427
215-635-1459
COHLER, MD, ALAN *TR
24 W BUTLER AVE
CHALFONT PA 18914-3016
215-822-3767
COLETTA, MD, DANIEL J OBG
730 SPRING VALLEY RD
DOYLESTOWN PA 18901-3256
215-345-6165
COLLINS, MD, DEIRDRE M NEP
3655 RTE 202 STE 205
DOYLESTOWN PA 18901
215-348-8020
CONAHAN, MD, BERNARDIN O PD
327 DORSET CT
DOYLESTOWN PA 18901-2500
215-348-3262
CONCOOL, MD, BARRY M OPH
WOODBOURNE EYE CTR
1568 WOODBOURNE RD
LEVITTOWN PA 19057-1508
215-943-7800
CONNORS JR, MD, EARL K FP
ST MARY HOSPITAL
1201 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047-1295
215-750-2006
CONRAD, MD, JAMES L GP
1301 N 5TH ST
PERKASIE PA 18944-2256
215-257-5128
COSTELLO, DO, THOMAS P AN
12 SOLEBURY MT RD
NEW HOPE PA 18938-1113
215-862-3572
COVERDALE III, MD, EDWARD J IM
RR 2 WATSON DR
DOYLESTOWN PA 18901-9802
COYLE, MD, THOMAS J *GS
670 LAWN AVE
SELLERSVILLE PA 18960
215-257-3697
COYNE, MD, VERONICA E *IM
5039 SWAMP RD BOX 417
FOUNTAINVILLE PA 18923
215-230-8380
CRASTNOPOL, MD, DAVID H AN
3850 RUCKMAN WAY
DOYLESTOWN PA 18901-6500
215-348-3087
CRITTENDEN, MD, DONALD W GP
164 ROSE LN
HAVERFORD PA 19041-1618
CULOTTA, MD, DOMINIC A *OTO
BOX 105
FEASTERVILLE PA 19053-0105
215-355-1155
CURCI, MD, JOSEPH J GS
16 GOLFVIEW RD
DOYLESTOWN PA 18901-4904
215-348-7080
DADDARIO, MD, RICHARD T N
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-4900
DANZIS, DO, JEFFREY J FP
202 N MAIN ST
CHALFONT PA 18914-2916
215-822-3113

DARNELL, MD, RICHARD I GP
4 HIGH RD
NEW HOPE PA 18938-1109
215-862-2706
DAVIS, MD, HARRIET J PDA
PENNSWOOD VILL C113
NEWTOWN PA 18940-2401
215-860-0951
DE MARIA, MD, GAIL R FP
508 CORPORATE DR W
LANGHORNE PA 19047-8011
215-860-4380
DE SANTOS, MD, MARCELINO A PD
WEATHERVANE OFF COMM
95 ALMSHOUSE RD STE 101
RICHBORO PA 18954
215-355-2229
DEGROOF, MD, ELLEN L *AN
145 WATER CREST DR
DOYLESTOWN PA 18901-3267
215-340-9176
DELVECCHIO, MD,
FREDESUINDA P GP
2392 DIXON AVE
CROYDON PA 19021-5123
DEPENA, MD, CHARLES A R
700 LAWN AVE
SELLERSVILLE PA 18960-1548
215-453-4000
DERRICK, MD, BRUCE M GS
16 N FRANKLIN ST
DOYLESTOWN PA 18901-9450
215-348-7080
DERSHAW, MD, BRUCE B PUD
333 N OXFORD VALL RD #510
FAIRLESS HILLS PA 19030-2618
215-943-7711
DESANTIS, MD, LUIGI IM
97 W TRENTON AVE
MORRISVILLE PA 19067-6651
215-295-7012
DESSABLES, MD, DANIEL R AN
2 HYANCINTH CT
NEWTOWN PA 18940-9218
215-579-7343
DETWEILER, JOHN S EXEC
BUCKS CTY MED SOC
200 APPLE ST STE 3
OUAKERTOWN PA 18951-1686
215-536-8665
DEVENUTO JR, MD, JOSEPH J OPH
SUGAR RD BOX 154
SOLEBURY PA 18963
215-297-8495
DEVINE, MD, PETER J OM
6 PHEASANT DR
HOLLAND PA 18966-1949
DIAZ-GONZALEZ, MD, VICTOR M CD
732 SPRING AVE
ELKINS PARK PA 19117
215-782-8467
DIMOIA, MD, MARGARET M PD
301 FAIRVIEW AVE
LANGHORNE PA 19047-5113
215-752-8433
DINESEN, DO, SCOTT A OBG
312 HYDE PARK
DOYLESTOWN PA 18901
215-230-8080
DIRIENZO, MD, ENRICO J FP
833 DURHAM RD
PENNDEL PA 19047-5736
215-752-5433
DIX, MD, DAVID G DR
346 BRADFORD LANE
LANSDALE PA 19446
215-661-9531
DOBROSKY, MD, JOSEPH D EM
PO BOX 391
FURLONG PA 18925
215-230-5409
DOBROTA, MD, JOHN S GE
UB MEDARTS BLDG
817 LAWN AVE
SELLERSVILLE PA 18960-1549
215-257-5071
DONOHOE, MD, DENNIS J FP
1455 HEATHER RIDGE DR
NEWTOWN PA 18940-3731
215-579-9991
DOWNS, DO, CAROLYN R FP
PO BOX 526
PLUMSTEADVILLE PA 18949-0526
215-862-3371
DRAGANOSKY, MD, EUGENE A OBG
404 MIDDLETOWN BLVD #300
LANGHORNE PA 19047-1870
DREZNER, MD, MALCOLM E GS
ST MARY MED BLDG
STE 304A
LANGHORNE PA 19047
215-757-6400
DSILVA, MD, HENRY I NEP
ST MARY MED OFF #404
1205 LANGHORNE NEWTOWN RD
LANGHORNE PA 19047-1223
215-757-5772
DUFFIELD, MD, THOMAS E FP
301 OXFORD VALL RD STE 802A
YARDLEY PA 19067
215-321-1030

DYCKMAN, MD, SHARON OPH
131 RAYNHAM RD
MERION STA PA 19066-1735
215-635-0668
EICHER, MD, WENDELL P GS
750 S WEST END BLVD
OUAKERTOWN PA 18951-2662
215-536-1133
ENDO, MD, RONALD N PD
341 TOLL DR
SOUTHAMPTON PA 18966-3066
215-364-2490
ERLICHMAN, MD, I FULTON IM
2 SHADYWOOD RD
LEVITTOWN PA 19056-1706
215-945-3329
ESCHBACH, MD, EUGENIE M P
BOX 32
SELLERSVILLE PA 18960-0032
215-257-6551
FACCENDA, MD, DEBORAH R PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
FANELLI, DO, ANDREW T GE
301 OXFORD VALL RD STE 1103
YARDLEY PA 19067-7706
215-321-4700
FASS, MD, BARRY D OS
325 E STREET RD
UNITED THERAPY
FEASTERVILLE PA 19053-7711
215-322-2777
FAST, MD, WILLIS B GS
157 WILLOW DRIVE
LEVITTOWN PA 19054-3116
215-943-1979
FERRARA, MD, JOSEPH D FP
355 MAPLE AVE
DOYLESTOWN PA 18901-4411
215-766-8844
FERRY, MD, NICHOLAS J GP
238 WILLOW DR
LEVITTOWN PA 19054-3119
215-943-3333
FIELDS, MD, RONALD H *CD
28 BASHORE DR
NEWTOWN PA 18940-3805
215-579-6244
FILIPOWICZ, MD, THOMAS A EM
106 PIMLICO WAY
N WALES PA 19454-4500
215-393-9766
FINKELSTEIN, MD, GARY S *GS
670 LAWN AVE
SELLERSVILLE PA 18960
215-257-3697
FINLEY, MD, JOHN G R
440 LAWRENCE RD
HUNTINGDON VLY PA 19006-2335
215-947-2557
FLACCO, MD, ALBERT J PD
78 REDBERRY ROAD
LEVITTOWN PA 19056-2306
FLASHNER, MD, STEVEN C U
377 BIRDSONG WAY
DOYLESTOWN PA 18901-4895
215-348-1817
FLOWERS, MD, DAVID M CD
PO BOX 215
TYLERSPORT PA 18971-0215
215-453-8778
FLY-MITCHELL, DO, ERIN M IM
OUAKERTOWN MEDASSOC
24-26 S 14TH ST
OUAKERTOWN PA 18951
215-538-1111
FODERARO, MD, ANTHONY E DR
GRANDVIEW HOSPITAL
SELLERSVILLE PA 18960
215-453-4511
FORD, MD, FRANCIS W GS
FRANKLIN AND WOOD ST
DOYLESTOWN PA 18901-1925
215-348-7080
FORSTER, MD, TERRENCE J *RHU
70 SOUTH WEST STREET
DOYLESTOWN PA 18901-4136
215-345-6332
FRANKLIN, MD, IRVIN D GS
205 NEWTOWN RD STE 215
WARMINSTER PA 18974-5207
215-672-6509
FREDRICKSON, MD, VICTOR J GP
29 PARCHMENT DR
NEW HOPE PA 18938-1040
215-862-9527
FREED, MD, CLARENCE L PS
STONERIDGE PROF CTR
670 LAWN AVE
SELLERSVILLE PA 18960-1571
215-257-6898
FRIEDMAN, MD, PHILLIP *GP
131 S BELLEVUE AVE
LANGHORNE PA 19047-2803
215-757-4334
GALIETTA, MD, MARYANN C GER
PO BOX 623
YARDLEY PA 19067-8623
215-493-0556

GALLAGHER, MD, JOHN T OTO
275E W STREET RD
PO BOX 105
FEASTERVILLE PA 19047
215-355-1155
GARNER, MD, BLAINE R GP
309 E WASHINGTON AVE
NEWTOWN PA 18940-2127
215-968-8924
GASTON, MD, NOREEM M *IM
PO BOX 448
WASHNGTON XING PA 18977-1140
215-493-8080
GAUL, MD, JAMES J *N
ST MARY MED BLDG
SUITE 402
LANGHORNE PA 19047
215-757-5800
GERARD-CIMINERA, MD, JUDY L FP
205 NEWTOWN RD STE 216
WARMINSTER PA 18974-5207
215-441-7580
GETZOW, MD, MARTIN B FP
501 DOYLESTOWN RD
LANSDALE PA 19446
215-368-2200
GITTLEN, MD, STANFORD D *PUD
800 W STATE ST STE 204
DOYLESTOWN PA 18901-5842
215-348-1310
GODSHALL, MD, RICHARD W *ORS
PROF CTR
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-3700
GOLDBERG, MD, HARVEY E *IM
401 RADCLIFFE ST
BRISTOL PA 19007-5126
215-785-6531
GOLDFARB, MD, RICHARD M GS
9 BAYSHORE DR
NEWTOWN PA 18940-3805
215-579-2789
GOLDSTEIN, MD, ARNOLD L IM
170 MIDDLETOWN BLVD STE 101
LANGHORNE PA 19047-1822
215-757-8100
GOLDSTEIN, MD, RICHARD S *CRS
390 MIDDLETOWN BLVD STE 612
LANGHORNE PA 19047-1822
215-741-4910
GOODMAN, MD, BRUCE A IM
8 SNOWDROP PLACE
NEWTOWN PA 18940-1250
215-579-7691
GORDON, MD, RICHARD D RHU
380 MIDDLETOWN BLVD STE 704
LANGHORNE PA 19047-1822
215-757-5665
GREENSPAN, MD, MITCHELL M *CD
3 LIFEMARK DR
C/O BUXMONT CARD
SELLERVILLE PA 18960-1598
215-257-1127
GRESS, MD, JEFFREY P *CD
315 W STATE ST
DOYLESTOWN PA 18901
215-345-1900
GRIBB, MD, JOHN J OBG
800 SPRING VALLEY RD
DOYLESTOWN PA 18901-3252
GRIFFITH, MD, ANNETTE Y DR
ABINGTON MEMORIAL HOSPITAL
1200 YORK RD
ABINGTON PA 19001-3788
215-947-7851
GUAGLIARDO, DO, JOSEPH P ORS
253 W STATE ST
DOYLESTOWN PA 18901-3531
215-348-0222
GUPTA, MD, NAND K GP
3616 CLEAR SPRINGS DR
BENSALEM PA 19020-4702
215-639-0355
GUSA JR, MD, WILLIAM E AN
147 POLO DR
NORTH WALES PA 19454-4242
215-855-3433
GUTTMAN, MD, MICHAEL IM
2793 MECHANICSVILLE RD
BENSALEM PA 19020-2626
215-639-6411
HAIMOWITZ, MD, DANIEL IM
1098 COUNTRY HILLS ROAD
YARDLEY PA 19067-6025
215-428-1591
HALE, MD, ROBERT H *IM
14B MEMORIAL DR
DOYLESTOWN PA 18901
215-345-6050
HALPERN, MD, JANIS S PD
2060 DAWN LN
NEWTOWN PA 18940-3738
215-860-4859
HANES, MD, DAVID J OBG
670 LAWN AVE STE 4A
SELLERSVILLE PA 18960
215-257-0414
HANNUSH, MD, SADEER B OPH
400 MIDDLETOWN BLVD STE 110
LANGHORNE PA 19047-5738
215-752-8564

HANSEN, MD, CARL A ORS
711 LAWN AVE PROF CTR
SELLERSVILLE PA 18960
215-257-3700
HARDY, MD, CHARLES A AN
862 GAINSWAY RD
YARDLEY PA 19067-3009
215-750-6800
HARRISON, MD, BRETT M GS
16 N FRANKLIN ST
SUITE 202
DOYLESTOWN PA 18901
215-348-7080
HARVEY, MD, AMY L OBG
2049 FARMVIEW DR
NEWTOWN PA 18940
HEDRICK, MD, G WINFIELD FP
24 FOXGLOVE CT
DOYLESTOWN PA 18901-2644
HEINE, MD, MARILYN J *IM
900 TWINING RD
DRESHER PA 19025-1726
215-884-9341
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301 S MAIN ST STE 2
DOYLESTOWN PA 18901-4870
215-348-4800
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PO BOX 186
HILLTOWN PA 18927-0186
215-257-1127
HIDALGO, MD, HORACIO A FP
1 SUGARMAPLE LN
LEVITTOWN PA 19055-2007
215-945-6500
HIDALGO JR, MD, HORACIO A FP
1 SUGARMAPLE LN
LEVITTOWN PA 19055-2007
215-945-6500
HIGHTOWER, MD, MARTIN C RO
1303 TYLER WAY
LANSDALE PA 19446-4445
215-368-7156
HIPP, MD, THOMAS J PD
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
HIRSCH, DO, WILLIAM S IM
658 ALDER CT
YARDLEY PA 19067-6335
215-321-7901
HOLLAND-HULL, MD, NORMAN E P
73 ROCKRIDGE ROAD
UPPER BL EDDY PA 18972-9559
610-847-5109
HOLLANDER, MD, IRWIN J *PTH
GRAND VIEW HOSPITAL
SELLERSVILLE PA 18960
215-453-4522
HORWITZ, MD, MILTON R OTO
103 PROGRESS DR
DOYLESTOWN PA 18901
215-348-1152
HOUGAARD, MD, JOHN P GP
800 TRENTON ROAD
APT 93
LANGHORNE PA 19047-5674
HUNT, MD, EUGENE H DR
DOYLESTOWN HOSPITAL
DEPT OF RADIOLOGY
DOYLESTOWN PA 18901
215-345-2174
HUNTER, MD, MARVIN T PS
301 S MAIN ST STE 2-3 S
DOYLESTOWN PA 18901-4870
215-672-0700
HURLEY, MD, JAMES M ORS
711 LAWN AVE
SELLERSVILLE PA 18960
215-257-3700
HUTCHINGS, MD, DIANA M DR
600 FAIRWAY DR
TELFORD PA 18969-2262
215-721-3014
IRWIN, MD, JOHN T ORS
680 HEACOCK RD STE 201
YARDLEY PA 19067-6346
215-321-9520
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LANGHORNE PA 19047-1822
215-757-7300
JAFFE, MD, STEPHEN C R
1548 RIVER RD
NEW HOPE PA 18938-9267
215-862-3980
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1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1313
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981 2ND ST PIKE
RICHBORO PA 18954-1526
215-357-3533
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ST MARY MED BLDG STE 301
LANGHORNE PA 19047
215-752-8228
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670 LAWN AVE STE 2A
SELLERSVILLE PA 18960-1571
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700 LAWN AVE
SELLERSVILLE PA 18960-1548
215-453-4810
KALCHMAN, MD, STEVEN H R
LOWER BUCKS HOSPITAL
BATH AND ORCHARD RD
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215-785-9333
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205 NEWTOWN RD STE 215
WARMINSTER PA 18974-5207
215-672-6509
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66 BUCK RD
HOLLAND PA 18966-1705
215-322-2444
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920 LAWN AVE
SELLERSVILLE PA 18960-1560
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1680 FRANKLYNN DRIVE
FURLONG PA 18925-1441
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711 LAWN AVE
SELLERSVILLE PA 18960-1583
215-257-2727
KETELS, MD, ERK A OBS
259 CLUB HOUSE DR
WILLINGBORO NJ 08046-3522
KIM, MD, EUNHA P
21 JENNIFER DR
CHALFONT PA 18914
KIM, MD, IN-SOON FP
801 W TRENTON AVE
MORRISVILLE PA 19067-3516
215-736-9500
KIM, MD, YOUNG W AN
36 SUTPHIN RD
YARDLEY PA 19067-3450
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1532 PARK AVE
OUAKERTOWN PA 18951-1615
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LANGHORNE PA 19047-1752
215-752-8700
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315 W STATE ST
DOYLESTOWN PA 18901
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205 NEWTOWN RD STE 219
WARMINSTER PA 18974-5207
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221 WESTWIND WAY
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170 WRIGHTS RD
NEWTOWN PA 18940
KOELSCH, MD, ROBERT R D
712 LAWN AVE
SELLERSVILLE PA 18960-1548
KOGANSKI, MD, VALERI IM
16 GOLF CLUB DR
LANGHORNE PA 19047
215-752-0246
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OXFORD SO
LANGHORNE PA 19047-1840
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STE 405
LANGHORNE PA 19047-1223
215-750-0220
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151 KNAPP RD
LANSDALE PA 19446-1731
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32 CRESCENT CIR
HARLEYSVILLE PA 19438
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833 DURHAM RD
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522 VALLEY VIEW RD
LANGHORNE PA 19047
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12 BLAKEMORE CT
DOYLESTOWN PA 18901-2667
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LAVIN-LESKA, MD, LINDA S PTH
GRANDVIEW HOSP
700 LAWN AVE
SELLERSVILLE PA 18960-1581
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1568 WOODBOURNE RD
LEVITTOWN PA 19057-1508
215-943-7800
LEBOVITZ, MD, PHILIP L CD
535 COUNTESS DR
YARDLEY PA 19067
215-493-1745
LEDIS, MD, SEYMOUR PD
370 MIDDLETOWN BLVD STE 502
OXFORD SO
LANGHORNE PA 19047-1840
215-741-0336
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2230 OXFORD VALLEY RD
LEVITTOWN PA 19057-1303
215-945-4640
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LANGHORNE PA 19047
215-757-1414
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12 PENNS TRAIL
NEWTOWN PA 18940
215-968-2167
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660 KORISA DR
HUNTINDGON VLY PA 19006-2224
215-947-1655
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HATBORO PA 19040-4101
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RT 413 AT STATE RD PO BOX 584
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202 N MAIN STREET
CHALFONT PA 18914-2916
215-822-3113
LIEBMAN, MD, IRVIN M D
59 PINEWOOD DR
LEVITTOWN PA 19054-3607
215-945-2555
LIPES, MD, JAN K OS
6116 HIDDEN VALLEY DR
DOYLESTOWN PA 18901
215-794-3308
LIPSON, MD, M BARRY *ORS
505 WASHINGTON AVE
NEWTOWN PA 18940-2144
215-968-6774
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1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
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5502 JILLIAN WAY
PIPERSVILLE PA 18947
215-766-7507
LOUGHRAN, DO, DAVID H ID
50 OPAL CT
NEWTOWN PA 18940-2434
215-968-0263

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'O BOX 32
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15-257-6551
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EVITTOWN PA 19056
15-752-4433
'ONS, MD, DANIEL C FP
/P INDEP BL CROSS
901 MARKET ST 31ST FL
'HILADELPHIA PA 19103-1480
15-241-4677
'ONS, MD, WILBERT A P
02 KEW RD
NVERCARGILL FC 0
03-214-5730
ACKELL, MD, THOMAS E ORS
00 W STATE ST STE 202
)OYLESTOWN PA 18901-5842
15-348-3936
ADANY, MD, BAHIJ H U
19 DURHAM RD
'ENNDEL PA 19047-5738
15-752-2260
ADDEN, MD, FRANCIS P IM
111 MEADOW LN
)UNCANSVILLE PA 16635-7610
15-322-1899
ADDEN, MD, ROBERT A *IM
554 HULMEVILLE RD STE 106
3ENSALEM PA 19020-4312
15-245-4006
AGIDENKO, MD, LEONID IM
47 STRATTON CT #7
.ANGHORNE PA 19047-1664
AHAN, MD, JOHN P IM
205 LANGHORNE-NEWTON RD
ST MARY MED BLDG 401
.ANGHORNE PA 19047
15-757-1414
ANNARINO, MD, ANTHONY P OPH
03 MILL ST
3RISTOL PA 19007-4806
15-781-2020
ARCHANT, MD, ERIC A PS
'08 SHADY RETREAT RD STE 1
)OYLESTOWN PA 18901-2503
15-230-0400
ARCOUX, MD, ANNE-MARIE C CRS
190 MIDDLETOWN BLVD STE 612
.ANGHORNE PA 19047-1822
15-741-4910
ARFATIA, MD, SUDHIR K CD
205 NEWTOWN RD STE 217
WARMINSTER PA 18974-5207
15-441-0931
ARFATIA, MD, USHA S ON
205 NEWTOWN RD STE 217
WARMINSTER PA 18974-5207
15-441-0931
ARGIOTTI, MD, GERARD A PD
295 BUCK RD UNIT 106
HOLLAND PA 18966
15-572-7000
ARKOS, MD, RONALD P GE
737 KNIGHT RD
'ENLLYN PA 19422-1149
15-643-5815
ARKOW, MD, HARRY G CHP
37 WOODEN BRIDGE RD
HOLLAND PA 18966-2249
15-968-3006
ARLAPUDI, MD, PREM K NPM
36 HIDDEN TURN
NEWTOWN PA 18940-1127
ARTYNEC, MD, BOHDAN IM
708 SHADY RETREAT RD STE 501
)OYLESTOWN PA 18901-2503
15-348-4478
ATARESE, MD, EMIL L N
ST MARY MEDBLDG
SUITE 211
.ANGHORNE PA 19047
15-741-9555
ATLACK, MD, EILEEN O AN
384 PATRIOT DR
YARDLEY PA 19067-4379
15-321-0199
ATTHYS-OLLODART, MD,
SUSANNE E PD
1206 UNIVERSITY DR
YARDLEY PA 19067-2826
15-321-5586
AXIAN, DO, JOSEPH A FP
56 HIGHLAND PARK WAY
.EVITTOWN PA 19056
15-945-0707
AZAHERI, MD, AHMED U
'O BOX 252
WARRINGTON PA 18976-0252
15-348-8245
AZLIN, MD, STEVEN E N
ST MARY MED BLDG
SUITE 211
.ANGHORNE PA 19047
15-741-9555
'CGARRY, MD, THOMAS F CD
340 AQUETONG RD
NEW HOPE PA 18938-1107

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5829 WORTHINGTON RD
DOYLESTOWN PA 18901
215-345-6050
MCGARVEY JR, MD, JOSEPH F X CD
CENTRAL BUCKS SPECIALISTS
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215-345-6050
MCILVAINE, MD, PAUL W *FP
218 MULBERRY ST
BRISTOL PA 19007-4909
215-788-1007
MEARS, MD, ELMER E GP
378 PINEWOOD DR
LEVITTOWN PA 19054-3716
MENACKER, MD, SHERYL J OPH
191 SAVAGE DR
HOLLAND PA 18966-2258
215-860-6362
MENNA, MD, VINCENT J *PD
708 N SHADY RETREAT RD
DOYLESTOWN PA 18901-2503
215-345-6090
MERSKY, MD, MARTIN R IM
825 TOWN CTR DR STE 150
LANGHORNE PA 19047-1752
215-752-8700
METKUS, MD, FRANCIS M IM
1511 BROCK CREEK DR
YARDLEY PA 19067-5604
MILAZZO, MD, JOHN V ON
750 S WEST END BLVD
QUAKERTOWN PA 18951-2662
215-536-1133
MILLER, MD, BRIAN A OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-757-7300
MILLER, MD, DAVID H *OPH
319 2ND STREET PIKE
SOUTHAMPTON PA 18966-3865
215-355-4428
MILLER, MD, LEE H OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047-1822
215-757-7300
MILLS, MD, WILLIAM L R
3726 WINDY BUSH RD
NEW HOPE PA 18938-9308
215-862-5791
MINO, MD, DAVID E ORS
1400 NEW RODGERS RD
LEVITTOWN PA 19056-2115
215-752-4000
MIRSKY, MD, ROBERT S *IM
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BRISTOL PA 19007-5126
215-785-6531
MOGUL, MD, ROBERT IM
524 CEDAR HOLLOW DR
YARDLEY PA 19067-6356
MOLL, MD, DAVID C FP
1301 N 5TH ST
PERKASIE PA 18944-2256
215-257-5128
MONKOWSKI, MD, ALFRED M *IM
33 S DELAWARE AVE STE 104
RIVERVIEW PLZ
YARDLEY PA 19067-4307
215-321-0966
MOSES, MD, BRETT L OTO
400 MIDDLETOWN BLVD STE 100
LANGHORNE PA 19047
215-757-7300
MOYER, MD, DENNIS L GS
331 FAIRHILL RD
HATFIELD PA 19440-1139
717-723-2643
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3 LIFE MARK DRIVE
SELLERSVILLE PA 18960-1598
215-257-1127
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CHALFONT PA 18914-3821
215-343-4388
MUFSON, MD, RICHARD A P
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BRISTOL PA 19007-6410
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MULLIN JR, MD, HUGH J R
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THE COURTYARD
LANGHORNE PA 19047-1822
MUNLEY, MD, BRIAN J *CD
14B MEMORIAL DR
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215-345-6050
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708 N SHADY RETREAT RD STE 8
DOYLESTOWN PA 18901-2503
215-348-4577
MYERS, MD, PHILIP A IM
275 S MAIN ST
DOYLESTOWN PA 18901-4815
215-348-3990
NADAL, MD, RAMON B IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650

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419 SNOWBALL DR
LEVITTOWN PA 19056-2211
215-945-2220
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109 E FERRY RD
YARDLEY PA 19067-1014
215-736-2448
NESI, MD, DANIEL A OTO
800 W STATE ST
DOYLESTOWN PA 18901-2250
215-345-5494
NEUMAN, DO, PAUL C ORS
150 E WYNNEWOOD RD APT 11-A
WYNNEWOOD PA 19096-1501
215-453-0567
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1588 WOODSIDE ROAD
PO BOX F
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NOBLE, MD, JEYASEELAN PS
411 W TRENTON AVE
MORRISVILLE PA 19067-3510
215-736-3656
NUSCHKE, MD, JOHN D FP
359 OAK DR
SOUDERTON PA 18964-2051
O'BRIEN III, DO, WILLIAM J FP
604-A ROSE HOLLOW DR
YARDLEY PA 19067
O'NEILL, DO, JOSEPH G FP
106 HOMESTEAD CT
CHALFONT PA 18914-2049
215-997-7824
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LEVITTOWN PA 19056-2115
215-752-4000
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18 N STATE ST
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215-579-9850
ORLAND, MD, STEVEN M U
301 OXFORD VALL RD STE 404A
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215-493-5010
ORPHANIDES, MD, TIMOTHY *GE
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PARLEE, MD, DONALD E *R
75 FOXCROFT DR
DOYLESTOWN PA 18901-3263
215-348-3249
PATEL, MD, JAYANTILAL R GP
1243 KNOX DR
YARDLEY PA 19067-4423
215-752-1182
PATEL, MD, JAYKUMAR PS
9 BRIGHTON PL
NEWTOWN PA 18940-1171
215-968-4612
PATTANAYAK, MD, MINATI FP
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215-968-5814
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670 PINEVILLE RD
NEWTOWN PA 18940-3008
PEREZ, MD, ANAMARIA EM
5056 VALLEY PARK RD
DOYLESTOWN PA 18901-9768
215-766-7585
PERSHING, MD, HUGH S FP
CHERRY LN
WYCOMBE PA 18980
215-598-3821
PETERS, MD, STANLEY F FP
563 FOY DR
FURLONG PA 18925-1011
215-348-7089
PETRAUSKI, MD, GARY T *DR
1570 RIVER RD
NEW HOPE PA 18938-9267
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PFROMMER, MD, JAMES H FP
57 CHURCH RD
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215-257-5128
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173 RED ROSE DR
LEVITTOWN PA 19056-2329
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LEVITTOWN PA 19054-3697
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215-257-3700
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252 W SWAMP RD
DOYLESTOWN PA 18901-2422
215-348-1706
ROBINSON, MD, MICHAEL L *IM
23 GAYLORD CT
NEWTOWN PA 18940-1860
215-579-9084
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215-321-3720
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ONE CHESHIRE CT
HOLLAND PA 18966
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215-230-0600
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1328 JACOB DR
YARDLEY PA 19067-3951
215-579-9750
SAXENA, MD, VARUN CD
205 NEWTOWN RD STE 217
WARMINSTER PA 18974-5207
215-441-0931
SCHELKUN, MD, P MICHAEL *MFS
158 YORK ROAD
WARMINSTER PA 18974
215-672-6560
SCHILLER, MD, RUTH P PD
PROF BLDG
711 LAWN AVE
SELLERSVILLE PA 18960-1575
215-257-2727
SCHLACKMAN, MD, NEIL PD
U S HEALTH CARE
980 JOLLY ROAD
BLUE BELL PA 19422-0207
215-283-6883
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1570 RIVER RD
NEW HOPE PA 18938-9267
215-862-0877
SCHNEIDER, MD, ROBERTA L EM
5250 SILO HILL RD
DOYLESTOWN PA 18901-9016
215-230-0653
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5612 EASTON RD
PLUMSTEADVILLE PA 18949
215-766-8844
SCHOLL JR, MD, HARVEY W R
GRANDVIEW HOSPITAL
X-RAY DEPT
SELLERSVILLE PA 18960
215-453-4463
SCHONFELD, MD, MARGERY B PD
SHADY RETREAT RD STE 3 & 4
DOYLESTOWN PA 18901
215-345-6090
SCHWARTZ, MD, MILTON A GP
85 MAKEFIELD RD
MORRISVILLE PA 19067-5967
215-295-8195
SCHWARTZ, MD, PETER L *IM
30 STARDUST DR
HOLLAND PA 18966-2748
215-968-6136
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215-345-6332
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1441 WINDROW LN
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595 W STATE ST
DOYLESTOWN PA 18901-2554
215-345-2372
SERPICO, DO, PETER C IM
333 N OXFORD VALL RD #510
FAIRLESS HILLS PA 19030-2618
215-943-7711
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202 N MAIN ST
CHALFONT PA 18914-2916
215-822-3113
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14 BRIGHTON CT
GAITHERSBURG MD 20877-1817
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333 S OXFORD VALL RD
STE 102
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215-547-6611
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4345 SUNNYSIDE DR
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215-794-7834
SHOEMAKER, MD, DAVID M GP
520 TOLLGATE RD
QUAKERTOWN PA 18951-5302

SHOENTHAL, MD, WILLIAM J GP
73 KILTIE DR
NEW HOPE PA 18938-1402
SHONBERG, MD, BARBARA H IM
1506 SILO RD
YARDLEY PA 19067-4255
215-493-8208
SHOWAN, MD, ANN M AN
5119 PAIST RD
DOYLESTOWN PA 18901-1860
215-794-0445
SHUHLER, MD, PHYLLIS M FP
295 CALIFORNIA RD
OUAKERTOWN PA 18951-2482
215-536-0949
SHULTZ, MD, THOMAS L IM
1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-945-1650
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1205 LANGHORNE-NEWTOWN RD
ST MARY MED BLDG 401
LANGHORNE PA 19047
215-757-1414
SICAT, MD, MARIA A NEP
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LANGHORNE PA 19047
215-757-5772
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SELLERSVILLE PA 18960-1548
215-257-2394
SIESHOLTZ, MD, THOMAS S ON
THE SUMMIT
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-6858
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301 S MAIN ST STE 2-3 SOUTH
DOYLESTOWN PA 18901-4870
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WARMINSTER PA 18974-5207
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829 DURHAM RD
PENNDEL PA 19047
215-752-1333
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170 MIDDLETOWN BLVD
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708 SHADY RETREAT RD STE 8
DOYLESTOWN PA 18901
215-348-4577
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404 MIDDLETOWN BLVD #300
LANGHORNE PA 19047-1870
SMITH, MD, DAVID A FP
316 WINDY RUN DR
DOYLESTOWN PA 18901-2373
SMITH, MD, DAVID L *CD
14B MEMORIAL DR
DOYLESTOWN PA 18901
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24-26 S 14TH ST
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OUAKERTOWN PA 18951
215-538-1484
SNYDER, DO, ALLAN R IM
57G STREET RD
SOUTHAMPTON PA 18966-3103
215-322-7060
SNYDER, MD, BARRY J *ORS
1609 WOODBOURNE RD STE 301
LEVITTOWN PA 19057-1591
215-547-1100
SNYDER, DO, JERROLD M OBG
360 MIDDLETOWN BLVD
SUITE 400
LANGHORNE PA 19047
215-750-7771
SOLIS, MD, J ANDREW IM
MALLARD CREEK VILLAGE
130 ALMSHOUSE RD STE 100
RICHBORO PA 18954-1130
215-357-6330
SONG, MD, SANG W *PTH
179 BUCKSHIRE DR
HOLLAND PA 18966-2081
215-355-8966
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27 N MAIN ST
TELFORD PA 18969-1702
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370 MIDDLETOWN BLVD 506
LANGHORNE PA 19047
215-757-0404
SPITZER, DO, IRA E AI
OXFORD SO 504
370 MIDDLETOWN BLVD
LANGHORNE PA 19047-1840
215-750-0315
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1723 WOODBOURNE RD
LEVITTOWN PA 19057-5205
215-547-2017
SPRINGER, MD, JAY M END
817 LAWN AVE
SELLERSVILLE PA 18960-1573
215-453-0300
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BAILWICK OFF CAMPUS
252 W SWAMP RD STE 30
DOYLESTOWN PA 18901-2466
215-345-8142
STEKERT, MD, RUTH PD
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MANHEIM PA 17545-8919
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BRISTOL PA 19007-5013
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FAIRLESS HLS PA 19030
215-322-8584
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252 W SWAMP RD STE 4-5
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174 MIDDLETOWN BLVD
THE LOFTS
PO BOX L-813 STE 304
LANGHORNE PA 19047-1822
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205 W RELIANCE ROAD
SOUDERTON PA 19864-2043
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LANGHORNE PA 19047
TOMLINSON, MD, JOHN W OPH
LANDMARK BLDG
CLINTON & COURT ST
DOYLESTOWN PA 18901
TONKONOW, MD, BARRY L ON
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202 HOLLY DR
CHALFONT PA 18914
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1508 LATCHSTRING LN
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CEN BUCKS FAM PRAC
252 W SWAMP RD STE 5
DOYLESTOWN PA 18901
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BENSALEM PA 19020-2725
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1576 RIVER RD
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VLESSING, MD, EVA *OPH
15 LAKESIDE DR
LEVITTOWN PA 19054-3901
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519 MERCER ROAD
MERION PA 19066-1015
610-668-0544
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FL 211
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ELLSWORTH *DR
5955 SHEFFIELD DR
DOYLESTOWN PA 18901-9439
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WEBER, MD, STEVEN J ID
LIFE MARK MED CTR
3 LIFE MARK DR STE A
SELLERSVILLE PA 18960-1598
215-453-8005
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SELLERSVILLE PA 18960-1575
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78 PONDEROSA DR
HOLLAND PA 18966
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OTSVILLE PA 18942-9584
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BOX 399
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1620 FAIRFIELD RD
YARDLEY PA 19067-3942
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315 W STATE ST
DOYLESTOWN PA 18901
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WILDERMAN, MD, BARRY S AN
ANES DEPT
100 MED CAMPUS BLVD
LANSDALE PA 19446
215-361-4610
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215-538-2011

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PO BOX 364
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1031 N RIDGE RD
PERKASIE PA 18944-1747
215-257-0209
WINTERS, DO, ELIZABETH A M *US
21 IRIS RD
LEVITTOWN PA 19057-2723
215-547-9131
WOODMAN, MD, THOMAS J P
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PT PLEASANT PA 18950-0021
215-297-5302
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7 AVERSTONE DR W
WASH CRSNG PA 18977-1103
215-493-7739
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LANGHORNE PA 19047-1822
215-752-4020
WRIGHT, MD, JAMES H AN
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SOLEBURY PA 18963
215-862-3827
YAZDANYAR, MD, ALI PD
332 BARNDT RD
TELFORD PA 18969-1316
215-721-2209
YOSLOV, DO, MICHAEL D NEP
1970 NEW RODGERS RD #C29
LEVITTOWN PA 19056
215-946-7439
YOUNG, DO, DAVID J *PM
18 PADDOCK DR
NEW HOPE PA 18938-9614
215-794-8464
ZABALA-OMBAO, MD,
LOURDES A OBG
1124 KENNETH LN
YARDLEY PA 19067-4011
215-493-2937
ZANKMAN, DO, GREGG S OS
210 FLORAL VALE BLVD
YARDLEY PA 19067
215-579-8500
ZANKMAN, MD, NATHAN PD
210 FLORAL VALE BLVD
YARDLEY PA 19067
215-579-8500
ZAPPALA, DO, ANGELO J R
112 CEDAR GLEN DR
NEW HOPE PA 18938-9227
215-862-2446
ZEIGEN, MD, SCOTT R *OPH
130 ALMSHOUSE RD STE 202B
RICHBORO PA 18954-1100
215-364-8822
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THE SUMMIT SUITE 10
920 LAWN AVE
SELLERSVILLE PA 18960-1560
215-257-0451
ZIEGENFUSS, MD, JAY F ON
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215-345-8444
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11596 ROOSEVELT BLVD
PHILADELPHIA PA 19116
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BUTLER PA 16001-6472
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164 W ORCHARD DR
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BELLA, MD, PARALUMAN PM
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DUDECK, MD, CARL R GS
184 OAK HILLS HTS
BUTLER PA 16001-3872
ECKERT, MD, ROBERT T IM
527 MERIDIAN RD
RENFREW PA 16053-9617
EL-AWAR, MD, MUNIR Y N
714 HELEN CT
CRANBERRY TWP PA 16066-4620
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358 NEW CASTLE RD
BUTLER PA 16001-1925
412-283-8484
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312 W JEFFERSON ST
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412-287-4181
HAN, MD, SAMUEL I IM
127 E WAYNE ST
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HANDLER, MD, IRA S P
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HUNT, MD, ROBERT E CD
C/O KATHERINE RAPP
116 MILLER DR
BUTLER PA 16001-2826
HUST, MD, FREDERICK S DR
101 MT LAUREL DR
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KIM, MD, YANG K PTH
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KUMAR, MD, PREM IM
510 N MAIN ST
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412-282-3534
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BUTLER PA 16001-1942
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585 2ND ST
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BUTLER PA 16001
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708 MAITLAND CT
MARS PA 16046-7110
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1165 WOODHILL DR
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412-282-1530
SAYLOR, MD, RANDALL M R
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BUTLER PA 16001-4646
412-284-4555
SCHOGEL, MD, KAREN L IM
326 HALDEMAN DR
CRANBERRY TWP PA 16066-5630
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117 S MCKEAN ST
BUTLER PA 16001-6024
412-283-1515
SEKARAN, MD,
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412-283-8282
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BUTLER PA 16001-1932
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338 BLOOMFIELD ST STE 101
JOHNSTOWN PA 15904-3272
814-266-8393
TIMEK, MD, PATRICIA A R
1120 WINTERSET RD
EBENSBURG PA 15931-5118
814-472-5401
TIMENS, MD, LAWRENCE J CHP
GENERAL DELIVERY
JENNERSTOWN PA 15547-9999
814-629-5830
TOMHAVE, MD, ROBERT H OBG
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-536-0726
TUKANOWICZ, MD, STANISLAW A N
203 GREENE ST
JOHNSTOWN PA 15905-2239
814-539-1844
VOLKAR, MD, JUDITH K OBG
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-539-3292
VOYTKO, MD, RICHARD E *EM
608 TIOGA ST
JOHNSTOWN PA 15905-2333
WALL, MD, ROD A CD
1127 FRANKLIN ST
JOHNSTOWN PA 15905-4309
814-535-3561
WARIKOO, MD, SHIBAN K U
1111 FRANKLIN ST
JOHNSTOWN PA 15905-4330
814-536-7851
WAY, MD, GEORGE E FP
13822 MARSH PIKE
HAGERSTOWN MD 21742-1657
301-733-1882
WERNER, MD, JOYCE Z AN
RR 7 BOX 116
JOHNSTOWN PA 15904-9101
814-288-1186
WEYGANDT, MD, PAUL L ORS
CONEMAUGH HOSP
1086 FRANKLIN ST
JOHNSTOWN PA 15905
814-533-3109
WHEELING, MD, GEORGE H ORS
321 MAIN ST STE 3C
JOHNSTOWN PA 15901-1632
814-535-6521
WILLIAMS, DO, DAVID T IM
CONEMAUGH VAL MEM HOSP
1086 FRANKLIN ST
JOHNSTOWN PA 15905-4305
WITKES, DO, DAVID M *CD
321 MAIN ST STE 4-H
JOHNSTOWN PA 15901-1632
814-535-1234

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PO BOX 728
1020 FRANKLIN ST STE 301
JOHNSTOWN PA 15907-0728
814-535-7107
WOLFE, MD, PATRICK W DR
LEE HOSP
320 MAIN ST
JOHNSTOWN PA 15901-1694
814-533-0102
WOZNIAK, MD, RICHARD S FP
RR 3 BOX 87
NEW FLORENCE PA 15944-9752
412-235-2927
WRIGHT, MD, RAYFORD E FP
300 WESTMINSTER-
CANTERBURY DR
APT 119
WINCHESTER VA 22603
703-665-5717
WYNERT, MD, WILLIAM R ON
568 ELKNUD LN
JOHNSTOWN PA 15905-2064
814-255-7162
YERGER, MD, JOHN F PTH
2250 BENCHMARK LN
JOHNSTOWN PA 15905-1629
814-255-6476

CARBON

AMBANI, MD, NARENDRA V PD
990 BLAKESLEE BLVD DR E
LEHIGHTON PA 18235-8753
610-377-3252
BHE, MD, H KWAN DR
4962 ANCINETTA DR
SCHNECKSVILLE PA 18078-2230
BOBICK, MD, FRANK OPH
301 EAST BROAD STREET
TAMAQUA PA 18252-2129
717-668-6666
BOHRI, MD, JAMES D R
4866 HILTON RD
SCHNECKSVILLE PA 18078-2321
610-799-0360
BOSCHI, MD, ALESSANDRO S OBG
1305 PIN OAK LN
SLATINGTON PA 18080-1107
610-767-5188
CARBONE, MD, GARY M *NEP
GILBERT MED CTR
PO BOX 97 STE A
GILBERT PA 18331
610-681-3955
COPE, MD, EDWIN S IM
374 HARVARD AVE
PALMERTON PA 18071-1334
610-826-2622
CROLL, MD, SCOTT D GS
281 N 12TH ST STE D
LEHIGHTON PA 18235
DAIT, MD, JOSE E U
15 FAIRVIEW DR
LEHIGHTON PA 18235-9644
610-377-4322
DIAZ, MD, FLORIEL P GS
2210 MAHONING DR W
LEHIGHTON PA 18235-9522
717-386-4281
DIZON, MD, GAUDENCIO S GP
332 CENTER ST
JIM THORPE PA 18229-1404
717-325-3403
EVANS, MD, JOHN J GS
40 W CATAWISSA ST
NESQUEHONING PA 18240-1509
717-669-6133
GAJULA, MD, L NARAYAN *PD
12TH AND CYPRESS ST
LEHIGHTON PA 18235
610-377-6969
GOPLERUD, MD, ELIZABETH J OBG
821 FIRST ST
PALMERTON PA 18071-1506
610-826-3292
GOUW, MD, CHRISTOPHER B DR
270 SEMMELS HILL RD
LEHIGHTON PA 18235-9794
HASAN, MD, AHMED M IM
PALMERTON ASSOC
135 LAFAYETTE AVE
PALMERTON PA 18071
610-826-4420
HOUSHMAND, MD, CYRUS HEM
2260 LEHIGH PKY N
ALLENTOWN PA 18103-3746
717-386-2902
KENNEDY III, MD, ARTHUR R *GS
135 LAFAYETTE AVE
PALMERTON PA 18071-1518
610-826-2303
KHAN, MD, SHAUKAT H IM
PALMERTON HOSP
135 LAFAYETTE AVE
PALMERTON PA 18071-1518
610-826-3141
KO, MD, YIH SHYONG AN
174 BIRCHWOOD DR
LEHIGHTON PA 18235-8809
610-377-5290
LAIGON, MD, EUGENE E CD
135 E RIDGE ST
COALDALE PA 18218-1220
717-645-5858

LEE, MD, CHUNG H AN
31 WOODLAWN DR
LEHIGHTON PA 18235-9638
610-377-2081
LESHOCK, MD, LEON E IM
355 COLUMBIA AVE
PALMERTON PA 18071-1622
LIPSON, MD, CHERYL S IM
185-A DELAWARE AVE
PALMERTON PA 18071-1708
610-826-6353
MAKHIJA, MD, KAILASH R OBG
106 GNADEN HUE
12TH & CYPRESS STS STE C
LEHIGHTON PA 18235
610-377-5959
MANZELLA, MD, EDWARD D IM
HC 2 BOX 2043
JIM THORPE PA 18229-9802
717-325-8393
MARKSON, MD, WILLIAM M *CD
451 CHEW ST
ALLENTOWN PA 18102
610-821-2810
MEDINA, MD, RODRIGO D GP
336 KIDDIE LN BOX E
WALNUTPORT PA 18088-1707
610-767-1975
MILLER, MD, EDWARD J IM
204 STATE RD
LEHIGHTON PA 18235-2827
610-377-6225
MUNSHOWER, DO, THOMAS E FP
PO BOX 550 ROUTE 209
KRESGEVILLE PA 18333
610-681-6800
NAYAK, MD, SATISH R OBG
135 LAFAYETTE AVE
PALMERTON PA 18071
NEWTON, MD, DAVID J GE
8TH & MAHONING ST
LEHIGHTON PA 18235
610-377-8340
NOUD, MD, PATRICK J *AN
4068 BRIGHTON CT
SCHNECKSVILLE PA 18078
610-481-9865
PARIKH, MD, SHAILESH B EM
396 TIMOTHY DR
BETHLEHEM PA 18017-2457
610-694-0316
PENATER, MD, FRANK R FP
824 N 24TH ST
ALLENTOWN PA 18104-3912
610-433-8301
SALAZAR, MD, EDGARDO P GP
PO BOX 154
PALMERTON PA 18071-0154
SHAHID, MD, MIAN M A IM
PALMERTON HOSP
135 LAFAYETTE AVE
PALMERTON PA 18071-1596
610-826-6112
SNYDER, MD, MARVIN C *GP
846 MAHONING ST
LEHIGHTON PA 18235-1233
610-377-3831
STEELE, MD, JOHN E IM
PARK VIEW HOUSE
SECOND AND SOUTH STS
LEHIGHTON PA 18235
610-377-0172
TAN, MD, LIAN K P O *AN
135 LA FAYETTE AVE
PALMERTON PA 18071
610-826-3141
TEY, MD, PETER H DR
1668 JACKSON ST
WHITEHALL PA 18052-4174
THOMAS, MD, GEORGE P GS
1124 CIRCLE DR
PALMERTON PA 18071-1313
610-826-2679
VANDENBERG, MD, MARK T GS
2492 HEMLOCK DR
LEHIGHTON PA 18235-9578
VISPERAS, MD, MARIO F GS
2ND AND SOUTH STS
LEHIGHTON PA 18235
610-377-5818
ZACHER, MD, JOSEPH A R
2817 STROHL RD
ALLENTOWN PA 18106-9666
610-366-1379

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AGARWALA, MD, NEENA OBG
538 EASTERLY PKY
STATE COLLEGE PA 16801
814-234-8611
ALLATT, MD, RICHARD D PM
101 REGENT CT STE 100
STATE COLLEGE PA 16801
814-231-1504
AYOUB, MD, WILLIAM T RHU
GEISINGER MED GRP
200 SCENERY DR
STATE COLLEGE PA 16801
814-231-4560
BAKER, MD, JEFFREY H FP
200 SCENERY DR
STATE COLLEGE PA 16801-7974
814-231-4560
BARNES, MD, W STEPHEN GS
226 HIGHLAND AVE STE A
ST COLLEGE PA 16801-4933
814-234-6849
BARNES, MD, WILLIAM T CDS
226 HIGHLAND AVE
ST COLLEGE PA 16801-4934
814-234-6849
BATORY, MD, KATHERINE H PD
46 ABERDEEN PL
WOODBURY NJ 08096-2412
BENSON, MD, DAVID R GP
1217 ZION RD
BELLEFONTE PA 16823-9124
814-355-7322
BERESNY, MD, GERALD M OTO
611 UNIVERSITY DR
ST COLLEGE PA 16801-6552
814-234-7280
BISHOP, MD, WAYNE E PD
611 UNIVERSITY DR STE B
ST COLLEGE PA 16801-6552
814-238-2863
BLEZNAK, MD, AARON D GS
200 SCENERY DR
ST COLLEGE PA 16801-7974
814-231-4560
BRIDGES, MD, BRYAN C AN
824 WINTERGREEN CIR
ST COLLEGE PA 16801-4243
814-237-8531
BURKE, MD, KEVIN W P
420 HOLMES ST
BELLEFONTE PA 16823-1519
814-355-6786
CARNEY, MD, PAUL L GP
730 MCCORMICK AVE
ST COLLEGE PA 16801-6525
814-237-7286
CHASE, MD, WILLIAM D PD
PO BOX 837
LEMONT PA 16851-0837
CHERRY, MD, KENNETH L ORS
101 REGENT COURT
ST COLLEGE PA 16801-6626
814-231-2101
CHERRY, MD, MELANIE M OBG
1850 E PARK AVE STE 301
ST COLLEGE PA 16803
814-237-3470
CLAIR, MD, GERALD F OBG
232 S BURROWES ST
ST COLLEGE PA 16801
814-238-1212
COLEMAN, MD, ERNEST H GP
705 SUNSET RD
ST COLLEGE PA 16803-3452
717-737-7491
COX, MD, JAY S ORS
UNIV ORTHOPEDICS CTR
110 REGENT CT
ST COLLEGE PA 16801-7966
814-231-2101
CULLEN, MD, ESKER W US
PO BOX 186
LEMONT PA 16851-0186
DALTON, MD, CHARLES M U
905 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-238-8418
DANNEKER, MD, DALE A *GS
245 S BURROWES ST
ST COLLEGE PA 16801-4009
814-237-4116
DAVIDOWSKI, MD, THOMAS A D
1393 N ATHERTON ST
ST COLLEGE PA 16803-2932
814-238-6097
DENCH JR, MD, EDWARD H *AN
945 OUTER DR
ST COLLEGE PA 16801-8236
814-234-6150
DERDEL, MD, JEROME D RO
1800 E PARK AVE
ST COLLEGE PA 16803
814-238-4351
DRANOV, MD, JONATHAN NEP
1850 E PARK AVE
ST COLLEGE PA 16803
814-234-8800
DUNKELBERGER, MD, JOHN A OTO
RR 1 BOX 510
CENTRE HALL PA 16828-9735
814-364-2187
DUNNE, MD, GAY D D
137 S PUGH ST
ST COLLEGE PA 16801-4734
814-234-3381
DUNNE, MD, JAMES H D
137 S PUGH ST
ST COLLEGE PA 16801-4734
814-237-1228
DURGIN, MD, BERNICE E IM
518 N ALLEGHENY ST
BELLEFONTE PA 16823-1617
814-355-2520
DURKIN, MD, DAVID J AN
2471 HICKORY HILL DR
ST COLLEGE PA 16803-3362
814-237-7377
EGGLER, MD, BETSEY A IM
386 GREGORY LN
BELLEFONTE PA 16823
814-355-1589
ELLIS, DO, THOMAS J ORS
101 REGENT CT
ST COLLEGE PA 16801
814-231-2101
EVANS, DO, JOHN C *PM
1520 MARTIN ST
ST COLLEGE PA 16803-3058
814-231-1220
FERRIER, MD, MELVIN C IM
1201 E PINE ST
PHILIPSBURG PA 16866-1128
814-342-2872
FIGLIN, DO, JOSHUA M P
PO BOX 958
LEMONT PA 16851-0958
814-234-5830
FISHER, MD, JOHN T OPH
507 LOCUST LN
ST COLLEGE PA 16801-5419
814-237-0376
FLEAGLE, MD, GENEVRA S OS
508 OUTER DR
ST COLLEGE PA 16801-7935
FREEDMAN, DO, SUSAN R PM
NITTANY VAL REHAB HOSP
550 W COLLEGE AVE
PLEASANT GAP PA 16823-7416
814-359-3451
GARCIA, MD, MARIAN FP
233 EASTERLY PKY
ST COLLEGE PA 16801-6395
814-234-2573
GORDEUK, MD, DANIEL S *GS
245 S BURROWES ST
ST COLLEGE PA 16801-4009
814-237-4116
GUILLARD, MD, FRANK *IM
905 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-237-3122
HALE, DO, RICHARD C PUD
RR 1 BOX 114
CENTRE HALL PA 16828-9709
814-364-9336
HALL, MD, ROBERT L *CD
905 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-237-3122
HALL, MD, ROBERT M GS
226 HIGHLAND AVE STE A
ST COLLEGE PA 16801-4933
814-234-6849
HARGLEROAD II, MD, JOHN A GP
432 OUTER DR
ST COLLEGE PA 16801-7959
814-466-6635
HARRY, MD, HARRIET M FP
C/O PRESBYTERIAN HOME
200 MED CTR DR
PHILIPSBURG PA 16866
HARVEY, MD, JAMES S FP
369 HIDDEN VALLEY DR
NAPLES FL 33962-7621
814-342-3092
HEIMER, MD, JEFFREY L OPH
507 LOCUST LN
ST COLLEGE PA 16801-5419
814-237-0376
HENDRICKS JR, MD, GILBERT L CDS
226 HIGHLAND AVE
ST COLLEGE PA 16801-4934
814-234-6849
HUFFARD, MD, ROBERT S PD
564 LANCESHIRE LN
ST COLLEGE PA 16803-1434
814-238-5304
HUNTER, MD, ROBERT J OTO
611 UNIVERSITY DR
ST COLLEGE PA 16801-6552
814-234-7280
IRVING, MD, THOMAS H AN
455 WINDMERE DR APT 3A
ST COLLEGE PA 16801-7671
ISHLER, MD, H RICHARD GP
712 N HOLMES ST
ST COLLEGE PA 16803-3621
814-237-4743
KEIL, MD, STEPHEN M CD
2651 SLEEPY HOLLOW DR
ST COLLEGE PA 16803-2230
KISH, MD, ROBERT S U
905 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-238-8418
KOTALA, MD, STANLEY H FP
PHILIPSBURG MED CTR
15 AMES PLZ
PHILIPSBURG PA 16866
814-342-7150
KUNKLE JR, MD, HERBERT L ORS
911 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-238-9459
LESCANIC, MD, MICHAEL L AN
2459 HICKORY HILL DR
ST COLLEGE PA 16803
814-234-4537
LIGHT, MD, JOHN H IM
500 E MARYLYN AVE
#116G
ST COLLEGE PA 16801-6269
814-234-9334
MACLEAR, DO, DOUGLAS G AN
945 OUTER DR
ST COLLEGE PA 16801-8236
814-238-8474
MANTING-BREWER, MD,
MICHELE A OBG
611 UNIV DR STE 118
ST COLLEGE PA 16801
814-237-7133
MAXIN, MD, CHARLES W FP
200 SCENERY DR
ST COLLEGE PA 16801-7974
814-231-4560
MAYERS JR, MD, STANLEY P PH
648 WILTSHIRE DR
ST COLLEGE PA 18803-1450
814-238-4014
MC QUEARY, JOHN J ADM
INT MED ASSOCS OF
ST COLL PC
CENTRE MED SCI BLDG
1850 E PARK AVE
ST COLLEGE PA 16803
814-234-4753
MCCORMICK, MD, GEORGE M PD
3901 S ATHERTON ST
ST COLLEGE PA 16801-8324
814-466-7921
MCGUIRE, MD, RICHARD J *IM
905 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-237-3122
MEBANE, MD, TOM S GP
FOXDALE VILLAGE
500 MARYLYN AVE APT A9
ST COLLEGE PA 16801-6269
814-238-6852
MEBANE III, MD, TOM S OBG
1517 ASH AVE
ST COLLEGE PA 16801-2708
814-237-4677
MIKESELL, MD, JERRY F D
1393 N ATHERTON ST
ST COLLEGE PA 16803
814-238-6097
MONTALBO, MD, ANTONIO A OPH
233 EASTERLY PKY
ST COLLEGE PA 16801-6301
814-234-5856
MULHATTEN, MD, DONALD E GP
200 SCENERY DR
ST COLLEGE PA 16801-7974
814-231-4560
NABAVI, MD, ABDOLLAH P
315 S ALLEN ST STE 223
ST COLLEGE PA 16801-4850
814-237-5411
NEWKIRK, MD, JOHN D *PS
100 SCENERY DR STE A
ST COLLEGE PA 16801-7941
814-234-1252
NICHOLAS, MD, W CHANNING EM
1224 E BRANCH RD
ST COLLEGE PA 16801-7709
NICOLAS, MD, RUDY J *DR
611 UNIVERSITY DR
ST COLLEGE PA 16801-6552
814-234-4774
O'SHEA, MD, JOHN G OBG
1850 E PARK AVE STE 301
ST COLLEGE PA 16803
814-237-3470
OLNEY, MD, FRANKLIN B *DR
611 UNIVERSITY DR
ST COLLEGE PA 16801-6552
814-234-4774
PALMER JR, MD, DALE H P
1651 GLENWOOD CIR
ST COLLEGE PA 16803-3230
814-238-4511
PARAGAS SR, MD, LAMBERTO S EM
4009 NANCY MARGARITE LN
LAS VEGAS NV 89130
PARKS JR, MD, LYTLE R GP
1133 S ALLEN ST
ST COLLEGE PA 16801-6046
814-237-3866
PERSIC JR, MD, LOUIS A *DR
222 HUNTER AVE
ST COLLEGE PA 16801-6947
814-237-1450
POWERS, MD, DANAE M *AN
965 CRABAPPLE DR
ST COLLEGE PA 16801-4251
814-231-0494
PURNELL, MD, JOHN S AN
CENTRE COMM HOSP
1800 E PARK AVE
ST COLLEGE PA 16803-6797
814-234-6132
REICHARD, MD, JAMES L FP
ROLLING STONE RD
KYLERTOWN PA 16847
814-345-5781
ROBERTS JR, MD, PHILIP G ORS
1850 EAST PARK AVE
STE 112
UNIV PARK PA 16803
814-238-9459
ROCKOWER, MD, ROGER A DR
617 W FAIRMOUNT AVE
ST COLLEGE PA 16801-4127
814-238-3235
ROESHOT, MD, DOUGLAS E ORS
2365 OAK LEAF DR
ST COLLEGE PA 16803-3376
814-238-6415
ROGERS, MD, KENNETH J *R
953 ROBIN ROAD
ST COLLEGE PA 16801-4139
814-238-5095
ROGUSKY, MD, EDWIN J ORS
UNIV ORTHO & SPORT MED CTR
101 REGENT CT
ST COLLEGE PA 16801-7965
814-231-2101
ROHRBECK, MD, CHARLES W OBG
905 SAXTON DR
ST COLLEGE PA 16801-4212
ROSIN, DO, ERIC S PM
770 TOFTREES AVE APT 230
ST COLLEGE PA 16803-1950
SAWARDEKAR, MD, SATISH M PD
915 SOUTH GATE DR APT 20
ST COLLEGE PA 16801
814-235-7623
SEVICK, MD, MYRON E ORS
911 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-238-9459
STEPHENSON, MD, LAURA L OBG
1850 E PARK AVE STE 301
ST COLLEGE PA 16803
814-237-3470
STERNER, MD, DAVID C AN
1344 MEGAN DR
ST COLLEGE PA 16803
814-235-9391
STOKES, MD, WAYNE L PM
215 RIDGE AVE
ST COLLEGE PA 16803-3525
STRICKLER, MD, JANE A M *R
PO BOX 59
BOALSBURG PA 16827-0059
814-466-6006
SZABO, MD, EMIL R OBG
261 MEADOWLARK LN
BOALSBURG PA 16827-1804
814-466-7275
TRUSKY, MD, JEANETTE I OBG
1850 E PARK AVE STE 301
ST COLLEGE PA 16803
814-237-3470
VORE, MD, STEVEN B PD
3901 S ATHERTON ST
ST COLLEGE PA 16801-8324
814-466-7921
WALKER, MD, BRIAN K *ON
1850 E PARK AVE
ST COLLEGE PA 16803
814-234-8800
WEAVER, MD, AMY LU FP
RD #1 BOX 57
WARRIORS MARK PA 16877
WEIMER, MD, GREGORY R R
1800 EAST PARK AVE
ST COLLEGE PA 16803-6797
814-238-4351
WENGROVITZ, MD, PAUL H OBG
327 E OUTER DR
ST COLLEGE PA 16801-8252
WERNER, MD, DAVID B OPH
507 LOCUST LN
ST COLLEGE PA 16801-5419
814-237-0376
WEST, MD, EDWARD GP
511 N BURROWES ST
ST COLLEGE PA 16803-3507
814-237-2136
WHITE, MD, GEORGE S GP
431 E CURTIN ST
BELLEFONTE PA 16823-1722
814-355-9141
WILD JR, MD, ROBERT M U
905 UNIVERSITY DR
ST COLLEGE PA 16801-6626
814-238-8418
WILLENBORG, MD, ANNE PD
711 BOALSBURG PIKE
BOALSBURG PA 16827-1133
814-466-2276
WINGERT JR, MD, CHARLES H D
896 E COLLEGE AVE
BELLEFONTE PA 16823-7500
WONG, MD, LING G PD
728 WESTERLY PKY
ST COLLEGE PA 16801-4226
814-238-8923
YODER, MD, STANLEY J ORS
101 REGENT CT
ST COLLEGE PA 16801-7965
814-231-2101
ZEIGLER, MD, DAVID C OPH
611 UNIVERSITY DR
ST COLLEGE PA 16801
814-234-2002

CHESTER

ABBOTT, MD, JOSEPH L GYN
400 MACKENZIE DR
W CHESTER PA 19380
610-692-7782
ABERNETHY, MD, HUGH C PD
511 N HIGH ST
W CHESTER PA 19380-2335
610-692-2618
ALARCON, MD, J EDGAR IM
MAPLE AVE MED BLDG
520 MAPLE AVE STE 8
W CHESTER PA 19380-4434
610-436-8080

ALDERFER, MD, HAROLD H PD
220 E ASHBRIDGE ST
W CHESTER PA 19380-2323
610-696-4638
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SWALLOWTAIL FARM
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610-436-5822
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213 REECEVILLE RD STE 21
COATESVILLE PA 19320
610-383-7663
ANDERSON, MD, KENNETH F OM
32 CHETWYND RD
PAOLI PA 19301-1818
ARDITO, MD, JOSEPH M OTO
VERNON MEDICAL BLDG
301 W CHESTER PK
HAVERTOWN PA 19083
610-446-6900
ASKINAS, MD, ALAN M OBG
600 E MARSHALL ST
W CHESTER PA 19380-4454
610-692-3434
ASTROFF, MD, MATTHEW R GE
PAOLI MEM MED BLDG STE 10
PAOLI PA 19301
610-644-6755
ATKINS, MD, WILLIAM R OBG
600 E MARSHALL ST STE 305
W CHESTER PA 19380-4454
610-692-3434
AYLWARD, MD, JOHN J *IM
600 CHURCH ST
ROYERSFORD PA 19468-2156
610-948-4298
BABINECZ, MD, JOHN M PD
PAOLI MEM MED BLDG STE 330
PAOLI PA 19301
610-644-9233
BAINBRIDGE, MD, WILLIAM J GP
250 W LANCASTER AVE STE 120
PAOLI PA 19301-1729
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BAMBERGER, MD, GRANT W FP
110 S 5TH ST
COOPERSBURG PA 18036
BARCH, MD, FRANK J *PUD
750 S MAIN ST STE 302
PHOENIXVILLE PA 19460-4460
610-935-2707
BARENBERG, MD, PAUL A P
12 FOX CHASE RD
MALVERN PA 19355-3441
610-647-1615
BARRY, MD, WILLIAM J R
CHESTER COUNTY
HOSP XRAY
701 E MARSHALL ST
W CHESTER PA 19380-4421
610-431-5103
BATTAFARANO, MD, NICHOLAS C IM
500 CHESTERBROOK BLVD
WAYNE PA 19087-5603
610-296-2668
BELL, MD, ROBERT L NS
51 S 12TH AVE
COATESVILLE PA 19320-3529
610-384-6626
BENINATI, MD, DANIEL D *OBG
795 E MARSHALL ST STE 304
W CHESTER PA 19380-4400
610-269-9010
BENNER IV, MD, JOHN H ORS
531 MAPLE AVE
W CHESTER PA 19380-4416
610-692-6280
BENNETT IV, MD, JOSEPH S IM
PO BOX 189
PAOLI PA 19301-0189
610-644-9456
BENTLEY JR, MD, EUGENE A CLP
CHESTER COUNTY HOSP
701 E MARSHALL ST
W CHESTER PA 19380-4421
610-431-5182
BERKWITS, MD, LELAND *PM
414 PAOLI PIKE
MALVERN PA 19355-3311
610-251-5450
BERMAN, MD, DENNIS A *HEM
520 MAPLE AVE STE-1
W CHESTER PA 19380
610-692-5217
BLESHMAN, MD, MICHAEL H DR
PHOENIXVILLE HOSP
DEPT OF DIAG IMAG
PHOENIXVILLE PA 19460
610-983-1123
BLYDENBURGH, MD, SUSAN M FP
915 BRINTONS BRIDGE RD
W CHESTER PA 19382-8109
610-793-2083
BOLLINGER, MD, JAMES R *U
21 INDUSTRIAL BLVD STE 101
PAOLI PA 19301-1610
610-296-0810
BONANNI, MD, LORETTA D PD
805 HAWTHORNE ST
DOWNINGTOWN PA 19335-1694
610-873-1440
BONFIGLIO, MD, RICHARD P PM
BRYN MAWR REHAB
414 PAOLI PIKE PO 3007
MALVERN PA 19355-3300
610-251-5452
BOYEK, MD, TIMOTHY J CD
600 E MARSHALL ST STE 203
W CHESTER PA 19380-4443
610-696-2850
BRADFORD, MD, JOHN D GS
1337 PIEDMONT DRIVE
DOWNINGTOWN PA 19335-3720
BREE, DO, STANTON A PM
319 N POTTSTOWN PKE 201
EXTON PA 19341-2218
610-594-9101
BRIGHAM, MD, MARK P ORS
845 W CHESTER PIKE
W CHESTER PA 19382-4878
610-692-2065
BROWN, MD, NATHAN GP
407 CITY LINE AVE
PHOENIXVILLE PA 19460-4312
BUCHANAN, MD, SUSANNA F FP
688 MIMOSA TREE LN
W CHESTER PA 19380-1867
610-701-6479
BUDEIR, MD, MOHAMMED H GS
1 WOODSWORTH CT
WAYNE PA 19087-3438
610-687-6348
BURGESS, MD, GEOFFREY M FP
110 HOPEWELL RD
DOWNINGTOWN PA 19335-1067
610-269-9448
BURGET JR, MD, DEAN E PS
300 E EVANS ST APT C224
W CHESTER PA 19380
BUTLER, MD, CHARLES H GP
185 BAKER RD
COATESVILLE PA 19320-1401
610-384-4254
BYLER, MD, ARTHUR B *GP
329 HIGHLAND AVE
DOWNINGTOWN PA 19335-0259
610-269-0549
CAGGIANO, MD, JOHN D *ORS
RR 4
W CHESTER PA 19382-9804
610-793-2181
CATTON, MD, RAYMOND M P
45 RIDGE RD
PHOENIXVILLE PA 19460-1915
610-933-7749
CHILDS, MD, MARION C *IM
500 GAY ST
PHOENIXVILLE PA 19460-3816
610-935-7500
CIACCI, MD, VINCENT W EM
CHESTERBROOK
5 WOODSTREAM DR
WAYNE PA 19087-5841
610-296-5473
CLAUHS, MD, RONALD P *OBG
795 E MARSHALL ST STE 304
W CHESTER PA 19380-4400
610-436-5610
CLAY, MD, BETTIE W IM
G5 BLACK HAWK APTS
DOWNINGTOWN PA 19335
610-269-3816
CLAYTON, DO, JOHN S *P
105 GARFIELD AVE
W CHESTER PA 19380-4509
610-692-4787
COADY, MD, PAUL M CD
3320 LANKENAU MED
SCIENCE BLD
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-649-8599
COLDREN, MD, CAROL L OBG
BRADYWINE OB/GYN ASSOC
213 REECEVILLE RD STE 17
COATESVILLE PA 19320
610-383-9400
COLLINS, MD, KENNETH P *CDS
213 REECEVILLE RD STE 21
COATESVILLE PA 19320-1533
610-383-7663
CONNELL, MD, JANET T P
PAOLI PSYCHIATRIC ASSOC
PAOLI MEM MED BLDG
PAOLI PA 19301
610-296-0142
CONNER, MD, J HUBERT ORS
420 FOXCHASE LANE
MEDIA PA 19063-1937
CONTI, MD, JOSEPH D *U
250 W LANCASTER AVE #300
PAOLI PA 19301
610-296-8240
COOK, MD, DONALD H *PTH
PHOENIXVILLE HOSP
PO BOX 809
PHOENIXVILLE PA 19460-0809
610-983-1166
COOPERMAN, MD, JAY S IM
32 CASSATT AVE
BERWYN PA 19312
610-644-0477
CUTLER, MD, ROBERT S *OPH
606 E MARSHALL ST STE 104
W CHESTER PA 19380-4440
610-696-1230
D'URSO, MD, FRANCESCO PD
1703 MARSHA LN
DOWNINGTOWN PA 19335
610-269-9966
DABBACK, MD, DEWITT T FP
17 N 4TH AVE
ROYERSFORD PA 19468-1911
610-948-3230
DAGHIR, MD, JOHN N FP
S CHESTER CO ASSOC
57 N 4TH ST
OXFORD PA 19363-1553
610-932-8141
DALLAS-FEENEY, DO, SUSAN FP
322 N HIGH ST
W CHESTER PA 19380
610-431-9677
DAMIANO, MD, ROBERT E PA
216 CHURCH RD
DEVON PA 19333-1820
DECKER, MD, DOUGLASS A N
1152 N NEW ST
W CHESTER PA 19340-3862
DEL VILLAR, MD, HUGO E P
101 CASWALLEN DR
W CHESTER PA 19380-4115
DEMPSHER, MD, JOHN GP
29 MANCHESTER CT
BERWYN PA 19312-1863
610-296-9617
DEUTSCH JR, MD, E THOMAS *FP
122 LANCASTER PIKE
MALVERN PA 19355-2123
610-647-2440
DEWIS, MD, LESTER S PM
BRYN MAWR REHAB HOSP
414 PAOLI PIKE
MALVERN PA 19355-3311
610-251-5450
DIGREGORIO, MD, GUERINO J IM
1421 LINDEN LA
W CHESTER PA 19380-5946
610-436-0716
DORRELL, MD, SEAN G IM
410 E LANCASTER AVE
EXTON PA 19341-2731
610-524-3703
DOTTS, CAROL A *EXEC
CHESTER CO MED SOC
580 LANCASTER AVE
BERWYN PA 19312-1664
610-644-8120
DOYLE, MD, FAYE R FP
215 E MT VERNON ST
OXFORD PA 19363-1445
DVORKIN, MD, DANIEL D
797-0 E LANCASTER AVE
DOWNINGTOWN PA 19335-3336
610-269-5612
EASTER, MD, DENNIS J OBG
1115 ALEXANDER LN
W CHESTER PA 19382
EFFAT, MD, MAHMOUD K AI
802 ROBERT DEAN DR
DOWNINGTOWN PA 19335-4465
610-269-2817
EISNER, MD, JOEL W *IM
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
610-933-8484
EWING, MD, AGNEW R GP
2168 AVALON AVE
AVALON NJ 08202-2049
FABULIAN, DO, PETER FP
701 E BALTIMORE PK STE C-3
KENNETT SQUARE PA 19348
610-444-4992
FAHMY, MD, WASFY F PVD
750 S MAIN ST # 300
PHOENIXVILLE PA 19460-4444
610-935-7772
FAUST, MD, HERBERT A N
16 FOX CHASE ROAD
RR #2
MALVERN PA 19355-3441
610-647-0334
FEARNOW III, MD, EDGAR C R
4 HOWSON LN
GLENMOORE PA 19343
610-942-3567
FERRANTE, MD, FRANCIS M AN
104 CLOVERLY LN
W CHESTER PA 19380-3874
FISCHETTI, MD, JOHN L IM
508 BEECHWOOD DR
KENNETT SQUARE PA 19348-1804
FOXX, MD, WILLIAM F DR
1417 CARROLL BROWN WAY
W CHESTER PA 19382-7757
610-399-0642
FRANKEL, MD, ANDREW S ORS
486 THOMAS JONES WAY
EXTON PA 19341
610-524-6580
FRENCH, MD, ELIZABETH G AN
PO BOX 429
UNIONVILLE PA 19375-0429
FRIED, MD, ROBERT C *GS
PAOLI MED BLDG STE 207
PAOLI PA 19301
610-647-3078
FRIEDMAN, MD, CARL J *IM
639 COLONEL DEWEES RD
WAYNE PA 19087-1305
610-688-3983
FRIEDMANN, DO, DANIEL V GP
1190 CARRIE LN
W CHESTER PA 19382-7476
FURMAN, MD, FRANK H FP
139 BERKLEY RD
DEVON PA 19333-1544
610-687-0715
GALIB, MD, SAMUEL H OPH
PAOLI WEST PROF PARK
B17 INDUSTRIAL BLVD STE 202
PAOLI PA 19301
610-644-0600
GARCIA, MD, DOMINADOR I EM
15 WOODRIDGE RD
THORNTON PA 19373-1039
610-459-4267
GARDNER, MD, ALAN M P
CHESTER CO MED BLDG
602 E MARSHALL ST STE 112
W CHESTER PA 19380
610-431-3032
GASIC, MD, ANDREI C IM
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460
610-933-8484
GEDDES, MD, GISELLE J *IM
27 OLD COVERED BRIDGE ROAD
NEWTOWN SQUARE PA 19073-1211
610-449-1014
GEMIL, MD, CORAZON G *OBG
N HILLS MED BLDG
795 E MARSHALL ST STE 302
W CHESTER PA 19382-5701
610-692-9700
GEMIL-CORRAL, MD,
ANGELITA G GYN
795 E MARSHALL ST STE 302
W CHESTER PA 19380-4400
610-692-9700
GERSON, MD, BENJAMIN PTH
200 TEMPLE ST
NEWTON MA 02165-2316
617-332-8286
GERSON, MD, IRVIN M N
ARSENAL BUSINESS CTR
5301 TACONY ST BLDG 4
PHILADELPHIA PA 19137-2308
215-743-4200
GIANNOPOULOS, MD, PETER H *GP
750 S MAIN ST
PHOENIXVILLE PA 19460-4459
610-933-6064
GINGRICH, MD, KEVIN A ORS
S CHESTER CO MED CTR
1011 W BALTIMORE PK STE 112
WEST GROVE PA 19390-9400
610-869-1266
GOEBERT, MD, HERBERT W FP
915 OAK HARBOUR DR
JUNO BEACH FL 33408-2174
GOLD, MD, MORRIE G OBG
600 E MARSHALL ST
W CHESTER PA 19382-7659
610-692-3434
GOLDBLUM, MD, KENNETH D IM
BRANDYWINE PROF BLDG
213 REECEVILLE RD STE 12
COATESVILLE PA 19320-1531
610-384-5110
GOLDEN, MD, MICHAEL F P
415 E LINCOLN HWY
COATESVILLE PA 19320-3411
610-383-1955
GOLDFINE, MD, ALAN OBG
1601 ROBIN RD
COATESVILLE PA 19320-4514
610-384-5132
GOLDSTEIN, MD, NEIL H IM
9 GREAT VALLEY PKY BLDG 9
PO BOX 3026
MALVERN PA 19355
610-889-6657
GOLDSTEIN, MD, NORMAN A OTO
206 GAY ST
PHOENIXVILLE PA 19460-2705
610-933-8896
GORDON, MD, ISADORE IM
603 S MAIN ST
PHOENIXVILLE PA 19460-3855
610-983-9801
GORMAN-CATTON, MD,
JOHANNA H *P
45 RIDGE RD
PHOENIXVILLE PA 19460-1915
610-933-7749
GRAHAM, MD, THOMAS H N
4 JOANNA DR
MALVERN PA 19355-3313
610-644-6049
GRANT, MD, HOWARD R PD
533 SCOTT RD
GLADWYNE PA 19035-1441
610-649-3303
GROSSMAN, MD, DAVID *HEM
520 MAPLE AVE STE 1
W CHESTER PA 19380
610-692-5217
GUNNING, MD, MARY LISA FP
1308 FIELDPOINT DR
W CHESTER PA 19382-8229
610-493-1003
HAHN, MD, JEANNINE R *IM
BUCKTOWN MED ASSOC
655 RIDGE RD
SPRING CITY PA 19475-9685
610-495-5944
HANNA, MD, ROBERT H GP
7 PROUT DR
COATESVILLE PA 19320-1424
HANSPAL, MD, REENA K PM
1011 SABER RD
W CHESTER PA 19382-8071
610-793-1083
HARKNESS, MD, MICHAEL J PD
WADE TOWNEND PED ASSOC
PAOLI MEM MED BLDG STE 330
PAOLI PA 19301
610-644-9233
HARRIS, DO, MARK R FP
PO BOX 400
KEMBLESVILLE PA 19347-0400
302-738-0580
HARROP, MD, DONALD E *GP
124 E DUNE LANE
BEACH HAVEN NJ 08008
609-492-1656
HAYMAN, MD, HARRIS R FP
PAOLI MED ARTS BLDG
21 INDUSTRIAL BLVD STE 203
PAOLI PA 19301-1610
610-647-4848
HENTSCHEL, DO, WAYNE R C FP
162 WILLITS WAY
GLEN MILLS PA 19342
610-358-9166
HENWOOD, DO, CAROL L *FP
2228 DETWEILER RD
POTTSTOWN PA 19464-1525
610-326-5909
HERGAN, MD, ROBERT R IM
219 SUGARTOWN RD APT F304
WAYNE PA 19087
610-964-7607
HERTZ, MD, BARRY C PUD
520 MAPLE AVE STE 3
W CHESTER PA 19380-4434
610-692-6300
HESTER, MD, GLORIA E *PD
1740 LEWAPE RD
W CHESTER PA 19382
610-793-9932
HEWSON, MD, WILLIAM C LM
101 E ASHBRIDGE ST
W CHESTER PA 19380-2320
HILLYER, MD, PETER N IM
PAOLI MEM MED
SUITE 124
PAOLI PA 19301
610-647-8885
HIMMELSTEIN, MD, FRED R *EM
203 BARNHILL RD
W CHESTER PA 19382-2334
215-678-1674
HNELESKI JR, MD, IGNATIUS S OPH
845 W CHESTER PIKE
W CHESTER PA 19382-4878
610-692-8100
HOBERMAN, MD, MAURY OTO
9 N 5 POINTS RD
W CHESTER PA 19380-4739
610-696-8800
HODESS, MD, ARTHUR B *CD
3025 ZINN RD
THORNDALE PA 19372
610-384-2211
HOFFMAN, MD, DAVID F FP
PO BOX 400
KIMBLESVILLE PA 19347-0400
610-255-4466
HORWICH, MD, DAVID N IM
414 PAOLI PK
MALVERN PA 19355
610-251-5450
HOTMER, MD, DIANNE D *OBG
795 E MARSHALL ST STE 304
W CHESTER PA 19380-4400
610-436-5610
HOUSER, MD, STEPHEN A IM
505 OAK CIR
W CHESTER PA 19380-4523
610-692-8766
HUTCHINSON III, DO, HARRY J IM
602 E MARSHALL ST
W CHESTER PA 19380-4448
610-692-5582
HUXSTER, MD, ROBERT H ORS
845 W CHESTER PIKE
W CHESTER PA 19382-4878
610-692-2005
INSALATA, MD, ROBERT A IM
3629 E LINCOLN HWY
THORNDALE PA 19372
610-383-1545

JACOBS, MD, FRANCIS PD
200 E BIDDLE ST
W CHESTER PA 19380-2799
610-696-4845

JAHROMI, MD, HEIDAR K N
213 REECEVILLE RD STE 13
COATESVILLE PA 19320-1530
610-383-1355

JAWAD, MD, BASIL S IM
INGELSIDE PROF BLDG
3149 LINCOLN HWY
THORNDALE PA 19372-1129
610-383-1100

JUNCOS, MD, GUILLERMO R *A
LIONVILLE MED CTR
200 N WELSH PLACE RD
LIONVILLE PA 19353
610-363-7244

KAMINSTEIN, MD, DAVID S GE
1136 DORSET DR
W CHESTER PA 19382-8008
610-793-2457

KARCSH, DO, HENRY J PD
WILLOWDALE PROF BLDG STE 2
685 UNIONVILLE RD
KENNETT SQUARE PA 19348-1736
610-444-0113

KATIN, MD, LAWRENCE I *OTO
558 SUGARTOWN RD
MALVERN PA 19355-2820

KATZMAN, MD, JEFFREY I *OPH
PAOLI MEM MED BLDG STE 109
PAOLI PA 19301
610-265-1188

KELLY, MD, JOHN T R
GMIS
5 COUNTRY VIEW RD
MALVERN PA 19355-1421
610-296-3838

KENT, MD, RICHARD B OPH
845 W CHESTER PIKE
W CHESTER PA 19382-4878
610-692-8100

KESTER, MD, WALTER L GP
521 LOCUST LANE NORTH
W CHESTER PA 19380-2251

KESZELI, MD, ALEXANDER R AN
312 W MONTGOMERY AVE
HAVERFORD PA 19041

KIM, MD, PAUL S *PS
460 CREAMERY WAY
EXTON PA 19341

KIM, MD, YOUNG B DR
540 HOFFMAN DR
BRYN MAWR PA 19010-1745
610-525-0811

KLEIN, MD, JOSEPH F *PD
8 PROSPECT AVE BOX 189
WEST GROVE PA 19390-1106
610-869-3593

KNOX JR, MD, JAMES D FP
57 N 4TH STREET
OXFORD PA 19363
610-932-8141

KOEPSELL, MD, DON G OPH
15 GALWAY LN
PHOENIXVILLE PA 19460-2700
610-933-7565

KOLTER, MD, JAMES S OBG
750 S MAIN ST STE 204
PHOENIXVILLE PA 19460-4460
610-983-3700

KORBONITS, MD, CHARLES W OBG
960 HILLSDALE RD
RR 1
W CHESTER PA 19382-1921
610-696-2856

KOVALSKI, MD, RAYMOND PUD
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
610-933-8484

KRAUS, MD, JOHN J PM
REHAB ASSOC OF MAIN
414 PAOLI PIKE PO BOX 3007
MALVERN PA 19355-3300
610-251-5450

KREB, MD, ROBERT J PM
CHESTER COUNTY HOSP
DEPT PM &R
W CHESTER PA 19380
610-431-1921

KRIPKE, MD, SCOTT A *GS
PAOLI MED BLDG STE 327
PAOLI PA 19301
610-647-3077

KRISHNA, MD, BHUPENDRA A
330 LONGWOOD RD
KENNETT SQUARE PA 19348-1808
610-388-6862

KRISHNA, MD, NARENDRA OPH
1102 N NEW ST
W CHESTER PA 19380-3838

KURTZ, MD, JAMES W P
7 PLYMOUTH RD
NEWTOWN SQUARE PA 19073
610-325-3718

LAFFEY, MD, PATRICIA A DR
429 OLD EAGLE SCHOOL RD
WAYNE PA 19087-2006
610-688-7815

LANGRALL, MD, HARRISON M IM
1857 BLACK ROCK LN
PAOLI PA 19301-1055
610-640-0156

LANSING, MD, DOROTHY I GYN
20 OLD PAOLI PIKE BOX 537
PAOLI PA 19301
215-644-1890

LANZA, MD, RALPH A IM
7 ST JAMES PLACE
PAOLI PA 19301-1028
610-647-6729

LAPORTE, MD, STEVEN M *CD
PAOLI MEM MED
SUITE 234
PAOLI PA 19301
610-647-4260

LATOFF, MD, THOMAS J GP
533 E LINCOLN HWY
COATESVILLE PA 19320-3433
610-384-2484

LAUDADIO, MD, CHARLES DIA
227 WILLIAM PENN BLVD
W CHESTER PA 19382-8432
610-399-8704

LEE, MD, DANIEL IM
1289 LONE EAGLE RD
COATESVILLE PA 19320-4766
610-384-5792

LEMERT, MD, MICHAEL R OBG
VALLEY FORGE OB/GYN
799 GAY ST PO BOX 749
PHOENIXVILLE PA 19460-4456
610-933-2440

LEVIN, MD, GARY J OPH
GREENVIEW PAVILION
3000 ZINN RD
THORNDALE PA 19372-1130
610-384-9100

LEWIS, MD, EARL T PA
1232 PRINCETON LN
W CHESTER PA 19380-5744

LEWIS, MD, L CLIFFORD GP
421 MONUMENT AVE
MALVERN PA 19355-2632
610-644-4744

LISS, MD, GILBERT A OBG
335 WHITEHORSE ROAD
PHOENIXVILLE PA 19460-2566

LISS, MD, ROBERT P *OPH
606 E MARSHALL ST
W CHESTER PA 19380-4455
610-696-1230

LONG, MD, DAVID F N
414 PAOLI PIKE
MALVERN PA 19355-3311
610-251-5450

LOTZ, MD, ANDREW J GP
PO BOX 241
PAOLI PA 19301-0241

LOVRINIC, MD, WILLIAM S OTO
9 N FIVE POINTS RD
W CHESTER PA 19380-4739
610-696-8800

LOWE, MD, CHERYL F PD
36 GLENNANN DR
LANDENBERG PA 19350-9631
610-274-0191

LU, MD, CALVIN HEM
1006 BALA FARMS
W CHESTER PA 19382-2345
610-692-8844

LUCINE JR, MD, ALBERT A *OBG
795 E MARSHALL ST STE 304
W CHESTER PA 19380-4400
610-696-2570

LUGINBUHL, MD, WILLIAM E *HEM
520 MAPLE AVE STE 1
W CHESTER PA 19380
610-692-5217

LYONS, MD, CHRISTINE W *OBG
213 REECEVILLE RD STE 17
COATESVILLE PA 19320
610-383-9400

LYONS, MD, CHRISTOPHER J *ORS
479 THOMAS JONES WAY
EXTON PA 19341-2552
610-524-6470

MACKENZIE, MD, NORMAN D GP
441 E LANCASTER AVE
DOWNINGTOWN PA 19335-2722

MAGEE, MD, JOAN M PD
500 HADFIELD RD
DOWNINGTOWN PA 19335-1136
610-383-0306

MAGGITTI, MD, MICHAEL J ORS
486 THOMAS JONES WAY
STE 110
EXTON PA 19341
610-524-6580

MAGNESS, MD, KATHLEEN E CD
750 S MAIN ST
PHOENIXVILLE PA 19355-9626
610-933-8484

MAGUIRE, DO, F WILLIAM IM
SOUTHERN CHESTER CO
MED BLDG
W BALTIMORE PIKE STE 301
WEST GROVE PA 19390
610-869-3620

MAHER, MD, JOHN P GPM
601 WESTTOWN RD
W CHESTER PA 19382-4542
610-344-6230

MANSFIELD, MD, RICHARD J *PD
795 E MARSHALL ST STE 304
W CHESTER PA 19380-4400
610-436-5610

MANTA, MD, JOHN P ORS
CAGGIANO & LYONS ORTHO
SURG LTD
479 THOMAS JONES WAY STE D
EXTON PA 19341
610-524-6470

MARK, MD, WILLIAM S IM
26 SALEM WAY
MALVERN PA 19355-9705
610-296-2506

MCCHESNEY JR, MD,
CHARLES T *HS
3500 LINCOLN HWY
THORNDALE PA 19327
610-384-2420

MCGEEHAN, MD, JOHN T R
50 BLUE STONE DR
CHADDS FORD PA 19317-9311
610-388-7980

MCKINSTRY, MD, ROBERT B FP
548 SCHOOL HOUSE RD
KENNETT SQUARE PA 19348-1742
610-444-4449

MERSON, MD, ERICH R GP
134 W CHESTNUT ST
W CHESTER PA 19380-2557
610-696-3606

METRY, MD, NAWAL G PD
1536 MCDANIEL DR
W CHESTER PA 19380-7036
610-431-1816

MEYERS, MD, FREDERIC A GE
213 REECEVILLE RD STE 38
COATESVILLE PA 19320-1538
610-384-6076

MICHAEL JR, MD, HERMAN J NEP
710 E LANCASTER AVE
EXTON PA 19341-2801
610-524-3703

MICHAELSON, MD, THOMAS C IM
750 S MAIN ST
STE 100
PHOENIXVILLE PA 19460-4462
610-933-8484

MINEO, MD, CYRUS L OPH
286 GRIFFIN ST
PHOENIXVILLE PA 19460-4448
610-933-1144

MONASTERIO, MD, JOSE R *GS
3500 LINCOLN HWY
THORNDALE PA 19372-1017
610-384-2420

MONTE, MD, D MARIE GP
510 N LEMON ST APT C9
MEDIA PA 19063-2323

NAEGLE, MD, MATTHEW B IM
750 S MAIN ST STE 100
PHOENIXVILLE PA 19460-4462
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1615 E BOOT RD
W CHESTER PA 19380
610-692-7766

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24 RABBIT RUN
MALVERN PA 19355-3436

NICKLAS, MD, DONALD A PTH
2865 RINGNECK RD
AUDUBON PA 19403-1812
610-539-0549

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PAOLI MEM MED
LANCASTER PIKE STE 234
PAOLI PA 19301
610-647-4260

O'MALLEY, MD, JOHN E CHP
DEVEREUX FOUNDATION
19 S WATERLOO RD
DEVON PA 19333-1533

OCHSNER, MD, GREGORY J RO
EXTON CANCER CTR STE B
460 CREAMERY WAY
EXTON PA 19341
610-363-8350

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368 ST JOHN'S CIRCLE
PHOENIXVILLE PA 19460

PATUKAS, MD, PETER C FP
7 DOWNING RD
DOWNINGTOWN PA 19335-3324

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414 PAOLI PIKE
MALVERN PA 19355-3311
610-251-5450

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20 OLD PAOLI PIKE BOX 537
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610-644-1890

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795 E MARSHALL ST STE 203
W CHESTER PA 19380-4400

PICARIELLO, MD, MICHAEL A OTO
602 E MARSHALL ST STE 11
W CHESTER PA 19380-4452
610-696-4628

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115 BIRMINGHAM RD
W CHESTER PA 19382-2101
610-436-0838

PODOLSKY, MD, LEO A CD
PAOLI MEM MED BLDG
STE 234
PAOLI PA 19301
610-647-4260

POOLE, MD, ROBERT FP
1008 N NEW ST
W CHESTER PA 19380-3836

PORTER, MD, EDGAR L P
350 WALNUT AVE
WAYNE PA 19087-3624
610-688-2955

POTTER JR, MD, HOWARD P GE
208 IVY LN
HAVERFORD PA 19041-1721
610-649-6540

POTTS, MD, ASA W IM
986 E PENN DR
W CHESTER PA 19380-4341
610-696-0420

PRASAD, MD, AJIT K ORS
316 MAPLE DR
KENNETT SQUARE PA 19348-1810
610-444-1999

PRIEM, MD, ROBERT W FP
13 BERKLEY RD & DEVON BLVD
DEVON PA 19333-1310
610-687-0715

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679 EWING RD
WEST GROVE PA 19390-9161
610-869-3123

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964 W PENN DR
W CHESTER PA 19380-4349
610-696-3534

RAO, MD, BRINDA E PD
305 OXFORD PROF CTR
NORTH 3RD STREET
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610-932-9118

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OAKS PA 19456
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4 MCAVOY LN
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486 THOMAS JONES WAY
EXTON PA 19341
610-524-6580

REILLY, MD, ANN E IM
145 EATON DR
WAYNE PA 19087-3859
610-296-0222

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17 GRUBB RD
MALVERN PA 19355-3068
610-644-9016

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W CHESTER PA 19380-4434
610-692-6330

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213 REECEVILLE RD STE 27
COATESVILLE PA 19320-1533
610-384-0580

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PHOENIXVILLE PA 19460-2787
610-935-8788

ROGOWSKI, MD, RAYMOND A PTH
SOUTHERN CHESTER CO
MED CTR
1015 W BALTIMORE PIKE
WEST GROVE PA 19390-9426
610-869-1084

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320 STRATHMORE ROAD
ROSEMONT PA 19010-1231
610-525-7489

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300 CHERRY BEND
MERION PA 19066-1507

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57 N 4TH STREET
OXFORD PA 19363
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795 E MARSHALL ST STE 305
W CHESTER PA 19380-4400
610-431-7920

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PHOENIXVILLE PA 19460-4460
610-935-7772

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176 E CONESTOGA RD
DEVON PA 19333-1211
610-688-0822

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606 E MARSHALL ST STE 207
W CHESTER PA 19380
610-696-5227

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1204 UPTON CIR
W CHESTER PA 19380-5860

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RODGER F FP
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PHOENIXVILLE PA 19460
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720 S MAIN ST
PHOENIXVILLE PA 19460-3844
610-933-3498

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1490 ART SCHOOL RD
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610-827-1137

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21 INDUSTRIAL BLVD STE 100
PAOLI PA 19301-1610
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520 ROSE LN
HAVERFORD PA 19041-1626

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8 TIVERTON CIR
RADNOR PA 19087-2815
610-293-9399

SALAM, MD, MAHI PD
106 SCHUBERT DR
DOWNINGTOWN PA 19335-3382
610-873-8882

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S CHESTER CO MED CTR
1015 W BALTIMORE PIKE
WEST GROVE PA 19390-9426
610-869-7151

SARUK, MD, MICHAEL L PTH
PAOLI MEM MED
LANCASTER PIKE STE 106
PAOLI PA 19301
610-296-8844

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1 MCKINLEY LN
CHESTER SPR PA 19425-2422
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W CHESTER PA 19382-8515

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10 CARRIE LN
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1570 POORHOUSE RD
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535 GRADYVILLE ROAD
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142 CARTERS GRV
MALVERN PA 19355-2648
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659 EXTON COMMONS
EXTON PA 19341
610-594-0850

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207 WALNUT HILL RD C-18
W CHESTER PA 19382
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687 UNIONVILLE ROAD
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EXTON PA 19341-2801
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PHOENIXVILLE PA 19460-4461
610-933-1133
SPENCER, MD, DONALD L AN
318 LONGWOOD RD
KENNETT SQUARE PA 19348-1808
610-444-5351
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312 PAXSON LN
LANGHORNE PA 19047-8255
215-741-5917
SPYROPOULOS, DO, GEORGE N *FP
756 HINCHLEY RUN
W CHESTER PA 19382
610-701-0802
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W CHESTER PA 19380-4455
610-696-1230
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345 E CHESTNUT ST
COATESVILLE PA 19320-3202
610-384-0250
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125 E VIRGINIA AVE
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610-251-5450
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933 HAVERFORD RD
BRYN MAWR PA 19010-3819
610-525-0200
THOMPSON, MD, GREGORY M *U
PAOLI MEM MED BLDG
STE 333
PAOLI PA 19301
610-644-9600
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9 QUEEN ST
RISING SUN MD 21911
410-658-2125
TILTON, DO, BRUCE R PD
735 FARMVIEW LN
GAP PA 17527-9415
215-822-7171
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LANCASTER PIKE STE 330
PAOLI PA 19301
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W CHESTER PA 19380-4454
610-696-0157
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610-436-6696
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W CHESTER PA 19380-2487
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W CHESTER PA 19380-4455
610-696-5227
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PO BOX 809
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610-430-1579

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PAOLI PA 19301-0358
610-644-5098
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GLEN RD
RR 1 BOX 273A
LANDENBERG PA 19350-9801
610-255-4977
WAHL, MD, JEFFREY M CD
600 E MARSHALL ST STE 203
W CHESTER PA 19380-4453
610-696-2850
WALDOR, MD, PHILIP A GS
750 S MAIN ST STE 201
PHOENIXVILLE PA 19460-4461
610-933-5852
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213 REECEVILLE RD STE 27
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610-384-0580
WARD JR, MD, MAURICE J R
621 BROOKE LN
GLEN MILLS PA 19342-8824
610-459-8389
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W CHESTER PA 19380
610-692-6280
WARNER, MD, NORMAN M FP
P. O. BOX 39
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610-857-5300
WARREN, MD, WILLIAM L D
127 CARTERS GROVE LN
MALVERN PA 19355
610-644-5877
WEDEEN, MD, ROBERT S ORS
RR 3 BOX 411
COATESVILLE PA 19320-4936
610-857-9250
WEINBLATT, MD, FRED M N
742 RIGHTERS MILL RD
PENN VALLEY PA 19072-1429
610-660-9492
WEISMAN, MD, HARLAN F *IM
200 GREAT VALLEY PKY
MALVERN PA 19355-1307
610-889-4529
WENTZ, MD, CLARKSON R
151 PIKELAND RD
MALVERN PA 19355-9621
WERRIN, MD, MARGUERITE W ID
520 MAPLE AVE STE 7
W CHESTER PA 19380-4434
610-436-0474
WERRIN, MD, RONALD J IM
520 MAPLE AVE STE 7
W CHESTER PA 19380-4434
610-436-0474
WHITE, MD, JACK C GS
PAOLI MEM HOSP
PAOLI PA 19301
WHITE, MD, JOSEPH G U
520 N WALNUT
W CHESTER PA 19380-2367
610-692-0933
WILLIAMS, MD, ANDRE' O *AN
201 REECEVILLE RD
COATESVILLE PA 19320-1519
610-383-8144
WILLIAMS, MD, GREGORY S *PUD
200 BROUGHTON LN
VILLANOVA PA 10985-1914
610-527-1655
WILLNER, MD, DAVID L ORS
615 ST JOHNS CIR
PHOENIXVILLE PA 19460-2558
610-933-7666
WILSON, MD, DONALD F *OBG
RR 3 BOX 354E
COATESVILLE PA 19320-4916
610-857-1247
WILSON, MD, LINDA C *OBG
213 REECEVILLE RD STE 17
COATESVILLE PA 19320-1540
WINGATE, MD, GARY F *PS
460 CREAMERY WAY STE 110
EXTON PA 19341-2533
610-524-8244
WITTERHOLT, MD, KENNETH A GS
795 E MARSHALL ST STE 102C
W CHESTER PA 19380-4400
610-436-6696
WOLF, MD, CHARLES R ORS
845 W CHESTER PIKE
W CHESTER PA 19380
610-692-2065
WUSHENSKY, MD, CURTIS A R
1659 WATERGLEN DR
W CHESTER PA 19382-6955
610-793-9924
YOXTHEIMER, MD, ROBERT L GS
750 S MAIN ST STE 201
PHOENIXVILLE PA 19460-4461
610-933-5852
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531 MAPLE AVE
W CHESTER PA 19380
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2 CASTLEBAR LN
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814-744-8525
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180 GREENVILLE AVE
CLARION PA 16214-1645
814-226-7651
BRUNELLI, DO, DONNA M FP
OLD FRYBURG ROAD
FRYBURG PA 16323
814-354-7364
CHAPA, MD, SUKUMAR M GS
230 ALLEGHENY BLVD STE D
BROOKVILLE PA 15825
814-849-5151
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1002 W SAN MARTIN DR
TUCSON AZ 85704-3143
CONNOR, MD, SUSAN A FP
240 ALLEGHENY BLVD
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814-849-3033
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PO BOX 354
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248 ALLEGHENY BLVD
BROOKVILLE PA 15825
814-849-6767
DI MAIO, MD, F H PAUL OTO
CHARLES MED CTR
240 ALLEGHENY BLVD STE M
BROOKVILLE PA 15825
814-849-9698
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101 BRIAN WAY
PO BOX 897
KIMERTON PA 19442-0897
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240 ALLEGHENY BLVD STE C
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BROOKVILLE PA 15825-8937
814-849-5066
HUSTON, MD, CHARLES C GP
MAIN ST
PO BOX 726
KNOX PA 16232-0726
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ISMAEL, MD, MOHAMED M P
35 STANCEY RD
PITTSBURG PA 15220-1723
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46 OAK ST
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127 FRANKLIN AVE
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814-849-3023
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814-473-3191
MATSON, DO, BART L OBG
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CLARION PA 16214
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300 MAPLEVALE RD
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814-849-4442
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127 FRANKLIN AVE
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814-849-3023
REDDY, MD, JAIVEER T U
82 BARNETT STREET
100 HOSP RD
BROOKVILLE PA 15825-1363
814-849-8858
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MILLER MED CTR
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NEW BETHLEHEM PA 16242-0040
814-275-1600
SNYDER, MD, BARRY J FP
PO BOX 39
NEW BETHLEHEM PA 16242-0039
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BRAHOS, MD, ANTHONY G FP
618 ORCHARD HILL DR
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14 N FRONT ST
CLEARFIELD PA 16830-2411
814-765-4523
GILMORE, MD, FREDERICK R DR
1004 COUNTRY CLUB RD
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612 TREASURE LK
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201 SOUTH AVE
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CLEARFIELD PA 16830-1321
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CLEARFIELD PA 16830-1209
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LUNA, MD, ROBERTO S OBG
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CLEARFIELD PA 16830-1209
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CLEARFIELD PA 16830-1238
814-765-8590
REED, MD, MICHAEL F PTH
9 W PAULINE DR
CLEARFIELD PA 16830-1011
814-765-5792
TAGALA, MD, PRAXIDIO H OBG
615 THOMPSON ST
CLEARFIELD PA 16830-1227
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807 TURNPIKE AVE
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5028 OAKLAND HILLS AVE
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BROWN, MD, JOHN L FP
533 GUARDLOCK DR
LOCK HAVEN PA 17745-1816
717-748-8566
CONLY, MD, FRANK L GP
924 HURON AVE
RENOVO PA 17764
DALY JR, MD, FRANCIS T IM
266 HOGAN BLVD STE 1
MILL HALL PA 17751
717-893-8333
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7 E WATER ST
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85 ORIOLE CIRCLE N
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717-726-4403
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PO BOX 117
LOCK HAVEN PA 17745-0117
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FRYE, MD, VERYL F GS
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LOCK HAVEN PA 17745-0768
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9 W CHURCH ST
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MISHRA, MD, RANDHIR IM
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AVIS PA 17721
PARKER, DO, FRANK FP
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505 POPLAR ST
MEADVILLE PA 16335-3057
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865 GROVE ST
MEADVILLE PA 16335-2411
814-724-5089
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707 SENECA RD
MEADVILLE PA 16335-2840
814-336-2086
DOWNING, MD, TIMOTHY M PD
764 KENNEDY ST
MEADVILLE PA 16335-2209
814-336-6384
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505 POPLAR ST
MEADVILLE PA 16335-3057
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1015 GROVE ST
MEADVILLE PA 16335-2944
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GOMEZ, MD, LUIS L FP
505 POPLAR ST
MEADVILLE PA 16335-3057
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MEADVILLE PA 16335-2209
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381 CHESTNUT ST
MEADVILLE PA 16335
814-336-3155
KIRKPATRICK JR, MD, DAVID D *IM
300 WOOD ST
MEADVILLE PA 16335-1252
LAROCHELLE, MD, ANNE G *END
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MEADVILLE PA 16235
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764 KENNEDY ST
MEADVILLE PA 16335
814-336-6386
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751 LIBERTY ST
MEADVILLE PA 16335-2559
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279 WALNUT ST
MEADVILLE PA 16335-2626
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MEADVILLE PA 16335-3057
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225 W GRANDVIEW BLVD
ERIE PA 16508-3039
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SCHROECKENSTEIN, MD, RICHARD F PTH
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MEADVILLE PA 16335-2945
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MEADVILLE PA 16335-2348
814-724-1252
SNEERINGER, DO, THOMAS D *FP
315 E MAIN ST
TITUSVILLE PA 16354
814-827-4615
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COCHRANTON PA 16314-0677
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TAR, MD, LESLIE A
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MEADVILLE PA 16335-2209
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MEADVILLE PA 16335-4352
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MEADVILLE PA 16335
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MEADVILLE PA 16335-3057
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889 MAPLE LN
MEADVILLE PA 16335-1140
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139 LINDA LN
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115 PELHAM RD
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1111 SHERWOOD DR
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ANKER, MD, PETER M OPH
20 GREEN LANE DR
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ARORA, MD, RAMESH EM
684 ST JOHNS DR
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46 HOOVER RD
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GRAHAM III, MD, WILLIAM P PS
816 BELVEDERE ST
CARLISLE PA 17013-4001
717-249-0100
GREEN, MD, THOMAS J ORS
220 WILSON ST STE 104
CARLISLE PA 17013-3697
717-243-1414
GRONKIEWICZ, MD, BRUCE V U
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850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-6072
GUISTWITE, MD, KENNETH R FP
522 S PITT ST
CARLISLE PA 17013-4262
717-243-1516
HALL II, MD, ROBERT F R
161 CANDLELITE DR
CARLISLE PA 17013-2102
717-243-3621
HARRISON, MD, C SCOTT ORS
1400 BRANDTON RD
MECHANICSBURG PA 17055-6740
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HARTZELL, MD, DAVID
LARRY L *OPH
850 WALNUT BOTTOM RD
CARLISLE PA 17013
717-243-8606
HATLEBERG, MD, STEVEN L IM
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-3944
HELY, MD, DANIEL P *ORS
816 BELVEDERE ST
CARLISLE PA 17013-4001
717-249-6112
HERSPERGER, MD, WEBB S OTO
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-2345
HIMMELREICH III, MD, LESTER L IM
220 WILSON ST
CARLISLE PA 17013-3697
717-249-1929
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804 BELVEDERE ST
CARLISLE PA 17013-4001
717-243-9634
HOFFMAN, MD, J LYNN PD
804 BELVEDERE ST
CARLISLE PA 17013-4001
717-243-9634
HOLLEN, MD, ROBERT A FP
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-1515
HOUGH, MD, RODNEY K FP
49 BROOKWOOD AVE
CARLISLE PA 17013-9126
717-243-8000
JOHNSTON III, MD, JAMES R GS
850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-2244
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1830 GOOD HOPE RD
ENOLA PA 17025-1233
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850 WALNUT BOTTOM RD
CARLISLE PA 17013-3632
717-243-3944
KANN, MD, DAVID CD
220 WILSON ST
STE 210
CARLISLE PA 17013
717-258-8862
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MECANICSBURG PA 17055-1713
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850 WALNUT BOTTOM RD
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717-243-1515
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420 WALNUT ST
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504 BOSLER DR
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977 WALNUT BOTTOM RD
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4223 NANTUCKET DR
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R D 3
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3320 RIDGEWAY RD
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717-652-3881
COHEN, MD, BRIAN E OBG
370 EQUUS DR
CAMP HILL PA 17011-8357
717-774-8648
COHN, MD, BURTON H OTO
1857 CENTER ST
CAMP HILL PA 17011-1703
717-761-4844
COLDREN, MD, ROBERT L PD
2645 N 3RD ST STE 150
HARRISBURG PA 17110-2001
717-232-9774
COLEMAN JR, MD, ERNEST H OPH
4000 MARKET ST
CAMP HILL PA 17011-4230
717-737-7491
CONNER, MD, KENNETH B *IM
428 CANDLEWYCK RD
CAMP HILL PA 17011-8425
717-737-5480
CONRAD, MD, DONALD C FP
116 SPRUCE ST
MIDDLETOWN PA 17057-1853
717-944-5101
CONROY JR, DO, JOHN D HEM
CENTRAL PA HEM/ONC ASSOC
20 ERFORD RD STE 100
LEMOYNE PA 17043-1163
717-737-5767
COTTON, MD, JOY C L IM
856 CENTURY DR
MECHANICSBURG PA 17055-4375
717-697-3304
COWLEY, MD, ALLEN W IM
104 MOORINGS PARK
APT D103
NAPLES FL 34105
COX, DO, LAWRENCE G FP
340 EDEN DR
ETTERS PA 17319
717-932-3912
CRAWFORD, MD, DONALD G *FP
1091 COUNTRY HILL DR
HARRISBURG PA 17111-4657
CROTEAU, MD, J RUSSELL DR
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-238-6751

CUMMINGS III, MD, CARY IM
1617 N FRONT ST
HARRISBURG PA 17102-2414
717-236-4682
CURTIN, DO, PAUL D US
130 W CARACAS AVE
HERSHEY PA 17033-1510
717-533-8882
DAHMUS, MD, ROBERT R ORS
187 HERSHEY ROAD
HUMMELSTOWN PA 17036
717-566-6162
DAILEY, MD, EDWARD G OPH
1857 CENTER ST
CAMP HILL PA 17011-1703
717-761-3011
DAILEY, MD, JOHN R OPH
RR 2 BOX 316
FARM 7
HERSHEY PA 17033-9771
717-838-3085
DALY JR, MD, JAMES F PD
2645 N 3RD ST
HARRISBURG PA 17110-2001
717-232-9774
DAROWISH, DO, CHARLES E PD
887 S ARLINGTON AVE
HARRISBURG PA 17109-5004
717-652-7616
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717-531-8141
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2181 WEXFORD RD
PALMYRA PA 17078-9258
717-534-2462
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124 WALKER ST
BOX 48
CORNWALL PA 17016
717-228-0235
DAVIS, MD, ROBERT H P
6125 STEPHENS XING
MECHANICSBURG PA 17055-2371
717-790-9163
DAVIS, MD, THOMAS S PS
339 GOVERNOR RD
HERSHEY PA 17033-2074
717-533-2099
DAVIS, MD, WILLIAM S GS
3620 LOGAN CT APT 3C
CAMP HILL PA 17011
717-761-2025
DEES, MD, TERENCE D AN
PO BOX 5808
HARRISBURG PA 17110-0808
717-236-4877
DELACRUZ, MD, SILVESTRE S P
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717-763-2219
DELAFUENTE, MD, CARLOS F IM
6 MARKET PLAZA WAY
MECHANICSBURG PA 17055-5659
717-766-0228
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1621 PICKETT RD
LUTHERVILLE MD 21093
DELLOSA, MD, JOHNSON D FP
2141 SIR LANCELOT DR APT B4
HARRISBURG PA 17110-3546
717-541-8474
DELONE JR, MD, CHARLES A *GYN
HOLY SPIRIT HOSP
N 21ST ST
CAMP HILL PA 17011-2288
717-763-2181
DELONG, MD, BRIAN S CRS
2626 N 3RD ST STE 3B
HARRISBURG PA 17110-2044
717-232-8100
DELROSARIO, MD, VIVENCIO G P
HOLY SPIRIT HOSP
COMMUN MENTAL HLTH CTR
CAMP HILL PA 17011
717-763-2257
DEMUTH, MD, CYNTHIA T PD
1610 BROOKLINE DR
HUMMELSTOWN PA 17036-8989
DEMUTH, MD, WILLIAM W *ORS
3916 TRINDLE RD
CAMP HILL PA 17011-4246
717-761-5530
DIMARCO, DO, LUCIANO A GS
4319 LONDONDERRY RD
HARRISBURG PA 17109
717-652-1107
DO, MD, SI V PM
597 ORIOLE CT
HARRISBURG PA 17111-5319
717-566-9424
DOUGHERTY III, DO, JOHN E GP
4300 LONDONDERRY RD
HARRISBURG PA 17109-5317
717-657-7415
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4411 N FRONT ST
HARRISBURG PA 17110-1709

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HARRISBURG PA 17111-3774
717-545-6666
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4700 UNION DEP RD STE 110
HARRISBURG PA 17111-3774
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DUNN, DO, LORI AN
7155 STERLING RD
HARRISBURG PA 17112-8910
717-652-1369
DURBECK, MD, DONALD C CD
856 CENTURY DR
MECHANICSBURG PA 17055-4375
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1501 N FRONT ST
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HERSHEY PA 17033-2157
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5025 WOODBOX LN
MECHANICSBURG PA 17055-4856
EDMISTON, MD, ROBERT B OS
484 BRIGHTON PL
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717-691-3575
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218 LINCOLN AVE
HARRISBURG PA 17111-4147
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1900 BRIDGE ST
NEW CUMBERLAND PA 17070-1127
717-744-7041
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890 POPLAR CHURCH RD STE 508
CAMP HILL PA 17011-2260
717-761-3875
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COWLEY ASSOC
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CAMP HILL PA 17011
717-761-7400
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308 DEAVEN RD
HARRISBURG PA 17111-6821
717-541-1608
ENTWISTLE, MD, NELSON L US
3514 TRINDLE RD
CAMP HILL PA 17011-4444
717-763-5603
ERNST, MD, BRETT B OPH
2509 N FRONT ST
HARRISBURG PA 17110-1111
717-233-3937
ESHBACH, MD, TED B *ORS
2800 GREEN ST
HARRISBURG PA 17110-1228
717-234-5976
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2012 MOUNTAIN PINES DR
MECHANICSBURG PA 17055-8503
717-732-9460
ETTLINGER, MD, ROBERT A FP
FREDERICK HLTH CTR
1000 EVELYN DR
MILLERSBURG PA 17061
717-692-4761
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717-657-5272
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LEMOYNE PA 17043-1230
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717-691-0340
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2600 N 3RD ST
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6104 WESTOVER DR
MECHANICSBURG PA 17055-2372
717-691-9508
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1511 POTATO VALLEY RD
HARRISBURG PA 17112-9215
717-599-5604

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2626 N 3RD ST STE 2A
HARRISBURG PA 17110-2044
717-236-5023
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1000 N FRONT ST
WORMLEYSBURG PA 17043-1034
717-731-0101
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25 FOREST DR
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717-766-3004
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711 INDIANA AVE
LEMOYNE PA 17043-1566
717-763-1877
FARRELL, MD, TIMOTHY P DR
25 WESTWIND DR
LEMOYNE PA 17043-1234
717-761-1422
FEDOK, MD, FREDERICK G FPS
6258 STIRRUP CT
HARRISBURG PA 17111-6895
717-657-3840
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425 N 21ST ST
PLAZA 21
CAMP HILL PA 17011-2223
717-652-5063
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2601 N 3RD ST
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HARRISBURG PA 17110-2004
717-238-7621
FIDELER, MD, RICHARD NS
56 ERFORD RD
CAMP HILL PA 17011-2304
717-763-7705
FIERER, MD, ROBERT R IM
1199 COLONIAL RD
HARRISBURG PA 17112-1900
717-652-8436
FISHER, MD, TODD R FP
FAM MED CTR OF MIDDLETOWN
1022 N UNION ST
MIDDLETOWN PA 17057-2158
717-944-0491
FLORENCE, MD, DAVID W ORS
POLYCLINIC MED CTR
2601 N 3RD ST
HARRISBURG PA 17110-2004
717-782-4187
FLURKEY, MD, EMERSON C OBG
859 HILLTOP RD
LEMOYNE PA 17043-1203
FOLGUERAS, MD, ANNETTE G AN
3118 EDGEWOOD RD
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3705 VARTAN WAY
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41 KENSINGTON SO
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707-697-2044
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HARRISBURG PA 17110-3343
717-234-5050
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787 PINE TREE RD
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717-566-4582
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MED ARTS BLDG
CAMP HILL PA 17011-2250
717-761-3875
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HARRISBURG PA 17110-2001
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FRIEDLANDER, MD, MILTON A R
4518 UNION DEPOSIT RD
HARRISBURG PA 17111-2910
717-652-5840
FRIEDMAN, MD, MARK C GE
4732 ROCK LEDGE DR
HARRISBURG PA 17110-3253
717-761-7405
FRIEDMAN, MD, SUMNER H DR
350 N 27TH ST
CAMP HILL PA 17011-3628
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7031 BLUE RIDGE AVE
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717-545-6093
FROEHLICH, MD, A DAVID GS
532 N FRONT ST
WORMLEYSBURG PA 17043-1016
717-761-4141

FRY, MD, CHLOE O GYN
442 BETHANY DR
MECHANICSBURG PA 17055-4359
FUGATE, DO, JEFFREY S CD
856 CENTURY DR
MECHANICSBURG PA 17055-4375
717-697-3304
FULTZ, MD, CRAIG W ORS
99 NOVEMBER DR
CAMP HILL PA 17011-5064
717-761-8644
GAITHER, MD, HERBERT IM
CEDAR CLIFF MALL
1104 CARLISLE RD
CAMP HILL PA 17011-7705
717-737-0453
GALBREATH, MD, JOHN W IM
616 CAMBRIDGE CT
PALMYRA PA 17078-9357
717-531-8649
GALLAGHER, MD, JUDITH E OTO
174 CRESCENT DR
HERSHEY PA 17033-2334
717-533-1086
GALLAGHER-SHRIFT, MD,
KATHERINE A FP
1011 S WATERFORD WAY
MECHANICSBURG PA 17055-7654
717-732-2810
GALLEGO-AMAYAS, MD,
MANUEL F P
99 BROWNSTONE DR
HERSHEY PA 17033-2523
GALLIA, MD, FRANCIS J DR
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-238-6751
GARCIA, MD, GUILLERMO PD
4700 UNION DEP RD STE 220
HARRISBURG PA 17111
717-761-7901
GARCIA, MD, JOSE A GP
502 S BALTIMORE ST
DILLSBURG PA 17019-9601
717-432-5909
GARDYASZ, MD, MIROSLAW D PD
475 W GOVERNOR RD
HERSHEY PA 17033-2217
717-534-2793
GAWLAS, DO, MICHAEL R FP
GOOD HOPE FAM PHYS
1830 GOOD HOPE RD
ENOLA PA 17025-1285
717-732-8877
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PO BOX 235
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717-432-0352
GERLACH IV, MD, CHARLES D IM
856 ACRI RD
MECHANICSBURG PA 17055-2279
717-728-9369
GETTE, MD, MICHAEL T *D
100 COLONIAL RD
HARRISBURG PA 17109
717-652-5063
GILBERT-HILLS, MD,
REBECCA D *US
323 PHEASANT RD
GRANTVILLE PA 17028-9508
717-469-7708
GILROY, MD, ROBERT C PUD
1631 N FRONT ST
HARRISBURG PA 17102-2414
717-234-2561
GIULIAN, MD, BERTRAND B DR
1501 N FRONT ST
HARRISBURG PA 17102-2523
717-238-6751
GIVENS, MD, FREDERICK T U
4041 VALLEY RD
HARRISBURG PA 17112-2844
GLICK, MD, MARK R *CD
1050 STONEGATE RD
HUMMELSTOWN PA 17036-9756
717-566-0534
GOELTSCH, MD, ROBERT E OBG
502 BURNT HOUSE RD
CARLISLE PA 17013-9350
717-249-6923
GOLDMAN, MD, STANLEY R IM
4700 UNION DEP RD STE 120
HARRISBURG PA 17111-3774
717-545-9666
GOODMAN, MD, BRUCE ORS
1515 N FRONT ST
HARRISBURG PA 17102-2523
717-234-3203
GORDON, MD, WILLIAM S FP
1256 PIKETOWN RD
HARRISBURG PA 17112-9054
717-659-3274
GORMAN, MD, PAUL J GS
8020 CHAMBERS HILL RD
HARRISBURG PA 17111
717-531-8912
GOTKIEWICZ, MD, EDWARD M PD
17 CAMBRIDGE DR
HERSHEY PA 17033-2100
717-533-1777
GRANDON, MD, RAYMOND C IM
131 STATE ST
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717-234-4187

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1012 W FOXCROFT DR
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717-737-2269
GREEN, MD, M EDWIN IM
500 FISHING CREEK VALLEY RD
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717-599-5576
GREEN, DO, ROBERT L ORS
805 SIR THOMAS CT
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717-652-9555
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4918 LOCUST LN
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717-545-4201
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100 CLIPPER CREEK CT
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MECHANICSBURG PA 17055-7679
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15 CREEK SIDE CT
BALTIMORE MD 21220-5605
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208 LAMP POST LN
CAMP HILL PA 17011-1463
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715 ARLINGTON RD
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317 SNYDER AVE
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244 UNIVERSITY MNR E
HERSHEY PA 17033-2831
717-531-8612
GRZESZCZAK, MD, MAREK J PD
244 UNIVERSITY MNR E
HERSHEY PA 17033-2831
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GUARINO, MD, JAMES C IM
954 INNSBRUCK DR
HUMMELSTOWN PA 17036-9749
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2626 N 3RD ST STE 3A
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840 ANTHONY DR
MECHANICSBURG PA 17055-2203
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HAIDET, MD, KEITH R R
1007 KENT DR
MECHANICSBURG PA 17055-7608
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7675 DEVONSHIRE HTS RD
HUMMELSTOWN PA 17036-9410
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875 POPLAR CHURCH RD
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1232 WOOD RD
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717-566-0773
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MECHANICSBURG PA 17055-2322
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1830 GOOD HOPE RD
ENOLA PA 17025-1285
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HARR, MD, DENISE F FP
1224 PEGGY DR
HUMMELSTOWN PA 17036-9014
717-566-1626
HARRIS, MD, BRIAN W DR
2 WINCHESTER LN
HUMMELSTOWN PA 17036-8310
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423 N 21ST ST
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531 ALISON DR APT 10
HUMMELSTOWN PA 17036-1802
717-566-7414
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2405 N 2ND ST APT 3
HARRISBURG PA 17110-1103
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181 UNIVERSITY MANOR EAST
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3813 COPPER KETTLE RD
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681 MARIA DR
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13 GARDEN CT
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3 CONEWAGO HILL RD
LEBANON PA 17042-9509
717-964-3423
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2151 LINGLESTOWN RD
HARRISBURG PA 17110
717-652-5380
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2280 MOCKINGBIRD RD
HARRISBURG PA 17112-9615
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5 FOX RUN RD
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190 TOWNHOUSE
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2140 FISHER RD
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HARRISBURG PA 17109-4535
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907 BRIARCREST DR
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CAMP HILL PA 17011
717-763-0510
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2301 PAXTON CHURCH RD
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2601 MARKET PLACE ST
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906 HAMILTON CIR
HARRISBURG PA 17111-3529
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04114820887AN LN
HARRISBURG PA 17110-3314
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HERSHEY PA 17033-1309
717-534-9012
RICCI, MD, JOSEPH A IM
443 WOODCREST DR
MECHANICSBURG PA 17055-6809
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RICH, MD, JAMES F *IM
4 CONESTOGA LN
MECHANICSBURG PA 17055-8214
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1511 N FRONT ST
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4528 COVENTRY RD
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13355 NW 9TH LN
MIAMI FL 33182-2225
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432 PARMER DR
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SPRINGFIELD PA 19064-3335
610-543-7295
ARMITAGE, MD, HARRY V GS
1032 GEN LAFAYETE BLVD
W CHESTER PA 19382-8062
610-793-1096
ARORA, MD, MANJU DR
667 S HEILBRON DR
MEDIA PA 19063-4624
610-565-5296
ARORA, MD, SAT P NEP
1 MED CTR BLVD STE 303
UPLAND PA 19013-3988
610-872-8501
ARSHT, MD, EDWIN D FP
611 W WOODLAND AVE
SPRINGFIELD PA 19064-1633
610-544-7376
ASHBY, MD, BONNIE L *IM
3501 W CHESTER PIKE NO 201
NEWTOWN SO PA 19073-3704
610-353-6033
AVART, DO, HERBERT PM
DELAWARE CO MED CTR
SUITE 10
BROOMALL PA 19008
610-359-1134
AVETIAN, DO, CHARLES G IM
2500 FRANKLIN AVE
BROOMALL PA 19008-2416
610-356-0334
AYERS JR, MD, WILLIAM H GS
3001 GARRETT ROAD
DREXEL HILL PA 19026
610-626-4665
BABIAK, MD, OLESH AN
8 MINSHALL CIR
GLEN MILLS PA 19342-1235
610-558-3401
BAIO, MD, MICHAEL V *IM
5 BARLEYCORN DR
BROOMALL PA 19008-4428
215-673-4851
BALIN, MD, ARTHUR K D
2129 PROVIDENCE AVE
CHESTER PA 19013-5506
610-876-0200
BALIN, MD, BENJAMIN R GP
829 JEFFERSON WAY
W CHESTER PA 19380-6905
610-344-7622
BARD, MD, PENNY A *AN
739 MUSTIN LN
VILLANOVA PA 19085-2013
610-642-5041
BARR, MD, RICHARD G PD
15TH STREET AND UPLAND
AVENUE
SUITE 500
UPLAND PA 19015
610-874-7111
BARTKOWSKI, MD, RICHARD R AN
T JEFFERSON UNIV HOSP
10 & WALNUT STS
PHILADELPHIA PA 19107
215-955-6161
BASH, MD, EVAN K ORS
ONE MED CTR BLVD
PROF OFFICE BLDG II SUITE 324
UPLAND PA 19013
610-876-0347
BATCHELET, DO, RICHARD B *AN
275 FIRETHORN DR
W CHESTER PA 19382-8149
610-793-1441
BATIPPS JR, MD, PERCY O GP
608 SUMMER ST
MEDIA PA 19063-1507
610-566-1854
BAUM, MD, SHELDON F NM
LANKENAU HOSP
100 E LANCASTER PIKE
WYNNEWOOD PA 19096-3498
610-645-2428

BECK, MD, JEFFREY A IM
2886 EASTBURN AVE
BROOMALL PA 19008-1006
610-325-0995
BECKWITH, MD, WILLIAM R *CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
610-259-0240
BEDROSSIAN, MD, E HOWARD *OPH
4501 STATE RD
DREXEL HILL PA 19026-4019
610-789-6565
BEDROSSIAN JR, MD,
EDWARD H *OPH
4501 STATE RD
DREXEL HILL PA 19026-4019
610-789-6565
BEHBEHANIAN, MD, MAHIN D GS
216 FRENCH RD
NEWTOWN SQUARE PA 19073-2504
610-356-3212
BELL, MD, JAMES B IM
1275 SOUTHGATE RD
W CHESTER PA 19382
610-565-6805
BENDER JR, MD, FRANK C PD
1025 BLYTHE AVE
DREXEL HILL PA 19026-4212
610-789-4655
BENESKI, MD, DANIEL A *AN
210 SCHOOL HOUSE LN
GLEN MILLS PA 19342-1103
610-558-0176
BEPLER, MD, CHARLES R *RHU
312 E SECOND ST
MEDIA PA 19063-3033
610-565-4201
BERGMAN, MD, MARTIN J RHU
8 MORTON AVE STE 304
RIDLEY PARK PA 19078-2210
610-521-1701
BERNETT, MD, GARY B IM
2245 GARRETT RD
DREXEL HILL PA 19026-1101
610-626-0940
BIALAS, MD, ROBERT F PS
609 LAKEVIEW RD
CLEARWATER FL 34616-3335
813-447-4536
BLAKE, MD, PAUL O *GP
273 N LANSDOWNE AVE
LANSDOWNE PA 19050-1245
610-259-1783
BLOCK, MD, RONALD M IM
23 STURBRIDGE LN
WAYNE PA 19087-5800
BOBMAN, MD, DAVID E IM
8 MORTON AVE STE 301
RIDLEY PARK PA 19078-2210
610-521-2008
BOGDANOFF, MD, BRUCE M N
CROZER-CHESTER MED CTR
CHESTER PA 19013
610-874-1184
BOGUCKI, MD, EDWIN I PD
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1629
610-521-1297
BONGIOVANNI, DO, ANDREW G IM
1272 PROVIDENCE RD
SECANE PA 19018-2802
610-543-5700
BOOR, MD, JOHN W N
1128 DORSET DR
W CHESTER PA 19382-8008
610-793-2410
BOOTH, MD, KEVIN R *N
1245 HIGHLAND AVE STE 401
ABINGTON PA 19001
610-874-1184
BOOVA, MD, ROBERT S CDS
101 S BRYN MAWR AVE STE 130
BRYN MAWR PA 19010-3120
610-527-1600
BOTTGER, MD, DAVID A *PS
2100 KEYSTONE AVE STE 305
DREXEL HILL PA 19026-1129
610-259-0444
BOUCHER, MD, ROBERT M OTO
68 BRYN MAWR AVE
LANSDOWNE PA 19050-1912
610-623-6471
BOYD, MD, KENNETH J *CRS
1088 W BALTIMORE PK STE 2101
MEDIA PA 19063
610-565-3435
BOYD, MD, ROBERT L ON
2100 KEYSTONE AVE
DEL CO MED CONF CTR 205
DREXEL HILL PA 19026-1129
610-626-6318
BOYLE JR, MD, DENIS A PM
111 LONG LN
UPPER DARBY PA 19082-3112
610-352-7816
BOYLE, MD, DENIS A PM
111 LONG LN
UPPER DARBY PA 19082-3112
610-352-7816
BRADBURD, DO, TRINA L FP
18 CEDAR HOLLOW DR
WALLINGFORD PA 19086-6719
610-566-3670

BRANCAZIO, DO, PASOUALE N
1088 W BALTIMORE PK STE 2205
MEDIA PA 19063
610-565-7010
BRANDFASS, MD, W TAYLOR ORS
ORTHO ASSOC LTD
ONE MED CTR BLVD
STE 324
UPLAND PA 19013
610-876-0347
BRASLOW, MD, NORMAN H PUD
1098 BALTIMORE PK STE 3402
MEDIA PA 19063
610-565-3250
BRAUNFELD, DO, ROBERT FP
800 DERWYN RD
DREXEL HILL PA 19026-1523
610-789-7140
BRENNER, MD, ANGUS L OBG
40 ASHTON WAY
W CHESTER PA 19380-6900
610-429-9369
BRILL, MD, JOSEPH M US
RIDDLE VILLAGE
405 WILLIAMSBURG
MEDIA PA 19063-6035
BRISKIN, MD, JONATHAN A PTH
733 OLD LANCASTER RD
PO BOX 400
BRYN MAWR PA 19010-3337
610-527-0401
BROD, MD, ROBERT C CD
RIDDLE HEALTH CARE CTR
1078 W BALTIMORE PIKE
MEDIA PA 19063-5105
610-565-7810
BROOKS JR, MD, CLINT E GS
2100 KEYSTONE AVE
SUITE 700
DREXEL HILL PA 19026-1129
610-626-8112
BROWN, MD, STEVEN J US
916 WINDING LANE
MEDIA PA 19063
BRUNNER, MD, DOUGLAS J *PM
175 E CHESTER PIKE
RIDLEY PARK PA 19078-2212
610-595-6542
BUCCO, DO, MARIA C IM
RIDDLE HLTH CTR STE 2208
MEDIA PA 19063
610-891-3900
BULLOCK, MD, BRIAN W *FP
HAVERFORD FAM MED
600 HAVERFORD RD STE 205
HAVERFORD PA 19041-1139
610-649-6400
BUSILLO, MD, NICHOLAS A IM
6245 ELMWOOD AVE
PHILADELPHIA PA 19142-2907
215-729-0199
CALEB, MD, MAE H IG
501 ELM AVE
SWARTHMORE PA 19081-1116
610-328-2655
CAMP, MD, MARK O *IM
642 E CHESTER PIKE
RIDLEY PARK PA 19078-1701
610-532-3622
CAMPBELL, MD, KEVIN M AN
1720 DORHAM CT
BLUE BELL PA 19422-2909
215-540-0717
CARBO, DO, ANTHONY P *EM
105 KELLY LN
MEDIA PA 19063-2018
610-566-5230
CARRATO, MD, ANTHONY M GS
508 FAIRMONT RD
HAVERTOWN PA 19083-1816
610-446-2238
CARROLL, MD, WILLIAM L FP
5848 W CHESTER PIKE
EDGEMONT PA 19028
610-353-9340
CARSON, MD, CHARLES P PTH
TAYLOR HOSP
RIDLEY PARK PA 19078
610-595-6455
CARUSO, DO, JUNE M PD
100 ELENA ST
CRANSTON RI 02920
401-944-1954
CASS, MD, PAUL T IM
148 W STATE ST
KENNETT SQUARE PA 19348
610-444-6350
CELLINI, MD, L LUKE FP
4225 EDGMONT AVE
BROOKHAVEN PA 19015-2315
610-876-7111
CHADAGA, MD, P C S R
110 INVERNESS DR
BLUE BELL PA 19422
610-292-9785
CHANG, MD, WON S RO
305 S PKWY BLVD APT 310B
BROOMALL PA 19008
610-353-3566
CHATTERJEE, MD, MINAKSHI P
6100 CITY AVE APT 1506
PHILADELPHIA PA 19131-1246
215-473-4121

CHAUDHRI, MD, MUNAWAR S PTH
167 SPROUL RD
VILLANOVA PA 19085-1326
610-525-7063
CHAWLA, MD, MANORANJANA DR
HOUSE STAFF OFFICE
LANSDOWNE AVE & BAILY RD
DARBY PA 19023
CHEN, MD, CHIJEN *GS
LANKENAU MED SCI BLDG
100 E LANCASTER AVE STE 2210
WYNNEWOOD PA 19096-3427
610-642-1908
CHERNOFF, MD, ROBERT W *IM
PROF ARTS BLDG
100 E CHESTER PIKE
RIDLEY PARK PA 19078-1713
610-521-3333
CHITALE, MD, VIDYADHAR S *NS
CROZER-CHESTER MED CTR
15TH & UPLAND AVENUE
CHESTER PA 19013
610-874-4044
CHOGICH, MD, JOHN C R
419 WAYNESBROOKE RD
BERWYN PA 19312-2061
CHUIPEK, MD, STEPHANIE A NPM
515 WESTMINSTER AVE
SWARTHMORE PA 19081-2428
610-543-3634
CIANCIULLI, MD, FRANCIS D PUD
1098 W BALTIMORE PK
MEDIA PA 19063-5136
610-565-3250
CIKOWSKI, DO, EDWARD C *IM
3001 GARRETT RD
DREXEL HILL PA 19026
610-626-0111
CLARE, MD, HENRY E *P
1127 YELLOW SPRINGS RD
MALVERN PA 19355-9750
610-647-3779
CLARK, MD, JAMES E NEP
5 WELLESLEY RD
SWARTHMORE PA 19081-1232
610-543-6197
CLAY, MD, STEPHEN N *IM
249 N ALDEN ST
PHILADELPHIA PA 19139-1222
215-474-7406
COHEN, DO, WILLIAM L GP
234-A PENNELL RD
ASTON PA 19014-1853
610-497-4040
COLEMAN, MD, MARTIN R ORS
LLANERCH MED CTR
510 DARBY RD
HAVERTOWN PA 19083-4630
610-446-0560
COLEMAN-BRACKEN, DO,
BARBARA A *IM
MERCY FITZGERALD MED
OFF BLDG
1501 LANSDOWNE AVE STE 201
DARBY PA 19023
610-534-6230
COLOMBO, MD, JAMES L PS
601 E BALTIMORE PIKE
MEDIA PA 19063-1734
610-565-2690
CONDON, MD, ROBERT H *PM
ONE MED CTR BLVD
UPLAND PA 19013
610-447-2426
CONROY, DO, ELLEN D FP
12 ORCHARD LN
WALLINGFORD PA 19086-6707
610-566-6119
CONSTANTINE, MD, GINGER D RHU
29 LONG LN
MALVERN PA 19355-2947
CONSTANTINE, MD, JAY J END
PROVIDENCE MED CTR
PROVIDENCE & BEATTY RDS
MEDIA PA 19063
610-566-8342
COOK, MD, WILLIAM L GP
144 PENHURST DR UNIT 3
WILMINGTON DE 19809
COOPER JR, MD, E NEWBOLD AN
15 ORCHARD LN
WALLINGFORD PA 19086-6707
COOPER, MD, JOSEPH H CLP
265 E GOLF VIEW ROAD
ARDMORE PA 19003-1717
610-642-6699
CORNACCHIA, DO, DAMIAN J *IM
7 CHRISTINA LANE
GLENMILLS PA 19342-1724
610-399-0603
COYLE, MD, WILLIAM A US
BOX 668
MEDIA PA 19063-0668
CRAM, MD, ROBERT H ORS
510 DARBY RD
HAVERTOWN PA 19083-4630
610-449-8230
CRAPARO, MD, JOCELYN L OBG
234 BRYN MAWR AVE STE 100
BRYN MAWR PA 19010
610-525-6400

D'ANGELO, DO, DAVID W GS
2608 RADCLIFFE RD
BROOMALL PA 19008-2115
610-356-6164
DAVIS, MD, PAUL K CDS
101 BRYN MAWR AVE STE 130
BRYN MAWR PA 19010
610-527-1600
DE SANTIS, MD, DONALD *GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
610-521-4833
DEBAKKER, MD, CAROL J PM
LANKENAU HOSP
100 LANCASTER AVE
DEPT PM&R
WYNNEWOOD PA 19096
610-645-3185
DECARO, MD, MARY M FP
62 GRADYVILLE RD
GLEN MILLS PA 19342-1701
610-358-0806
DEES-PORCH, MD, FRANCES OBG
MEADOWWOOD AT WORCESTER
110 LAUREL HOUSE
LANSDALE PA 19446
DEFALCIS, DO, DELPHY F US
21 TENBY RD APT 2
HAVERTOWN PA 19083-5312
610-789-6099
DEGUZMAN-CAM, MD,
BRIGIDA *OBG
2100 KEYSTONE AVE STE 302
DREXEL HILL PA 19026-1129
610-626-7534
DELGUERCIO, MD, EDMUND T *IM
1501 LANSDOWNE AVE STE 201
MERCY FITZGERALD MED
OFF BLDG
DARBY PA 19023-1333
610-534-6230
DELONE JR, MD, FRANCIS X *PS
PAVILION BLDG
ONE MED CTR BLVD STE 531
UPLAND PA 19013-3995
610-876-6269
DEMEDIO, MD, WILLIAM J FP
`6 GREENHILL RD
SPRINGFIELD PA 19064-2510
610-328-3345
DENNIS, MD, DEAN R US
200 EMERALD LN
MEDIA PA 19063
610-566-2708
DENNISON, MD, MARIA M OS
1952 WINDMOOR PL
ST LOUIS MO 63131
610-543-5347
DERIVAN, MD, ALBERT T *P
226 HARDWICKE LN
VILLANOVA PA 19085-1405
610-525-7551
DERKRIKORIAN, MD, HAGOP L *NS
1088 W BALTIMORE PIKE
STE 2205 HCCII
MEDIA PA 19063-5136
610-566-7787
DIEPHAUS, MD, MARY E OBG
452 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-896-8840
DILIBERTO, DO, THOMAS A R
RD 2
242A CHOWNING DRIVE
MALVERN PA 19355-9802
DIMAGGIO, MD, OLIVIA T PD
2500 N PROVIDENCE RD
MEDIA PA 19063-1905
610-565-1945
DIMARCO, DO, ANTHONY E *FP
127 SOLTNER DR
KENNETT SQUARE PA 19348-1444
610-347-0749
DIWAN, MD, KANTA GP
34 SPRINGTON POINTE RD
NEWTOWN SQUARE PA 19073-3930
610-356-1850
DIWAN, MD, SATYENDRA K P
34 SPRINGTON POINTE DR
NEWTOWN SQUARE PA 19073-3930
610-356-1858
DOBKIN, MD, STEPHEN F U
2100 KEYSTONE AVE STE 307
DREXEL HILL PA 19026-1129
610-259-3000
DODDS, MD, H THOMAS OPH
62 LANKENAU MED
BLDG EAST
WYNNEWOOD PA 19096
610-642-2099
DOHERTY, DO, JOHN M *GP
5000 CHICHESTER AVE
ASTON PA 19014-2324
610-485-0990
DOLBERG, MD, BEVERLY K IM
POB 1
1 MED CTR BLVD STE 306
UPLAND PA 19013
610-876-7292
DOMBKOSKI, MD, RUTH A AN
130 N VILLAGE LANE
CHADDS FORD PA 19317-9328
610-891-1940

DOMINGO, MD, ORVILLE H GS
772 E PROVIDENCE RD BLDG B
LANSDOWNE TOWER APTS
ALDAN PA 19018-4321
610-284-3444
DORFMAN, MD, MURRAY L GP
1001 CITY LINE AVENUE
SUITE W-105
WYNNEWOOD PA 19096
610-649-5667
DUCKETT, MD, JAMES E AN
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8244
EBBA, MD, CELSUS I IM
DARBY MED ASSOC
869 MAIN ST
DARBY PA 19023-2193
610-461-2440
EBERLY, MD, DAVID E IM
CHESLEY OFFICE CAMPUS
NO 8 CLUSTERS CHESLEY DR
MEDIA PA 19063
610-565-8600
EICHNER, MD, LAMBERT G IM
7 DAVIS AVE
BROOMALL PA 19008-2103
610-356-3327
EISEN, MD, CAROLE L IM
16 ORCHARD LN
ROSE VALLEY PA 19086-6707
610-565-8592
EISENHOWER-TURNER, MD,
EDITH S P
HEALTH CARE CTR STE 206
1078 W BALTIMORE PIKE
MEDIA PA 19063
610-566-6664
ELIA, MD, EUGENE A ORS
510 DARBY RD
HAVERTOWN PA 19083-4630
610-449-6499
ELLIS, MD, DAVID J U
602 PORTLEDGE DR
BRYN MAWR PA 19010-1154
ESPOSITO, MD, JOHN C A
226 E SPRINGFIELD RD
SPRINGFIELD PA 19064-3221
610-544-0404
FEDDER, MD, STEPHEN L NS
LANKENAU MED BLDG E
100 E LANCASTER PIKE BLDG
WYNNEWOOD PA 19096-3427
610-649-4416
FEDERMAN, MD, JAY L OPH
160 LANKENAU MOB E
100 E LANCASTER AVE
WYNNEWOOD PA 19096-3425
610-896-0768
FELSHER, MD, JONATHAN C *CD
CCMC PROF OFF BLDG I
STE 203
MED CTR BLVD
UPLAND PA 19015
610-874-6262
FINK JR, MD, ALBERT H IM
#5 CLUSTERS CHESLEY OFF
CAMPUS BALTIMORE PIKE
MEDIA PA 19063
610-565-8600
FIRME, MD, STEVE RANDAL E PD
1000 WALNUT ST APT 1901
ORLOWITZ BLDG
PHILADELPHIA PA 19107-5521
215-592-7804
FIRPO JR, MD, JOHN J NEP
2100 KEYSTONE AVE STE 703
DREXEL HILL PA 19026-1129
610-284-0550
FISCHER, MD, STEVEN W OTO
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
810-874-5366
FISHER, DO, JON S *FP
1277 DOGWOOD DR
JAMISON PA 18929-1189
215-491-9077
FITZMAURICE, MD, JOHN W GP
BOX 19 PENN LN
WHITE HAVEN PA 18661
FITZPATRICK, MD, LUCRETIA A PM
125 CLAMAR AVE
HAVERTOWN PA 19083-4907
610-789-8048
FITZPATRICK, MD, MARCIA A *PS
3 WESTBRAE LN
GREENVILLE DE 19807-2026
302-658-7688
FITZPATRICK, MD, RUTHANN P END
ENDOCRIMOLOGY ASSOC
CCMC-POB
1 MED CTR BLVD STE 424
UPLAND PA 19013
610-872-8200
FITZSIMMONS, MD, AMY S PM
11 DARTMOUTH LN
RICHBORO PA 18954-1262
215-396-1809
FLANAGAN, MD, JOSEPH C PS
256 LANKENAU MED BLDG E
100 LANCASTER AVE
WYNNEWOOD PA 19096-3427
610-649-1970

FLEISCHER, MD, LEROY B IM
19 N WYOMING AVE
ARDMORE PA 19003-1406
610-642-1104
FLORES, MD, MARIA L AN
252 PHILIP PL
PHILADELPHIA PA 19106-3902
610-237-4722
FORNWALT, MD, GEORGE R OBG
1035 KENNETT WAY
W CHESTER PA 19380-5730
610-696-2917
FOX, MD, ROGER E IM
38 TOFT WOODS WAY
MEDIA PA 19063-4336
610-566-2923
FREELAND, MD, GEORGE R GP
54 NEWPORT DR
WAYNE PA 19087
610-341-5779
FREESE, MD, ANDREW NS
18 FAWN LANE
HAVERFORD PA 19041-1116
FRIEDLANDER, MD, MARK S *CHP
630 LORAINE ST
ARDMORE PA 19003
610-896-5714
FRIEDMAN, MD, DONALD *RHU
CROZER-CHESTER MED CTR
1 MED CTR BLVD
CHESTER PA 19013
610-876-8882
FRIEDMAN, MD, JEFFREY M PM
847 GARRETT LN
SPRINGFIELD PA 19064-3713
215-544-1918
FURIA, MD, FREDERICK A *CD
21 MARPLE RD
HAVERFORD PA 19041-1025
GAARY, MD, ALVIN E *AN
320 CHERRY LN
WYNNEWOOD PA 19096-1719
610-284-8430
GABROY, MD, ALLEN S *GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
610-521-4833
GALATI, MD, VICTOR G PUD
2100 KEYSTONE AVE STE 407
DREXEL HILL PA 19026-1129
610-394-9860
GARTLAND, DO, CHARLES J A IM
1503 LANSDOWNE AVE #3003
DARBY PA 19023
610-626-3458
GARTNER, MD, WILLIAM S GP
627 BRIGHTON TER
HOLMES PA 19043-1009
610-583-3619
GARTNER JR, MD, WILLIAM S OTO
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
610-874-5366
GERHARD, MD, WILHELM *GS
CROZER-CHESTER MED CTR
STE 426
CHESTER PA 19013
610-872-2000
GEVJAN, MD, ARMEN H FP
536 DOGWOOD PL
NEWTOWN SQUARE PA 19073-4403
610-356-0670
GIAMMATTEI, MD, FRANK P ORS
CROZER-CHESTER MED CTR
PROF OFFICE BLDG II STE 324
CHESTER PA 19013
610-872-3364
GIBBONS, MD, JACQUELYN H PD
2500 N PROVIDENCE RD
MEDIA PA 19063-1905
610-565-1945
GIBSON, MD, WILLIAM B D
907 HEATHDALE LANE
WALLINGFORD PA 19086-1647
610-566-5425
GILLIGAN, MD, FRANK P US
SALEM PARKE 106 OAK
6164 SALEM ROAD
CINCINNATI OH 45230-2743
513-231-0225
GINSBURG, MD, DAVID S OBG
PROF ARTS BLDG
100 E CHESTER PIKE
RIDLEY PARK PA 19078-1703
610-521-4311
GINSBURG, MD, LEONARD H OPH
RETINA & DIABETIC EYE INST
2000 OLD W CHESTER PIKE
HAVERTOWN PA 19083
610-449-0400
GIORGIO, MD, QUENTIN M *IM
3001 GARRETT RD
DREXEL HILL PA 19026-2216
610-626-0111
GLADSTONE, MD, JULIAN L *CD
1999 SPROUL ROAD
BROOMALL PA 19008-3508
610-353-5840
GO, MD, JOSEPHINE L AN
204 N LEXINGTON AVE
HAVERTOWN PA 19083-5006

GOESER, MD, EUGENE IM
40 DUTTON MILL RD
MALVERN PA 19355-3324
215-647-0637
GOLD, MD, HERMAN CD
510 N LEMON ST APT D9
MEDIA PA 19063-2325
GOLDBERG, MD, RONALD J PD
CROZER-CHESTER MED
CTR # 103
PO BOX I
UPLAND PA 19013
610-874-8122
GOLDMAN, MD, ARTHUR IM
135 HARNED DR
SPRINGFIELD PA 19064-1712
610-543-5083
GOLDMAN, MD, RICHARD J IM
POB 1
1 MED CTR BLVD STE 306
UPLAND PA 19013
610-876-7292
GOLDSCHMIDT JR, MD,
JOSEPH C IM
2245 GARRETT RD
DREXEL HILL PA 19026-1101
610-626-0940
GOLDSTEIN, MD, JEROME B *OBG
124 MANSION DR
MEDIA PA 19063-1043
610-565-0233
GOLDSTEIN, MD, MARK R IM
CCMC AMBULATORY CARE
STE 532
UPLAND PA 19013
610-876-1800
GOODKIN, MD, MICHAEL B CD
1 MED CTR BLVD
BLDG 1 STE 203
CHESTER PA 19013-3988
610-874-6262
GOODMAN, MD, LOWELL I P
151 UPPER GULPH RD
RADNOR PA 19087-4661
GORDON, MD, HAROLD M PD
418 E LANCASTER AVE
WAYNE PA 19087-4310
610-687-3600
GORDON, MD, JOSEPH S IM
4017 GARRETT RD
DREXEL HILL PA 19026-3611
610-623-0186
GOYNE, MD, RUTH G FP
110 BRANDY MILL LOOP
ETOWAH NC 28729-9786
GRAHAM, MD, PATRICIA A PM
70 BONSALL AVE
BROOMALL PA 19008-1906
610-353-8763
GRANETT, MD, JEFFREY R CD
411 BOXWOOD RD
ROSEMONT PA 19010-1221
610-525-4977
GRANT, MD, B DAVID ORS
DELAWARE COUNTY
MED CTR
1999 SPROUL RD
BROOMALL PA 19008
610-353-5565
GRAYUM, MD, BRADLEY P *N
2202 ST JAMES PLACE
PHILADELPHIA PA 19103-5502
215-972-1604
GRECO, MD, JOSEPH A FP
613 JAMIE CIR
KING OF PRUSSIA PA 19406
GREEN, MD, LAWRENCE N
315 MAPLE AVE
SWARTHMORE PA 19081-1412
610-544-5799
GREEN, MD, WILLIAM H DR
103 W COUNTRY CLUB LN
WALLINGFORD PA 19086-6508
610-565-5846
GREENBLATT, MD, JEFF M CD
2 CONCORD ROAD
DARBY PA 19023
610-583-2255
GROSSINGER, DO, BRUCE H N
CROZER-CHESTER MED CTR
POB II STE 420
UPLAND PA 19013
610-876-1448
GUARINI, MD, PASQUALE B GP
103 E STANTON RD
WILDWOOD CREST NJ 08260-3759
609-522-5186
GUARINO, MD, JULIUS M GE
228 HEMLOCK LN
SPRINGFIELD PA 19064-1113
610-789-3510
GUIRGUIS, MD, MORRIS F IM
498 RAMBLEWOOD DR
BRYN MAWR PA 19010-2064
610-527-6060
GUMINA, MD, THOMAS F IM
DELAWARE CO MED CTR
STE 15
BROOMALL PA 19008
610-353-8506
HADFIELD JR, MD, WILLIAM A IM
5244 OLEANDER RD
DREXEL HILL PA 19026-4806

HAGGERTY, MD, ROBERT W *OBG
CROZER-CHESTER MED CTR
AMBULTRY CARE PAV STE 334
UPLAND PA 19013
610-876-7756
HAITH JR, MD, LINWOOD R *GS
POB I STE 206
1 MED CTR BLVD
UPLAND PA 19013-3995
610-872-8192
HALLERMEIER JR, MD, ROBERT G IM
33 WINDING WAY
BOOTHWYN PA 19061-2939
HANCHAK, MD, NICHOLAS A IM
425 ACHILLE RD
HAVERTOWN PA 19083-2101
610-446-7910
HANES, MD, ROBERT B GER
2121 N RIDLEY CREEK RD
MEDIA PA 19063-1925
610-656-4694
HANNUM, MD, CHRISTOPHER F IM
920 YARNALL ST
CHESTER PA 19013-2652
610-485-2200
HARKAVY, MD, SANDRA E PTH
1529 BRINTON PARK DR
WYNNEWOOD PA 19096-2626
610-642-0670
HART, DO, WILLIAM J FP
3407 GARRETT RD
DREXEL HILL PA 19026-2320
610-284-6400
HATTI, MD, SHIVKUMAR S P
1025 PLUMLY RD
W CHESTER PA 19382-7544
610-399-9458
HAUPT, MD, RICHARD M PD
684 MILITIA HILL DR
W CHESTER PA 19382-8701
610-896-6395
HAUSER, MD, ADAM C *AN
14 HUNTSMAN DR
BOOTHWYN PA 19061
610-558-2419
HAYES, MD, MERRILL B OTO
5806 ROSS NECK RD
CAMBRIDGE MD 21613
410-228-4906
HERRERA, MD, ANIBAL F GE
8 MORTON AVE
SUITE 305
RIDLEY PARK PA 19078
610-521-4677
HESSEN, MD, MARGARET T ID
5101 TOWNSHIP LINE RD
DREXEL HILL PA 19026-4813
610-446-5550
HIBBERD, MD, ALAN E *ORS
123 S LANSDOWNE AVE
LANSDOWNE PA 19050-2855
610-259-7897
HILLS, MD, EVERETT C PM
5024 SMITHFILED RD
DREXEL HILL PA 19026-4521
610-789-6707
HIMELSTEIN, MD, RIMA H PD
409 BICKMORE DR
WALLINGFORD PA 19086-6806
610-874-4728
HIMMELSTEIN, MD, EUGENE R
23101 BOCA CLUB COLONY CIR
BOCA RATON FL 33433-3937
407-392-6085
HIRSH, MD, LEONARD F *NS
CROZER-CHESTER MED CTR
15TH ST AND UPLAND AVE
CHESTER PA 19013-5313
610-874-4044
HIRSH, MD, S JAY *U
CROZER-CHESTER MED
CTR
ONE MED CTR BLVD 102
UPLAND CHESTER PA 19013-5313
610-874-6580
HITCHNER, MD, LEWIS C AN
535 GRADYVILLE ROAD
V-215
NEWTOWN SQUARE PA 19073-2815
610-558-2514
HOLMS, DO, BARRY C IM
PROFESSIONAL ARTS BLDG
100 E CHESTER PIKE
RIDLEY PARK PA 19078
610-521-3333
HOLSTEIN, MD, JAMES J DR
664 W ROLLING RD
SPRINGFIELD PA 19064-1335
610-328-1050
HOSTETLER, MD, LISA W *D
643 E MANOA
HAVERTOWN PA 19083-5602
610-853-2807
HSU, MD, WEI T D
686 LAWSON AVE
HAVERTOWN PA 19083-4108
610-446-5886
HUBSHER, MD, JAY W *NEP
1501 LANSDOWNE AVE STE 201
DARBY PA 19023-1333
610-534-6230

HUFFNAGLE, DO, H JANE AN
18 N EDMONDS AVE
HAVERTOWN PA 19083
610-853-2417
HUFFNAGLE, DO, SUZANNE L AN
1141 CORNELL AVE
DREXEL HILL PA 19026
610-789-1207
HUMMER III, MD, CHARLES D ORS
CROZER-CHESTER MED CTR
STE 324
UPLAND PA 19013
610-826-0347
HUMMER JR, MD, CHARLES D *ORS
20 GUERNSEY RD
SWARTHMORE PA 19081-1207
610-543-6526
HURLEY, MD, HARRY J D
39 COPLEY RD
UPPER DARBY PA 19082-2511
610-352-2500
HURLEY, MD, JEFFREY P D
39 COPLEY RD
UPPER DARBY PA 19082-2511
610-352-2500
HUSHION, MD, WILLIAM F OM
120 E BISHOP HOLLOW RD
MEDIA PA 19063-1804
HUSTED, MD, JAMES W *DR
134 LAKEVIEW DR
MEDIA PA 19063-1016
610-876-0888
IVILL, MD, DENNIS W PM
CROZER-CHESTER MED CTR
1 MED CTR BLVD
UPLAND PA 19013
610-874-2501
IVINS, MD, JOSEPH L GS
3 ARTHUR CT
WALLINGFORD PA 19086-6609
IVINS, MD, SAMUEL P *P
19TH ST & PROVIDENCE AVE
CHESTER PA 19013
610-872-2135
JACKSON, MD, PAUL W PS
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
610-874-5366
JACOB JR, MD, THOMAS C PS
601 E BALTIMORE PK
MEDIA PA 19063
610-565-2690
JACOBS, MD, MARK GE
150 TIMBERLAKE DR
MEDIA PA 19063
JAEGER, MD, EDWARD A OPH
RIDDLE HEALTHCARE CTR # 3302
MEDIA PA 19063-1126
610-565-6780
JAHNLE, MD, RICHARD L OPH
752 CORNERSTONE LN
BRYN MAWR PA 19010-2074
610-525-1330
JAMALI, MD, ANMAR A IM
RIDDLE HEALTH CTR
1098 W BALTIMORE PK STE 3311
MEDIA PA 19063-5136
610-565-0825
JENKINS, MD, DOROTHY S IM
330 CORNELL AVE
SWARTHMORE PA 19081-1902
610-544-2625
JONES, MD, ANCIL A CD
CROZER-CHESTER MED CTR
PO BOX II STE 224
UPLAND PA 19013
610-876-2400
JURNOVOY, MD, JOEL B *D
DELAWARE CO MED CTR
LAWRENCE PARK SHP CTR
BROOMALL PA 19008
610-353-6966
KAIN III, MD, THOMAS M ORS
MERCY FITZGERALD MED
OFF BLDG
1501 LANSDOWNE AVE STE 102
DARBY PA 19023-1333
610-534-6130
KALODNER, DO, DAVID R GP
100 W CHESTER PK
RIDLEY PARK PA 19078-1615
610-521-3333
KANE, MD, WILLIAM M OBG
29 GLENDALE RD
UPPER DARBY PA 19082-2513
610-352-1235
KAPADIA, MD, DILIP L NM
11 RAVEN DRIVE
CHADDS FORD PA 19317
610-566-7114
KARPIN, MD, MAX *NS
1911 ARCH ST
PHILADELPHIA PA 19103
215-665-0009
KASARDA, MD, LYNNANNE FP
500 MACDADE BLVD
MILMONT PARK PA 19033
610-522-1717
KAVJIAN, MD, EDWARD M U
56 MARPLE RD
HAVERFORD PA 19041-1026
610-649-4439
KEAGLE, DO, DOUGLAS L IM
1501 LANDSDOWNE AVE STE 301
DARBY PA 19023
610-534-6310

KEATING, MD, PAUL J AN
16 LANGTON LN
NEWTOWN SQUARE PA 19073-3018
610-356-5901
KEISMAN, MD, ROBERT A CD
RD 2 BOX 249
GUM TREE CORNER
GREENWICH TWP
BRIDGETON NJ 08302
215-235-0539
KELEMEN, MD, SYLVIA B *AN
2105 N PROVIDENCE RD
MEDIA PA 19063-1841
610-566-6296
KELLY, MD, EDWARD A *FP
4713 STATE RD
DREXEL HILL PA 19026-4727
610-789-7181
KELLY, MD, JAMES J *GP
501 WINDERMERE ROAD
DREXEL HILL PA 19026-1117
610-259-5349
KELLY, MD, MARK F OTO
400 W TOWNSHIP LINE RD
HAVERTOWN PA 19083-5210
610-449-8101
KELLY, MD, PAUL O *IM
STATE RD & ADDINGHAM AVE
DREXEL HILL PA 19026
610-789-7181
KELSEY, MD, DAVID M U
6 GUNNING LN
GLADWYNE PA 19035-1135
610-525-2394
KENT, MD, PATRICIA P
209 LINDEN LN
WALLINGFORD PA 19086-6013
610-566-9054
KESSLER, MD, REX K *IM
PROVIDENCE & BEATTY RDS
MEDIA PA 19063-3888
610-566-8155
KESSLER, MD, WOODROW B IM
PROVIDENCE & BEATTY RDS
MEDIA PA 19063-3888
610-566-8155
KHAN, MD, MOHAMMAD A IM
333 NORTH AVE #27B
SECANE PA 19018-3525
610-544-8487
KHOURY, MD, JACQUES A GE
1230 BURMONT RD
DREXEL HILL PA 19026-4504
610-449-1525
KIEL, MD, STEVEN M N
2100 KEYSTONE AVE # 203
DREXEL HILL PA 19026-1129
610-259-8801
KIMMEL, MD, HENRY A IM
RIO VISTA
RT 1 BOX 751
WEEMS VA 22576
804-435-0139
KINDER, MD, ROY R D
35 BRANDON RD
UPPER DARBY PA 19082-2504
610-352-9021
KIRCHHOFER, MD, LEWIS H GP
301 WYNDMOOR RD
SPRINGFIELD PA 19064-2398
610-544-4570
KITCHEN III, MD, JAMES G *CD
356 LANKENAU MED BLDG EAST
100 LANCASTER AVE
WYNNEWOOD PA 19096-3425
610-649-7625
KLAVAN, MD, MARSHALL *OBG
CROZER-CHESTER MED CTR
1 MED CTR BLVD PAV331
UPLAND PA 19013
610-872-5966
KLEIN, MD, RAYMOND A OBG
PO BOX 8299
PHILADELPHIA PA 19101-0082
610-971-5516
KLEIN, MD, THOMAS E AI
400 W TOWNSHIP LINE RD
HAVERTOWN PA 19083-5210
610-356-8687
KLINE, MD, IRWIN K PTH
LANKENAU HOSP
100 E LANCASTER AVE
WYNNEWOOD PA 19096-3498
610-645-2615
KLINEFELTER, MD, HYLDA C OBG
264 S IVY LN
GLEN MILLS PA 19342-1322
610-459-5383
KLINOW, MD, LINDA F PD
950 HAVERFORD RD
BRYN MAWR PA 19010
610-527-4715
KLINZING, MD, GERARD F FP
130 S BRYN MAWR AVE
BRYN MAWR FAM MED
BRYN MAWR PA 19010
610-526-3400

KNOWLES, MD, WILLARD E GP
7200 PINE ST
UPPER DARBY PA 19082-4807
610-352-5838
KODUMAL, MD, LUIS E *IM
1245 JEFFERSON AVE
WOODLYN PA 19094-1314
610-833-1616
KOHUTIAK, MD, VSEVOLOD IM
RIDDLE HEALTH CARE CTR
1078 W BALTIMORE PIKE
MEDIA PA 19063-5105
610-565-7810
KOLSKI, MD, GERALD B PDA
CROZER-CHESTER MEM HOSP
1 MED CTR BLVD STE 305
UPLAND PA 19013-3995
610-490-0905
KORNIENKO, MD, WALTER A *CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
610-259-0240
KOTYO, MD, JOHN A *FP
3774 SCHOOL LN
NEWTOWN SQUARE PA 19073-3205
610-876-9000
KOUVELIOTES, MD, PETER J DR
317 N BROAD ST APT 821
PHILADELPHIA PA 19107
215-627-2187
KOZIN, MD, WILLIAM FP
1999 SPROUL ROAD
BROOMALL PA 19008-3504
610-353-5840
KRACKOW, MD, JOEL A CD
107 BRENT DR
WALLINGFORD PA 19086-6610
KRAIN, MD, RAYMOND D
1919 STONE RIDGE LN
VILLANOVA PA 19085-1721
610-525-5322
KURTZ, MD, ROBERT M R
4605 SIMON RD
WILMINGTON DE 19803-3927
302-762-6737
KURTZ, MD, ROSA T *PM
203 RIDGEWOOD RD
MEDIA PA 19063-1723
610-565-1761
LABORDA, MD, OSCAR E GE
RIDDLE OUTPATIENT PAV
1098 W BALTIMORE PK STE 3110
MEDIA PA 19063
610-565-1808
LACAVARO, MD, JULES A IM
1088 W BALTIMORE PIKE STE 210
MEDIA PA 19063-5136
215-565-6419
LACHMAN, MD, JOSEPH PD
CROZER-CHESTER MED
CTR
15TH ST & UPLAND AVE STE 103
CHESTER PA 19013-5313
LAPORTA, MD, EDWARD W *CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
610-259-0240
LARGOZA, MD, MARIA V NEP
MED ASSOCS OF DREXEL HILL INC
2100 KEYSTONE AVE STE 703
DREXEL HILL PA 19026
610-284-0550
LASKAS JR, MD, JOHN J D
605 E BALTIMORE PIKE
MEDIA PA 19063-1734
610-566-7111
LASKAS, MD, JOHN J D
114 WILTON WOODS LN
MEDIA PA 19063-1846
610-565-5780
LAWRENCE, MD, JOHN W *RHU
1078 W BALTIMORE PIKE # 208
MEDIA PA 19063-5105
610-566-4311
LAZORIK, MD, FRANCIS C D
3309 CHATHAM PL
MEDIA PA 19063-4313
610-565-0179
LEE, MD, CHARLES Y GP
13106 BUCCANEER RD
SILVER SPRING MD 20904-3243
301-238-5976
LEHMAN, DO, GREGORY M IM
82 SLITTING MILL RD
GLEN MILLS PA 19342-1616
610-459-0988
LEIGH, MD, FLORA B FP
828 SHARON CIR
W CHESTER PA 19382-7181
610-431-4673
LEISE, MD, ELEANOR O OBG
452 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-896-8840
LELE, MD, PRAMOD S NEP
1541 CHICHESTER AVE
LINWOOD PA 19061-4207
610-485-1176
LEMAN, MD, WILLIAM W GP
106 W 17TH ST
OCEAN CITY NJ 08226-2926
609-399-0142

LEOPOLD, DO, NORMAN A N
CROZER-CHESTER MED CTR
15TH ST AND UPLAND AVE
CHESTER PA 19013-5313
610-874-1184
LEUNISSEN, MD, R L ABRAHAM OS
RIDDLE HEALTH CARE I
1078 W BALTIMORE PIKE STE 209
MEDIA PA 19063-5196
610-566-9122
LEUTE, MD, MILLARD S IM
15 W DUNDEE RD
OCEAN CITY NJ 08226-4615
609-399-9001
LEVENBERG, MD, RICHARD J ORS
120 MILL BROOK LN
MEDIA PA 19063-6319
LEVY, MD, EDWIN J D
85 N LANSDOWNE AVE
LANSDOWNE PA 19050-2003
610-623-7400
LEWBART, MD, MARVIN L OM
701 COOPER RD STE 14
VOORHEES NJ 08043
610-296-3950
LEWIS, MD, STUART H TRS
3508 TYSON RD
NEWTOWN SQUARE PA 19073-2415
LEWIS, MD, WILLIAM J OTO
831 NORTHWINDS DR
BRYN MAWR PA 19010-2070
610-527-3908
LIBERI, MD, ALFRED A DR
209 DOGWOOD LN
WALLINGFORD PA 19086-6006
610-566-6515
LICHTENBERG, MD, RICHARD A *CD
1999 SPROUL ROAD
SUITE 21
BROOMALL PA 19008-3508
610-353-5840
LILLEY, MD, GEORGE W IM
BEECH 2301
3300 DARBY RD
HAVERFORD PA 19041-1061
610-642-2732
LINCOFF, MD, WILLIAM OPH
1919 CHESTNUT ST
APT 2806
PHILADELPHIA PA 19103-3401
215-567-1989
LINDENBAUM, MD, GARY A *GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
610-521-4833
LINDER, MD, LISA J OPH
3501 W CHESTER PIKE STE 202
NEWTOWN SQUARE PA 19073-3704
610-356-9155
LIPNICK, MD, JESSE A PM
4112 ALPINE DR
GAINESVILLE FL 32605-1618
LIRIO, MD, SIXTO M FP
10 EASY ST
CAPE MAY CH NJ 08210
609-465-2605
LISBERGER, MD, MARK D *CD
1999 SPROUL ROAD
BROOMALL PA 19008-3504
610-353-5840
LO GRASSO, DO, PAUL P PTH
53 BUNNING DR
VOORHEES NJ 08043
609-751-7675
LOFARO, MD, SALVATORE A NEP
2100 KEYSTONE AVE STE 703
DREXEL HILL PA 19026
610-284-0550
LONDON, MD, GLADYS Z GP
19TH ST & PROVIDENCE AVE
CHESTER PA 19013
610-872-2135
LOTHE, MD, PRADEEP A FP
2325 E MACDADE BLVD
HOLMES PA 19043-1301
610-532-1882
LUBIN, DO, HOWARD S *FP
355 MILLBANK RD
BRYN MAWR PA 19010-2929
610-527-8389
LUCAS, MD, GLYNDA W *PD
13714 FLINT ROCK RD
ROCKVILLE MD 20853
301-871-2930
LUCENA, MD, AURORA L AN
340 TOWER LN
NARBERTH PA 19072-1144
610-664-7387
LUCENA, MD, ERNESTO E R
340 TOWER LN
NARBERTH PA 19072-1144
610-664-7387
LUCIER, MD, ALFRED C *OPH
30 HAMPDEN RD
UPPER DARBY PA 19082-2516
610-352-0286
LUTZ, MD, R BRUCE ORS
1 MED CTR BLVD
UPLAND PA 19013-3988
610-876-0347
MAGARGEE, DO, SUSAN P PD
600 HAVERFORD RD
SUITE 100
HAVERFORD PA 19041
610-658-0999

MAGUIRE, MD, JOSEPH I OBG
179 113TH ST
STONE HARBOR NJ 08247
MAGUIRE, MD, JOSEPH I OPH
256 LANKENAU MED BLDG E
256
WYNNEWOOD PA 19096
610-649-1970
MAGUIRE, MD, LEO J U
203 SYCAMORE LN
WALLINGFORD PA 19086-6526
MAHADEVIAH, MD, ANN S *AN
700 AVONDALE RD APT 5F
WALLINGFORD PA 19086-6660
610-872-2128
MAHONY, MD, ELLEN A PS
322 S DEVON RD
WAYNE PA 19087-2916
610-995-9661
MAISTROW, MD, MARLA G AN
CROZER-CHESTER MED CTR
UPLAND PA 19013
MALAMUT, MD, RICHARD I N
18 LONGPOINT LN
MEDIA PA 19063-4948
215-238-9675
MALET'A, MD, VIVIANA M PD
400 S ORANGE ST #205
MEDIA PA 19063-3656
610-565-1918
MALOLES JR, MD, ORLANDO Z FP
339 LONG LANE
UPPER DARBY PA 19082-4001
610-734-1198
MALUMED, MD, JEFFREY ORS
1 BARTOL AVE STE 100
RIDLEY PARK PA 19085-1023
610-521-8970
MANIN, MD, GORDON C FP
10 TOP OF THE OAKS
CHADDS FORD PA 19317-9147
610-558-1091
MANN, MD, DOUGLAS G OTO
2112 PROVIDENCE AVE
CHESTER PA 19013-5507
610-874-5366
MANN, MD, IRVING A OBG
102 WILTON WOODS LN
MEDIA PA 19063-1843
MANNELLA, MD, WILLIAM J *GS
204 E CHESTER PIKE
RIDLEY PARK PA 19078-1730
610-521-4833
MANSURE, MD, FRANK T OS
74 PASTURE LN APT 102
BRYN MAWR PA 19010-1766
610-527-1610
MARINO, MD, DANIEL J CD
14 RINGFIELD RING RD
CHADDS FORD PA 19317
610-388-2320
MARVIN, MD, ROBERT F *CD
2100 KEYSTONE AVE STE 206
DREXEL HILL PA 19026-1129
610-259-5200
MATTONE-VOLPE, MD,
FRANCESCA PD
109 INVERNESS DR
BLUE BELL PA 19422
610-275-0982
MATULEWSKI, MD, THOMAS J *VS
301 W CHESTER PIKE STE 204
HAVERTOWN PA 19083-4530
610-853-1662
MAYO, MD, EDITH A GP
BISHOP WHITE LODGE 801A
600 E CATHEDRAL RD APT D306
PHILADELPHIA PA 19128-1928
MC BREARTY, MD, FRANCIS X *CLP
7312 EMLEN ST
PHILADELPHIA PA 19119-2811
215-242-2110
MC DOWELL, MD, SHARON K PM
10 E PROVIDENCE RD
YEADON PA 19050-2843
610-622-7732
MCALEER, MD, DAVID J GS
410 TOWNSHIP LINE RD
HAVERTOWN PA 19083-5210
610-449-9311
MCBRIDE, MD, THOMAS J IM
PO BOX 519
WALLINGFORD PA 19086-0519
610-565-0516
MCCADDEN, MD, JOSEPH A FP
613 MORRIS LN
WALLINGFORD PA 19086-6966
MCCANS, MD, KATHRYN M US
213 GOLF HILLS RD
HAVERTOWN PA 19083-1025
610-449-0652
MCCARTHY, MD, GEORGE E RO
419 RIVERVIEW RD
SWARTHMORE PA 19081-1222
MCCAUSLAND, MD, PAUL J FP
47 WINDSOR AVE
UPPER DARBY PA 19082-2727
610-446-5358
MCCLELLAN, MD, R MICHAEL PS
RIDDLE MEM HOSP
1098 W BALTIMORE PK STE 3304
MEDIA PA 19063-5139

MCCLOSKEY, MD, DAVID S GS
301 W CHESTER PK STE 204
HAVERTOWN PA 19083-4530
610-853-1662
MCCURDY, MD, RICHARD R CD
1098 W BALTIMORE PIKE
MEDIA PA 19063-5105
610-565-4107
MCDOWELL, MD, RICHARD M *EM
CROZER-CHESTER MED CTR
1 MED CTR DR
UPLAND PA 19013-3995
610-447-6253
MCGEE JR, MD, JOSEPH P AN
1300 MANOR RD
YEADON PA 19050-3420
610-259-8081
MCGINNIS, MD, ANDREW W CD
1501 LANSDOWNE AVE STE 104
DARBY PA 19023-1333
610-534-6150
MCGLYNN, MD, JAMES T ORS
ORTHOPAEDIC ASSOC LTD
1 MED CTR BLVD
PO BOX II STE 324
UPLAND PA 19013-3988
610-876-0347
MCGOWAN, MD, WILLIAM E U
2100 KEYSTONE AVE
STE 307
DREXEL HILL PA 19026-1129
610-259-3000
MCKEIGHAN, DAVID A *EXEC
DELAWARE CO MED SOC
920 N PROVIDENCE RD
MEDIA PA 19063-2134
610-892-7750
MCLAUGHLIN, MD, EDWARD *EM
79 N BAYARD AVE
WOODBURY NJ 08096-2563
609-848-1946
MCNAMEE SR, MD, WILLIAM B ORS
410 W TOWNSHIP LINE RD
HAVERTOWN PA 19083-5237
610-853-4887
MEHALICK, DO, PAMELA G PD
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1629
610-521-1297
MELLI, MD, MARIA G FP
130 S STATE RD STE 110
SPRINGFIELD PA 19064
610-544-0900
MELLON JR, MD, LAWRENCE J OM
CERTAINTEED CORP
PO BOX 860
VALLEY FORGE PA 19482-0860
610-341-7944
MENDEL, MD, KENNETH D *CD
CROZER-CHESTER MED CTR
15TH ST & UPLAND AVE STE 224
CHESTER PA 19013-5313
610-876-2400
MESETE, MD, A FRANCIS CD
20 HIDDEN SPRINGS CIR
NEWTOWN SQUARE PA 19073-3430
610-353-0756
MEYER, MD, ALLEN E *NEP
MERCY CATH MED OFF BLDG
1501 LANSDOWNE AVE STE 201
DARBY PA 19023-1333
610-534-6230
MIELCAREK JR, MD, LEON M OPH
319 W STATE RD
MEDIA PA 19063-2615
610-566-3979
MIKHAIL, MD, MICHAEL M *ON
2100 KEYSTONE AVE
DREXEL HILL PA 19026
610-622-3818
MILEWSKI, MD, LEONARD F GS
301 W CHESTER PIKE
HAVERTOWN PA 19083-4530
610-853-1662
MILLER, MD, CURT D ORS
2004 SPROUL RD 1ST FL
BROOMALL PA 19008-3511
610-353-0800
MILLER, MD, HERMAN CRS
50 BELMONT AVE APT 510
BALA CYNWYD PA 19004-2428
610-668-9691
MILLER, MD, LAWRENCE S ORS
50 INDIAN SPRINGS RD
MEDIA PA 19063
MILLINER, MD, DAVID H C *AN
CROZER-CHESTER MED
PROF BLDG
15TH ST & UPLAND AVE STE 400
UPLAND PA 19013-5313
610-874-6448
MILSTEIN, MD, SEYMOUR W FP
3200 EDGMONT AVE
PARKSIDE PA 19015-3105
610-876-5569
MISHALOVE, MD, R DAVID CD
CROZER-CHESTER MED CTR
15TH ST AND UPLAND AVE
CHESTER PA 19013-5313
610-876-2400

MONDERO, DO, NANCY A OBG
116 MANSION DR
MEDIA PA 19063-1043
610-566-6274
MONTGOMERY, MD, PATRICIA A *FP
152 SPRINGTON LAKE RD
MEDIA PA 19063-1826
610-892-0475
MORANZ, MD, JOEL G OBG
PROF ARTS BLDG
100 E CHESTER PIKE
RIDLEY PARK PA 19078-1703
610-521-4311
MORGAN, MD, HARRY E DR
218 LONG LANE
UPPER DARBY PA 19082-3909
MORGAN, MD, JOHN M IM
3200 HENRY AVE
PHILADELPHIA PA 19129-1137
215-842-4575
MORLEY, MD, ROBERT R OBG
411 SHEFFIELD DR
WALLINGFORD PA 19086-6941
610-565-6200
MORRIS JR, MD, JAMES A *IM
9 WOODCROFT RD
HAVERTOWN PA 19083-1137
610-642-2002
MORRIS, MD, RICHARD J *GP
670 BERRY LN
MEDIA PA 19063-1138
MORRIS, MD, SHELDON L OPH
PROF OFF STE 407
UPLAND PA 19013
610-876-9700
MUCH, DO, MANDELL J FP
RT 1
CONCORDVILLE PA 19331
610-459-3862
MUDRICK, MD, DAVID L *FP
521 E 9TH ST
CHESTER PA 19013-6147
610-872-0565
MUETTERTIES, MD, CRAIG L *AN
240 RUSHLEY WAY
MEDIA PA 19063-5514
610-459-8981
MULLER, MD, OTTO F CD
MERCY CATH MED CTR-FITZ
LANSDOWNE AVE AND BAILY RD
DARBY PA 19023
610-586-4100
MULVANEY, MD, DENISE A *FP
5000 HILLTOP DR STE 1
BROOKHAVEN PA 19015
610-874-4404
MUNDTH, MD, ELDRED D CDS
143 CARTERS GRV
MALVERN PA 19355-2648
610-695-8550
MUROFF, DO, ROBERT E GP
2 ST ALBANS AVE
NEWTOWN SQUARE PA 19073-3605
610-353-7300
MURPHY, DO, BRIAN J US
8 ASHLEY CT
GLEN MILLS PA 19342-2005
610-558-2396
MURPHY, DO, PATRICK PM
CROZER-CHESTER MED CTR
ONE MED CTR BLVD
UPLAND PA 19013
610-874-2501
MURPHY, DO, WILLIAM C ORS
428 FOSTER DR
SPRINGFIELD PA 19064-1709
610-544-6573
NACHMAN, MD, JEFFREY A *AN
302 GRAMONT LN
VILLANOVA PA 19085
NAGLE, MD, W WILLIAM *DR
11 RAVEN DR
CHADDS FORD PA 19317
610-358-3747
NANSTEEL JR, MD, JOHN F *IM
8 MARTINS RD
NEWTOWN SQ PA 19073-1916
610-356-0941
NARDELLA JR, MD, GUY M PS
601 E BALTIMORE PIKE
MEDIA PA 19063-1734
610-565-2690
NEAL, MD, HUNTER S GS
612 WINSFORD RD
BRYN MAWR PA 19010-3618
610-527-3923
NEGREY JR, MD, JOHN N OPH
56 W EAGLE RD
HAVERTOWN PA 19083-1447
610-446-8080
NEWMAN, MD, FRANK W P
WESTMINSTER GARDENS
1320 SANTO DOMINGO AVE
DUARTE CA 91010
NEWTON, MD, CORINNE V US
264 OVERBROOK DR
NEWTOWN SQUARE PA 19073-3409
NGUYEN, MD, BACH V IM
30 OLD STATE RD
BERWYN PA 19312-1125
610-688-3184

NONACK, MD, PETER B IM
5 CLUSTERS CHESLEY CAMPUS
BALTIMORE PIKE
MEDIA PA 19063
610-565-8600
NORONHA, MD,
ANANDPRAKASH I OBG
1501 LANSDOWNE AVE STE 108
DARBY PA 19023-1333
610-534-6211
NUNAG, MD, ROBERT D PD
1223 PROVIDENCE RD STE 301
MEDIA PA 19063
610-565-9435
NUSSBAUM, MD, STEVEN J GE
1010 W CHESTER PIKE STE 202
HAVERTOWN PA 19083-3442
610-789-3510
O'FLYNN, MD, RICHARD P AN
10 WHITE PINE LN
ROSE VALLEY PA 19063-4248
610-566-3504
OBERFIELD, MD, WILLIAM J P
19 E SECOND ST
MEDIA PA 19063-2936
610-565-9560
OCONNELL, MD, JAMES R U
UROLOGIC PHYSICIANS LTD
2100 KEYSTONE AVE STE 307
DREXEL HILL PA 19026-1129
610-259-3000
OHANISSIAN, MD, HANRICK G *ON
28 WILTSHIRE RD
WYNNEWOOD PA 19096-3638
610-649-3092
ONEILL, MD, JOHN J GP
8 N CONCORD AVE
HAVERTOWN PA 19083-5017
610-446-8551
OTT, DO, ANITA M FP
340 MEDIA STA RD APT C324
MEDIA PA 19063
OTT, DO, WILLIAM A FP
340 MEDIA STA RD APT C324
MEDIA PA 19263-4741
610-565-2576
PALENA, MD, PETER V OPH
OUTPATIENT PAV STE 3302
1098 W BALTIMORE PK
MEDIA PA 19063-5139
610-565-6780
PARISI, MD, ERIKA F AN
633 CHILDS AVE
DREXEL HILL PA 19026-3804
PARRILLO, DO, STEVEN J EM
35 HARVARD RD
NORRISTOWN PA 19401-2277
610-278-6943
PARRY, MD, PETER *IM
5030 STATE ROAD
SUITE 200W
DREXEL HILL PA 19026-4819
610-623-1162
PARTRIDGE, MD, ROBERT A P
1017 FOSS AVE
DREXEL HILL PA 19026-1901
610-446-4853
PASDAR, MD, HOMAYOON *CDS
2100 KEYSTONE AVE STE 400
DREXEL HILL PA 19026-1129
610-259-8585
PASSERO, MD, FRANK C RHU
1120 WILDE AVE
DREXEL HILL PA 19026-4033
610-449-7359
PATEL, MD, JASMINE K PD
6063 ROOSEVELT BLVD APT 207
PHILADELPHIA PA 19149-3340
215-288-3239
PATEL, MD, MUKESH A IM
1421 LINCOLN AVE
PROSPECT PARK PA 19076-1107
717-532-5343
PATEL, MD, YASHVANTKUMAR S *PD
257 N STATE RD APT 6C
SPRINGFIELD PA 19064-1807
610-543-0250
PATERSON, MD, KIMBERLY K *IM
CCMC AMB CARE STE 532
UPLAND PA 19013-5313
PATTERSON, MD, CHRIS IM
204 BERKLEY AVE
LANSDOWNE PA 19050-1505
610-626-6743
PATTON, MD, MARY L *GS
CROZER-CHESTER MED CTR
1 MED CTR BLVD STE 207
UPLAND PA 19013-3995
610-874-3540
PECHIN, MD, SERGIUS P GS
430 SYCAMORE MILLS RD
MEDIA PA 19063-2032
610-566-1250
PEIMER, MD, MICHAEL E IM
PROFESSIONAL ARTS BLDG
100 E CHESTER PIKE
RIDLEY PARK PA 19078-1703
610-521-3333
PERLMUTTER, MD, DAVID M R
431 DERRY DR
ASTON PA 19014

PETRIDES, MD, ANASTASIA B PD
14 S MEDLEY DR
NEWTOWN SQUARE PA 19073-1012
PIATNEK-LEUNISSEN, MD,
DOROTHY A IM
RIDDLE HEALTH CTR STE 209
MEDIA PA 19063-5196
610-566-9122
PICKAR, MD, JAMES H OBG
PO BOX 8299
PHILADELPHIA PA 19101-0082
610-341-5583
PINSK, MD, JEFFREY H IM
306 GRAMONT LN
VILLANOVA PA 19085-1436
610-525-8778
PIRAINO, MD, ANTHONY J PA
172 DAM VIEW DR
MEDIA PA 19063-1832
610-328-3160
PLAGATA, MD, EDITH M EM
1230 SONORA AVE
ASTORIA OR 97103-5649
PLOTKIN, MD, ROBERT F PD
28 BRENNAN DR
BRYN MAWR PA 19010-2002
POMEROY, MD, JAMES M OTO
RD 1 BOX 252A
KANE PA 16735-9801
PORCELAN, MD, JANE B OBG
452 LANKENAU MED BLDG E
WYNNEWOOD PA 19096-3427
610-896-8840
POWE, MD, LARRY K *PD
221 N MORGAN AVE
HAVERTOWN PA 19083-5009
610-446-7153
POWERS, MD, DONALD V NEP
501 N LANSDOWNE AVE
DREXEL HILL PA 19026
PRATT, MD, LORETTA A D
2129 PROVIDENCE AVE
CHESTER PA 19013-5506
610-876-0200
PRESSEL, MD, MICHAEL D *OTO
286 OAK AVE
MEDIA PA 19063-5717
610-358-0587
PRESTEL JR, MD, THOMAS F PUD
2100 KEYSTONE AVE STE 407
DREXEL HILL PA 19026-1129
610-394-9860
PRICE JR, MD, JOSEPH J *NEP
1501 LANSDOWNE AVE STE 201
DARBY PA 19023
610-534-6230
PRIME, DO, MICHAEL F FP
280 N PROVIDENCE RD
MEDIA PA 19063
610-891-1616
PRIOR, MD, PATRICIA A FP
130 S STATE RD STE 110
SPRINGFIELD PA 19064
610-544-0900
PURNER JR, DO, WILLIAM M *IM
1088 W BALTIMORE PK STE 2106
MEDIA PA 19063-5136
610-566-2682
RAEZER, MD, DAVID M U
1501 LANSDOWNE AVE STE 301
DARBY PA 19023-1333
610-534-6100
RAFF, MD, H BARRY *CD
2100 KEYSTONE AVE STE 200
DREXEL HILL PA 19026-1129
610-259-0240
RATNER, MD, RICHARD R IM
PROFESSIONAL ARTS BLDG
100 E CHESTER PIKE
RIDLEY PARK PA 19078-1703
610-521-3333
RECH, MD, FRANK M OBG
2500 EDGMONT AVE
CHESTER PA 19013-5032
610-876-4111
RED, MD, DONALD E DR
LANKENAU HOSP
100 LANCASTER PIKE
WYNNEWOOD PA 19096-3498
610-645-2802
REITSMA, MD, DOUGLAS B FP
200 EDGEMONT AVE
ARDMORE PA 19003-2705
610-896-7151
RENO, MD, JOSEPH D GP
WYETH LAB
PO BOX 8299
PHILADELPHIA PA 19101-0082
610-971-5408
RESNICK, MD, MYRON E *CD
1999 SPROUL ROAD
SUITE 21
BROOMALL PA 19008-3504
610-353-6400
RHODES, MD, ROBERT A D
1 BARTOL AVE STE 105
RIDLEY PARK PA 19078
610-521-0470
RHOOD, MD, SAMUEL G AN
CROZER-CHESTER PROF
BUILDING
15TH ST & UPLAND AVE STE 400
CHESTER PA 19013-5313
610-874-6448

RIAL, MD, WILLIAM Y *FP
175 E DELAWARE PL APT 6810
CHICAGO IL 60611-1730
312-951-0168
RICCO, MD, ERNEST J AN
3 FOREST RD
SPRINGFIELD PA 19064-2209
610-543-6794
RICHTER, MD, HOWARD A *NS
LANKENAU MED
BUILDING 655
LANCASTER AVE W OF CITY LINE
WYNNEWOOD PA 19096
610-649-4416
RIDOUT III, MD, DANIEL L *GE
P O B I SUITE 401 CCMC
UPLAND PA 19013
610-872-8857
RING, MD, ILONA R *PTH
1001 CITY LINE AVE APT WB115
WYNNEWOOD PA 19096
RINGIEWICZ, MD, PAUL A OS
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1629
610-521-1297
RITCHIE, MD, CHARLES A OBG
427 HOLLY LANE
WYNNEWOOD PA 19096-1616
610-642-3089
RITCHIE, MD, MARIANNE T GE
LANKENAU MED BLDG E
100 LANCASTER AVE STE 252
WYNNEWOOD PA 19096-3427
610-896-7360
RITSEMA, MD, RITA L GE
2100 KEYSTONE AVE STE 405
DREXEL HILL PA 19026-1129
610-626-2400
RIZZO, MD, JOHN S OPH
8 MORTON AVE STE 101
RIDLEY PARK PA 19078-2210
610-521-2111
ROCCARIO, DO, DANTE S FP
107 W PROVIDENCE RD
ALDAN PA 19018-3827
610-622-2442
RODMAN, MD, MITCHELL S NM
27 HAYMARKET LN
BRYN MAWR PA 19010-1147
610-520-1152
ROIFER, DO, DEBORAH R N
714 WINCHESTER RD
BROOMALL PA 19008-3431
610-359-0844
ROSE, MD, GILBERT M PNP
145 KING OF PRUSSIA RD
RADNOR PA 19087-4517
610-341-5516
ROSEMAN, MD, RICHARD L *IM
1208 WEYMOUTH RD
WYNNEWOOD PA 19096-3330
610-449-1115
ROSEN, MD, BRUCE J *OBG
431 MAC DADE BLVD
FOLSOM PA 19033
610-237-6300
ROSEN, MD, LEONARD GP
POLLANRD HSE CMC ANNEX
MED CTR BLDG
UPLAND PA 19013
610-874-5110
ROSENBERG, MD, FRANK IM
POB 1
1 MED CTR BLVD STE 306
UPLAND PA 19013
610-876-7292
ROSENFELD, MD, RONALD N ORS
623 S CHESTER RD
SWARTHMORE PA 19081-2315
610-328-1105
ROTCHE, MD, ROBERT M HEM
474 LOMBARDY RD
DREXEL HILL PA 19026-1329
610-259-2243
ROUSH JR, MD, ROBERT K *HEM
2100 KEYSTONE AVE
DREXEL HILL PA 19026-1129
610-622-3818
ROVITO, MD, MARC A HEM
617 BURMONT RD
DREXEL HILL PA 19026-3116
610-626-1598
RUBENSTEIN, MD, DAVID L ORS
LANKENAU MED BLDG
100 E LANCASTER AVE STE 650
WYNNEWOOD PA 19096
610-649-8055
RUBIN, DO, MORTON US
7214 WOODMONT WAY
TAMARAC FL 33321-2650
RUBY, MD, EDWARD B *END
THOM JEFF UNIV
1015 CHESTNUT ST STE 910
PHILADELPHIA PA 19107
215-955-7285
RUDNITZKY, MD, JEROME PUD
ONE MED CTR BLVD
STE 422
UPLAND PA 19013
610-876-5627
RUFFINI, MD, JOHN A GP
303 DOGWOOD LN
WALLINGFORD PA 19086-6007
610-566-7852

RUFFINI, MD, JOHN J OPH
8 MORTON AVE STE 101
RIDLEY PARK PA 19078-2210
610-521-2111
RUMSEY, MD, WILLIAM P GS
206 SYCAMORE LN
WALLINGFORD PA 19086-6527
RUSSELL, MD, KAMAL B DR
RIDDLE MEM
HOSP XRAU
RT 1
MEDIA PA 19063
610-891-3318
RUSSELL, MD, MARIE O *PD
415 S PROVIDENCE RD STE 400
MEDIA PA 19063-3887
610-566-6779
RYAN JR, DO, EDWARD F D
406 CHESTER RD
DEVON PA 19333-1655
RYAN, MD, MARILYN END
10 HUNTERS LN
DEVON PA 19333-1215
610-971-0287
SACHAROK, MD, CYNTHIA A *FP
7 DENFORD DR
NEWTOWN SQUARE PA 19073-1907
610-356-1702
SALAND, MD, DAVID K ORS
700 S CHESTER RD
SWARTHMORE PA 19081-2224
610-543-7100
SANTORE, MD, FELICE J OTO
661 SHELL BARK LN
ROSEMONT PA 19010-1742
SATINSKY, MD, JONATHAN D CD
520 CRAIG LN
VILLANOVA PA 19085-1902
610-527-5096
SAVINESE, DO, STANLEY J *GP
STONEY POND PLZ
478 CONCHESTER HWY STE 10
ASTON PA 19014-3129
610-497-1301
SAXON, MD, ANDREA M OPH
CROZER-CHESTER MED CTR
POB I STE 407
CHESTER PA 19013
610-876-6521
SCHAAF, MD, RICHARD D CD
645 OVERHILL RD
ARDMORE PA 19003-1026
610-649-6121
SCHAPIRE, MD, PHYLLIS G *AN
CCMC 1 MED CTR BLVD # 400
PO BOX 1
UPLAND PA 19013
610-876-6448
SCHARF, MD, ANN I DR
526 S CENTRAL BLVD
BROOMALL PA 19008-4103
610-353-6009
SCHEINER, MD, ROBIN B *D
1204 TOWNSHIP LINE RD
2ND FLOOR
DREXEL HILL PA 19026
610-789-9482
SCHEUERMANN, MD, HENRY A PS
545 AVONWOOD RD
HAVERFORD PA 19041-1602
SCHILLING, MD, JOHN F R
LANKENAU HOSP
100 LANCASTER ANE
WYNNEWOOD PA 19096-4035
610-645-2802
SCHOFFSTALL, MD, JOHN M *EM
4 COTTONWOOD DR
GLEN MILLS PA 19342-1308
610-459-0435
SCHOTT, MD, C RICHARD *CD
10 TODMORDEN DR
WALLINGFORD PA 19086-6727
610-565-2116
SCHRENZEL, MD, STEVEN *AN
106 WILTON WOODS LN
MEDIA PA 19063-1843
610-566-5167
SCHWABE, MD, KARL G IM
220 WHITE TAIL LN
MEDIA PA 19063-4348
610-353-1077
SCHWARTZ, DO, GERSON NTR
2504 HIGHLAND AVE
BROOMALL PA 19008-1606
610-356-7781
SCHWEIZER, MD, ROBERT A IM
110 CHIPMUNK LN
MEDIA PA 19063-4710
610-565-9829
SCIARA, MD, CHRISTINE D
1595 PAOLI PIKE
W CHESTER PA 19380-6167
610-696-1598
SCIUBBA, MD, ROCCO P GP
263 LAWRENCE RD
BROOMALL PA 19008-3824
610-356-8488
SCOTT, MD, DONNA P PD
406 WOODWARD RD
MEDIA PA 19063-4227
610-566-4716

SCOTT, DO, MARK E DR
117 W POSSUM HOLLOW RD
WALLINGFORD PA 19086-6240
610-566-6937
SEARS, MD, ALAN J GE
25 LLANFAIR CIR
ARDMORE PA 19003-3342
610-649-6644
SERRUYA, MD, ROBERTO J P
1200 MT PLEASANT RD
VILLANOVA PA 19085-2107
610-527-8024
SEYLER, MD, RAYMOND O GPM
#43 PARKRIDGE DRIVE
MILRIDGE
BRYN MAWR PA 19010-2258
610-520-0878
SHAFFER, DO, LINDA E FP
582 SCHOOLHOUSE LN
KENNETT SQUARE PA 19348-1742
610-444-5114
SHAH, MD, RANJAN R OBG
5000 CHICHESTER RD
ASTON PA 19014-2324
610-485-4346
SHAH, MD, RANJIT R R
106 RACCOON PL
MEDIA PA 19063-1179
610-353-2967
SHAH, MD, SHAILEN S OBG
261 UNION HILL RD
MALVERN PA 19355-9645
610-658-0565
SHANFELD, MD, NORMAN M P
301 N LANSDOWNE AVE
LANSDOWNE PA 19050-1017
610-259-6735
SHAPIRO, DO, ERIC B *PD
1440 CONCHESTER HWY
BOOTHWYN PA 19061-2105
610-358-2410
SHARPLESS, MD, EDWIN D GS
PO BOX 4106
ELWYN PA 19063-7106
610-566-2970
SHIAU, MD, YIH-FU GE
302 OXFORD LN
VILLANOVA PA 19085-1208
610-525-5167
SHIM, MD, WAN S *DR
1 SLEEPY HOLLOW LN
NEWTOWN SQUARE PA 19073-3929
610-353-4533
SHORE, DO, MATTHEW J FP
1105 HOWER LN
PHILADELPHIA PA 19115-4810
215-698-2272
SHORE, MD, STEPHEN A ON
121 ARGYLE RD
ARDMORE PA 19003-3201
610-896-1768
SHRAGER, DO, LARRY M IM
1716 MARILYN DR
HAVERTOWN PA 19083-1220
610-789-8909
SHROM, MD, STANLEY H *U
5 MARTINS CIR
NEWTOWN SQUARE PA 19073-1914
610-359-0178
SHULKIN, MD, MARK W P
105 MARY WATERSFORD RD
BALA CYNWYD PA 19004-2020
610-565-0988
SHUSTERMAN, DO, LARRY IM
106 DEKALB ST 1ST FL
BRIDGEPORT PA 19405
610-278-0588
SILVER, MD, BRUCE G *IM
WYNNEWOOD HOUSE
300 E LANCASTER AVE 303-304
WYNNEWOOD PA 19096-2139
610-642-2002
SILVER, MD, STEPHEN C CRS
5 MICHELE DR
MEDIA PA 19063-1029
215-333-0587
SILVERS, MD, ARTHUR H GS
655 WILLOW VALLEY SQ
APT 2502
LANCASTER PA 17602-4873
SINCAVAGE, MD, JOSEPH T OBG
RIDDLE HLTH CARE CTR 2
STE G6
MEDIA PA 19063
610-566-4061
SINGER, MD, JEROME PD
MERCY CATH MED CTR-FITZ
LANSDOWNE AVE AND BAILY RD
DARBY PA 19023
610-237-4995
SKALINA, MD, STEFAN M DR
1 MED CTR BLVD
UPLAND PA 19013-3988
610-447-2633
SLATER, MD, ROBERT N
2100 KEYSTONE AVE STE 304
DREXEL HILL PA 19026-1129
610-259-9500
SMILEY, MD, JOSEPH W *NEP
1501 LANSDOWNE AVE STE 201
MERCY FITZGERALD MED
OFF BLDG
DARBY PA 19023-1333
610-534-6230

SMINK JR, MD, ROBERT D *GS
LANKENAU MED SCI BLDG
100 LANCASTER AVE STE 2210
WYNNEWOOD PA 19096-3427
610-642-1908
SMITH JR, MD, B DAVISON OTO
10 WEIRWOOD RD
RADNOR PA 19087-3717
610-989-0563
SMITH, MD, CATHY S IM
1133 BELFIELD AVE
DREXEL HILL PA 19026-4024
610-789-7287
SMITH, MD, EDGAR C IM
697 INVERNESS VLG
W CHESTER PA 19380-6876
610-692-8450
SMITH, MD, MARIA B EM
423 CONCORD RD
GLEN MILLS PA 19342-1403
610-459-3801
SMITH, MD, MONICA E *HEM
2100 KEYSTONE AVE
SUITE 502
DREXEL HILL PA 19026
717-622-3818
SMITH, MD, WILLIAM D *CRS
1088 W BALTIMORE PIKE STE 210
MEDIA PA 19063-5136
610-565-3435
SNYDER-PERLMUTTER, MD, LORI S OPH
431 DERRY DR
ASTON PA 19014
610-459-5558
SOLAN, MD, MERRILL J TR
672 N HEILBRON DR
MEDIA PA 19063-4623
610-565-3055
SOLBERG, MD, BYRNE L *PM
MERCY CATH MED CTR-FITZ
LANSDOWNE AVE AND BAILY RD
DARBY PA 19023
610-237-4788
SOMMER, MD, JOHN T U
361 LANKENAU MED BLDG E
100 LANCASTER AVE
WYNNEWOOD PA 19096-3425
610-649-6420
SORICELLI, MD, RICHARD R NEP
ONE MED CTR BLVD
P O B I SUITE 303
UPLAND PA 19013-3995
610-872-8501
SOVETSKY, DO, CHARLES L R
30 OLD COVERED BRIDGE RD
NEWTOWN SQUARE PA 19073-1202
610-353-8571
SPENCER, MD, H NEWTON ORS
250 GOLF VIEW RD
ARDMORE PA 19003-1002
610-649-5628
SPINA JR, MD, JOSEPH OPH
1999 SPROUL RD # 25
BROOMALL PA 19008
610-353-6550
STAFFORD, MD, CALVIN R N
CROZER-CHESTER MED CTR
15TH ST AND UPLAND AVE
CHESTER PA 19013-5313
610-874-1184
STAHLMAN, MD, ROY A EM
714 CLYDE CIR
BRYN MAWR PA 19010-1102
STAHLNECKER, MD, C STEPHEN US
923 WINDING LN
MEDIA PA 19063-1655
STANKIEWICZ, MD, EDWARD R *IM
1579 CHICKESTER AVE
LINWOOD PA 19061-4208
610-485-5800
STANLEY, MD, MICHAEL I *NS
CROZER-CHESTER MED CTR
STE 428
CHESTER PA 19013
610-874-4044
STARER, MD, LARRIMORE J OPH
8 MORTON AVE STE 101
RIDLEY PARK PA 19078-2210
610-521-2111
STEIN JR, MD, DONALD B *PTH
3000 ROBIN LN
HAVERTOWN PA 19083-1116
610-789-0597
STELLA, MD, HECTOR J IM
CROZER-CHESTER MED CTR
1 MED CTR BLVD
UPLAND CHESTER PA 19013-3995
610-447-2000
STEVENS, DO, PHILIP J PM
1102 BERGAN RD
ORELAND PA 19075-2506
215-233-2790
STOLLER, DO, ROY B OTO
222 SYKES LN
WALLINGFORD PA 19086-6337
610-459-3001
STORM, MD, CHARLES T AN
912 RIDLEY CREEK DR
MEDIA PA 19063-4923

STROWHOUER, DO, WILLIAM J FP
GRANITE RUN OFFICE PLAZA
100 GRANITE DR STE 207
MEDIA PA 19063-5134
610-566-8885
SUGAR, MD, MIKLOS PD
235 S RIDLEY CREEK RD
MEDIA PA 19063-4215
SULLIVAN, MD, EDWARD M OBG
1078 W BALTIMORE PIKE
MEDIA PA 19063-5105
610-566-3500
SUNDT, MD, LINDA M AN
417 WYNTRE LEA DR
BRYN MAWR PA 19010-2038
610-527-8468
SUPERDOCK, MD, KEITH R NEP
LANKENAU MED BLDG STE 130
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-649-1175
SURKIN, MD, MARC I OTO
400 BALLYTORE CIR
WYNNEWOOD PA 19096-2354
610-896-4545
SZABO, MD, PATRICIA E IM
5051 MARVINE AVE
DREXEL HILL PA 19026-4518
610-853-1115
TABAO, MD, NUNILA GRACE C US
171 ASHURST AVE
PRIMOS PA 19018
610-626-5012
TAUTJO, MD, EDWARD G L IM
914 S AVE APT U5
SECANE PA 19018
610-543-5850
TAXIN, MD, RICHARD N *DR
5 HILLTOP RD
WALLINGFORD PA 19086-6216
610-565-0289
TCHONG, MD, KUO-LIANG *PUD
COMMUN HOSP OF CHESTER
9TH & WILSON STS STE 201
CHESTER PA 19013
610-494-7711
TEANO, MD, DAN A NEP
5 THISTLE LANE
MEDIA PA 19063-5627
610-358-4746
TEDESCO, MD, ORLANDO P OM
400 PAXON HOLLOW RD
MEDIA PA 19063-1120
610-566-6916
TERRY, MD, CHARLES M PM
DREXELBROOK DR #63-6
DREXEL HILL PA 19026
610-566-1751
TERZIAN, MD, ALLEN E HEM
116 ALLGATES DR
HAVERFORD PA 19041-1056
610-896-0103
THOMAS, MD, GAILYN B OBG
100 E CHESTER PK
RIDLEY PARK PA 19078
610-521-4311
THOMAS JR, MD, JAMES A *ORS
CROZER-CHESTER MED CTR
PO BOX I STE 204
CHESTER PA 19013
610-874-2620
THORNTON III, MD, JAMES J GE
252 LANKENAU MED BLDG E
100 LANCASTER AVE
WYNNEWOOD PA 19096-3427
610-896-7360
THURMAN, MD, JOHN N IM
OUTPATIENT PAVILION 3408
1098 W BALTIMORE PIKE
MEDIA PA 19063-5139
610-565-6805
TIONGSON JR, MD, JOSE G *IM
103 E RIDLEY AVE
RIDLEY PARK PA 19078-3025
610-532-4233
TOBIA, MD, ENIO W GP
747 LOUISE DR
SPRINGFIELD PA 19064-1525
610-544-4353
TOMLINSON, MD, JOHN W *OPH
411 N MIDDLETOWN RD APT A132
LIMA PA 19063-4436
TORI, MD, JOSEPH N FP
15 N SWARTHMORE PIKE
RIDLEY PARK PA 19078
TORRENCE, MD, MICHAEL B PD
23 W CHESTER PIKE STE 200
RIDLEY PARK PA 19078-1629
610-521-1297
TRABULSI, MD, L RICHARD ORS
RIDDLE HEALTH CARE CTR II
1088 W BALTIMORE PIKE # 2302
MEDIA PA 19063-5136
610-565-6445
TREMBLAY, MD, ERNEST A *FP
1078 W BALTIMORE PIKE STE G3
MEDIA PA 19063-5105
610-566-0523
TREMBLAY, MD, GEOFFREY P CD
1078 W BALTIMORE PARK
SUITE 205
MEDIA PA 19063
610-566-9440

TREVLYN, MD, DEAN W ORS
2004 SPROUL RD 1ST FL
BROOMALL PA 19008
610-353-0800
TROTZKY, MD, MARGRET S PD
820 FOSS AVE
DREXEL HILL PA 19026-2518
TUCH, MD, ARTHUR F GE
211 FAIRFIELD DR
WALLINGFORD PA 19086-6813
610-566-1739
TULLAI, MD, JOHN AN
818 MEREDITH DR
MEDIA PA 19063-1714
TUMAIAN, MD, ARAM AN
9 KNIGHTS WAY
NEWTOWN SQUARE PA 19073-3027
610-353-5658
TUPCHONG, MD, LESLIE ON
MERCY CATH MED CTR-FITZ
LANSDOWNE AVE & BAILY RD
DARBY PA 19023
610-237-4370
TURNER JR, MD, J ELLIS GP
1113 PUTNAM BLVD
WALLINGFORD PA 19086-6766
610-876-4323
UPPAL, MD, PARVEEN CD
53W HILLCREST AVE
HAVERTOWN PA 19083
610-449-9081
VAKIL, MD, HASSAN C GS
RIDDLE OUTPATIENT PAVILION
PO BOX 603 STE 3411
MEDIA PA 19063-0603
610-565-4338
VALENTEEN, MD, J WALTER PUD
282 BELLEW AVE
WATERTOWN NY 13601
315-785-8551
VANETT, MD, BRUCE B ORS
2010 W CHESTER PIKE
HAVERTOWN PA 19083-2713
610-446-9410
VOGT, MD, MERLE A *OBG
207 BEAUMONT DR
WALLINGFORD PA 19086-6849
WALICHUCK, MD, JOHN G GP
RIDDLE VILLAGE
100 ARLIINGTON
MEDIA PA 19063-6001
610-565-1814
WALKER, MD, STEPHEN R U
565 S HEILBRON DR
MEDIA PA 19063-4549
610-565-9798
WALLACE JR, MD, JOSEPH OTO
2155 PARKTON LN
YORK PA 17404-1008
717-764-3564
WALLACH, MD, LAWRENCE END
CROZER-CHESTER MED CTR
POB II # 424
CHESTER PA 19013
610-872-8200
WALLER, MD, JOAN C IM
5101 TOWNSHIP LINE ROAD
DREXEL HILL PA 19026
610-446-5550
WALSH, DO, JOHN R IM
1843 S BROAD STREET
PHILADELPHIA PA 19148
215-468-8008
WARD, MD, EDWARD J OBG
5001 SE BRANDYWINE WAY
STUART FL 34997-8782
407-286-7725
WARFIELD, MD, ANNA S END
CROZER-CHESTER MED CTR
CHESTER PA 19013
610-872-8200
WARNING II, MD, WILLIAM J *FP
5000 HILLTOP DR STE 1
BROOKHAVEN PA 19015-1229
610-874-4404
WEAN, MD, LAWRENCE P IM
891 BALTIMORE PIKE
SPRINGFIELD PA 19064-3954
610-544-9890
WEBER, MD, GEORGE L OM
BENJAMIN WEST
750 OLD LANCASTER PIKE APT 51
BERWYN PA 19312-1324
610-993-1262
WEIBEL, MD, ROBERT E PD
DVIC
5600 FISHERS LN #8A35
ROCKVILLE MD 20857-0001
301-443-4814
WEIL, MD, SUSAN M OBG
CCMC ACP STE 333
15TH AND UPLAND STS
UPLAND PA 19013
WEINBERG, MD, CARROLL A P
261 INDIAN CREEK RD
WYNNEWOOD PA 19096-3405
610-642-1932
WEINBERG, MD, RICHARD A *D
930 SPROUL RD
SPRINGFIELD PA 19064-1217
610-544-7744

WEINER, DO, IRA H FP
1216 MONTGOMERY AVE
NARBERTH PA 19072-1751
610-668-8727
WERTHEIMER, MD, MARC J IM
5 CLUSTERS CHELSEY DR
MEDIA PA 19063
610-565-8600
WESTBY, MD, G RANDOLPH NEP
1 MED CTR BLVD STE 303
UPLAND PA 19013-3988
610-872-8501
WEYN, MD, ADRIAN S CD
CROZER-CHESTER MED CTR
15TH ST AND UPLAND AVE
UPLAND PA 19013-5313
610-876-2400
WHELAN, MD, STEPHEN T D
401 BAIRD RD
MERION STATION PA 19066-1416
610-664-7887
WHITAKER, MD, H CRAIG OBG
PEARL HALL CROZER-CHESTER
ONE MED CTR BLVD
UPLAND PA 19013
610-447-6497
WHITE, MD, ROBERT A OBG
712 DARBY RD
HAVERTOWN PA 19083-4606
610-449-7220
WHITMORE, MD, MASON R
PO BOX 814
ST COLLEGE PA 16804-0814
814-946-2697
WIDDOWSON, MD, HAROLD R AN
132 SEMINOLE AVE
NORWOOD PA 19074-1127
610-532-9481
WIESNER, MD, IRVING S P
119 PENNOCK PL
MEDIA PA 19063-3828
610-565-3419
WILKES, DO, KATHY L *FP
601 LAKESIDE AVE
HAVERTOWN PA 19083-2603
610-896-6906
WILKINSON, MD, HAROLD A FP
111 DARTMOUTH AVE
SWARTHMORE PA 19081-1620
610-543-5909
WILKINSON, MD, ROSELISE H *PD
8801 STENTON AVE
WYNDMOOR PA 19038
215-233-2050
WILLIAMS, MD, BURTON L R
8 ORCHARD LN
WALLINGFORD PA 19086-6707
WILLIAMS, MD, SUSAN L NEP
CROZER-CHESTER MED CTR
15TH ST & UPLAND AVE STE 303
CHESTER PA 19013-5313
610-872-8501
WITHAM, MD, REBECCA S PS
RIDDLE MEM HLTH CARE CTR
1078 W BALTIMORE PIKE STE 204
MEDIA PA 19063-5105
610-566-6744
WOHL-KRISTO, MD, CATHERINE V AN
5 PILGRIM LN
DREXEL HILL PA 19026-4807
WOLFE, MD, KENNETH H RHU
753 PALMER PL
BLUE BELL PA 19422-1724
215-628-0498
WOOD, MD, MADELINE S FP
1428 PONDS EDGE RD
W CHESTER PA 19382-7714
610-696-6283
YAGNIK, MD, REKHA P PD
2 STEEPLECHASE DR
MEDIA PA 19063-1953
610-565-0534
YARDNEY, MD, MARC J IM
210 ORCHARD WAY
WAYNE PA 19087-4806
610-688-6210
YARON, MD, NOEMI S PTH
149 HIGHLAND CIR
BALA CYNWYD PA 19004-2909
610-664-1697
YEOMAN, MD, MARGARET P PS
1500 MONK RD
GLADWYNE PA 19035-1317
610-272-7904
YODER, MD, MORRIS L IM
4807 ABERDEEN LANE
BLACKWOOD NJ 08012
610-446-4131
YOW, MD, MICHAEL V *CD
906 TWYCKENHAM RD
MEDIA PA 19063-1636
610-874-2521
YUM, MD, KEUK Y *GS
LANKENAU MED SCI BLDG
100 LANCASTER AVE STE 2210
WYNNEWOOD PA 19096-3427
610-642-4004
ZABEL, DO, CHRISTINE M FP
45 CEDARBROOK RD
ARDMORE PA 19003-1617
610-353-5840

ZAGURSKY, MD, JOYCE A IM
891 BALTIMORE PIKE
SPRINGFIELD PA 19064-3954
610-544-9890
ZAKEOSIAN, MD, GARABET M *AN
3909 GRADYVILLE RD
NEWTOWN SQUARE PA 19073-3124
610-353-0743
ZAMOSTIEN, MD, PAUL S *OBG
1 MED CTR BLVD STE 331
CHESTER PA 19013-3988
610-872-7660
ZEE, MD, MARY K EM
51 E KNOWLTON RD
MEDIA PA 19063-4926
610-565-4039
ZEINER, MD, GEORGE B OM
214 MARGARET WAY
KENNETT SQUARE PA 19348-1306
610-347-0746
ZIEGENFUS, MD, WILLIAM D U
1088 W BALTIMORE PIKE # 2105
MEDIA PA 19063
610-565-8444
ZINTL, MD, WILLIAM J GS
3001 GARRETT ROAD
DREXEL HILL PA 19026
610-626-4665
ZORANSKI, DO, BERNARD S IM
201 WILMINGTON
W CHESTER PIKE STE1400
GLEN MILLS PA 19342
610-358-9058
ZURBACH, MD, JAMES M ORS
PROF OFFICE BLDG
1 MED CTR BLVD STE 324
UPLAND PA 19013-3988
610-876-0347
ZWEBEN, MD, ALAN H IM
309 COLONIAL DR
WALLINGFORD PA 19086-6003
610-874-5785

ELK/CAMERON

CONWAY, MD, DAVID C *OBG
MED OFF BLDG
761 JOHNSONBURG RD STE 240
ST MARYS PA 15857-3472
814-834-6956
COPPOLO, MD, BERNARD L CD
121 ARCH ST
ST MARYS PA 15857-2151
814-834-2852
FLORES JR, MD, EMILIO G NM
ST MARYS REGIONAL MED CTR
763 JOHNSONBURG RD
ST MARYS PA 15857-3498
814-781-1445
GICK, MD, STEPHEN A *ORS
761 JOHNSONBURG RD STE 220
ST MARYS PA 15857-3480
814-834-1688
HALL, MD, MICHAEL M FP
177 WASHINGTON ST
ST MARYS PA 15857
814-834-1269
HARDAWAY, MD, ALFRED E *DR
610 W DEWEY ST
RIDGWAY PA 15853-9748
814-772-2308
JOLLY, MD, RAJ K OTO
20 N MICHAEL ST
ST MARYS PA 15857-1325
814-834-7720
JOSEPH, MD, KADANKAVIL C GS
MED OFFICE BLDG
761 JOHNSONBURG RD STE 130
ST MARYS PA 15857-3480
814-781-1188
KAMINSKA, MD, BARBARA IM
90 E 2ND ST
PO BOX 270
EMPORIUM PA 15834-0270
814-486-1115
KEARNEY, DO, STARR M *IM
ELK COUNTY GEN HOSP
94 HOSP ST
RIDGWAY PA 15853-1931
814-776-6111
LIN, MD, PU CHING R
616 N MAPLE AVE
RIDGWAY PA 15853-9753
814-773-5959
LU, MD, LUIS W OPH
765 JOHNSONBURG RD
ST MARYS PA 15857
814-781-3435
MYERS, KATHY EXEC
ELK/CAMERON CO MED SOC
1210 TREASURE LAKE
DUBOIS PA 15801
814-371-5128
NANDHAKUMAR, MD, AYYAVOO AN
ELK COUNTY GEN HOSP
RIDGWAY PA 15853
814-776-6111
PATANKAR, MD, JAYANT L FP
921 VINE ROAD EXT
SAINT MARYS PA 15857-2041
814-834-9445
REGEC, MD, STEPHEN P OBG
DUBOIS REG MED CTR
PO BOX 447
DUBOIS PA 15801-0447
814-375-1068

SAND, MD, VIJAICHAND S U
99 HOSP ST
PO BOX 324
RIDGWAY PA 15853
814-772-7400
SARGINGER, MD, LARRY J *FP
121 E ARCH ST
ST MARYS PA 15857-1701
814-834-2850
SORIANO JR, MD, MANUEL G U
DOVE ST
ST MARYS PA 15857
SUBRAMANY, MD,
NARAYANASWAMY GS
761 JOHNSONBURG RD STE 130
ST MARYS PA 15857-3480
814-781-1188
THAKER, MD, UPENDRA N AN
948 BILLE RD
ST MARYS PA 15857-3070
814-834-6085
THOMPSON, MD, WILLIAM W GP
107 CENTER ST
RIDGWAY PA 15853-1701
814-772-3841
UDARBE, MD, GUILLERMO G FP
102 CENTER ST
RIDGWAY PA 15853-1716
814-772-2363
VALDES, MD, CONRADO A AN
400 GREEVES ST
KANE PA 16735-1518
814-837-7757
VALIGORSKY, MD, PAUL J AN
PO BOX 43
FORCE PA 15841-0043
814-787-5131
WAGNER, MD, ROBERT E IM
RR 3 BOX 190A
COUDERSPORT PA 16915-9555
814-274-8771
WERNER, MD, A WILLIAM DR
441 CHURCH ST
ST MARYS PA 15857-1013
814-834-5239
WU, MD, CHAU H *FP
701 PENN ST
JOHNSONBURG PA 15845-1249
814-965-5511

ERIE

ALBAUGH, MD, MARY ANNE CHP
6455 FIELD VALLEY LN
FAIRVIEW PA 16415-1725
814-833-0511
ALBERT II, MD, JOHN D AN
201 STATE ST
ERIE PA 16550-0001
814-877-2137
ALLANIGUE, MD, ROGELIO M IM
20 W HIGH ST
UNION CITY PA 16438-1229
814-438-2153
ALLEN, MD, HUGH L IM
2323 EDINBORO RD APT 380A
ERIE PA 16509-3481
814-866-3376
ALLISON, DO, ROBERT B FP
8424 E LAKE RD
ERIE PA 16511-1641
814-899-0071
ALMASHAT, MD, ALA A GS
MED ARTS BLDG
132 N MAIN ST
UNION CITY PA 16438-1061
814-438-7550
ALMOUIST, MD, JOHN F FP
41 W MAIN ST
NORTH EAST PA 16428-1135
814-725-8711
AMACHER, MD, HOWARD C FP
3125 FRENCH ST
ERIE PA 16504-1068
814-456-2047
ANDERSON JR, MD, WILLIAM H GP
13633 RIDGE RD
W SPRINGFIELD PA 16443-9709
ANON, MD, JACK B OTO
3580 PEACH ST
ERIE PA 16508-2776
814-864-9994
APARICIO, MD, LUIS F PDE
300 STATE ST
ERIE PA 16507-1427
814-452-2218
ARAMOONIE, ANTHONY ES ST
2696 WILLOWOOD DR
ERIE PA 16506-5105
BAKER, MD, GRAEME C PS
300 STATE ST STE 303
ERIE PA 16507-1430
814-453-4397
BALINT, MD, BART W AN
9434 FRANKLIN CTR RD
CRANESVILLE PA 16410-9404
814-774-2105
BALLENGEE, MD, GREGORY B OBG
215 HOLLAND ST
ERIE PA 16507
814-453-5058
BALMASEDA, MD, MARIO T PM
143 E 2ND ST
ERIE PA 16507-1501
814-878-1290

BARBER, MD, JOSEPH C PD
3580 PEACH ST
ERIE PA 16508-2776
BARZYK, MD, PETER P NEP
300 STATE ST
#302
ERIE PA 16507-1427
814-455-1321
BATHRICK, MD, CHARLES E DR
RADIOLOGY ASSOC OF ERIE
104 E 2ND ST
ERIE PA 16507-1586
814-459-7231
BAUMAN, MD, JEANNE A R
104 E 2ND ST
ERIE PA 16441-8739
814-459-7231
BAUMAN, DO, JOHN M AN
ANES CONSULTANTS ERIE
225 W 25TH ST STE 408
ERIE PA 16502-2734
814-454-8885
BAXTER JR, MD, DONALD L D
3416 STATE ST
ERIE PA 16508-2832
814-456-7548
BEATON, DO, DAVID L OBG
110 HUNTERS CREEK RD
ERIE PA 16509-3568
814-866-9417
BEAVER, MD, WARREN J FP
3929 W 38TH ST
ERIE PA 16506-4091
814-833-5653
BEDNARSKI, MD, JEFFREY J GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
BEEBY, MD, JAMES L GS
3228 GEORGIAN CT
ERIE PA 16506-1168
BENES III, DO, FRANK J EM
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-877-6485
BENJAMIN, MD, DAVID R D
3416 STATE ST
ERIE PA 16508-2832
814-456-7548
BENNETT, MD, LEO L IM
1135 SOUTHVIEW DR
ERIE PA 16509-2574
814-864-4755
BERESKY, MD, BARNABAS S GER
472 HILLTOP RD
ERIE PA 16509-2324
814-866-5302
BIENIEK, MD, RUSSELL B EM
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544
814-452-5337
BLOOMSTINE, MD, MARK T ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
BOHATIUK, MD, GEORGE M PM
3330 W 26TH ST
ERIE PA 16507
814-838-8892
BOHLENDER, MD, GEORGE P *OBG
2323 EDINBORO RD STE 358
ERIE PA 16509-3480
814-474-5751
BORCZON, MD, DENNIS P *CHP
4660 W 12TH ST
ERIE PA 16505-3008
814-838-7199
BOSSART, MD, BARBARA A *GS
108 W SMITH ST
CORRY PA 16407-1412
814-664-8556
BOTTI, KASANDRA A ST
12519 RIDGE RD
N HUNTINGDON PA 15642
BOURN, MICHAEL V ST
13842 CONGRESS LAKE RD
HARTVILLE OH 44632
BOWERS, MD, STEVEN K IM
104 EAST 2ND ST
ERIE PA 16507-1532
814-456-9191
BOYLE, MD, RICHARD C FP
9924 SMITH ST
LAKE CITY PA 16423-1418
BRERETON, MD, WILLIAM F HEM
REGIONAL CANCER CTR
2500 W 12TH ST
ERIE PA 16505-4508
814-838-9000
BROCKMYER, MD, M LAWRENCE GS
1154 CANDY LN
ERIE PA 16505-1434
814-838-7139
BROTHERSON, MD, GARY T OPH
1801 W 8TH ST
ERIE PA 16505-4938
814-455-8004
BROWN, MD, A CRAIG CRS
3216 STATE ST
ERIE PA 16508-2822
814-456-2976

BROWN, MD, CHRISTINE M FP
4662 WALTON WOODS DR
ERIE PA 16511-3308
814-899-3682
BRZOZOWSKI, MD, JAN F OBG
311 W 24TH ST
SUITE 303
ERIE PA 16502-2666
814-459-1851
BSAT, MD, FADI A MFM
OB/GYN ASSOC OF ERIE
311 WEST 24TH ST STE 303
ERIE PA 16502
814-459-1851
BU, MD, TAE-HYUNG OBG
2314 SASSAFRAS ST
ERIE PA 16502-2722
814-452-4505
BURBRIDGE, MD, GEOFFREY R IM
140 W 2ND ST
ERIE PA 16505
814-455-1321
BUSECK, MD, MARK S ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
BYBEL, MD, GRETCHEN FP
1319 TOP RD APT A2
ERIE PA 16505-2557
814-454-0483
BYERS, MD, ROBERT O IM
1500 S OCEAN BLVD APT 604
POMPANO BEACH FL 33062-7417
BYRNE, JENNIFER ST
1713-B W GRANDVIEW BLVD
ERIE PA 16509
CACCHIONE, MD,
JOSEPH GERALD CD
224 WEST 26TH STREET
ERIE PA 16508
814-453-7767
CACCHIONE, DO, PHILIP M FP
3535 PINE AVE
ERIE PA 16504-1743
CARNEVAL, DO, DANIEL C ORS
306 W 11TH ST
ERIE PA 16501-1746
814-455-0981
CARTER, MD, JOSEPH H AN
1254 TOP ROAD
ERIE PA 16505
814-459-8468
CARVELLI, MD, JOSEPH A FP
3036 W 26TH ST
ERIE PA 16506-2504
814-877-7035
CASTRO, MD, OTHONIEL N
137 E ARLINGTON RD
ERIE PA 16509-3603
814-866-2624
CERASO, MARK J ST
182 GRANT AVE
VANDERGRIFT PA 15690
CERMAK, MD, MARY BETH HNS
300 STATE ST STE 205
ERIE PA 16507-1429
814-456-6022
CHAFFEE, DO, REBECCA K OBG
140 W 2ND ST
ERIE PA 16507-1423
814-454-5834
CHAPMAN, MD, PENELOPE P
222 SUPERIOR AVE
ERIE PA 16505
814-459-4950
CHICO, ANTHONY A ST
RT 113 & POTHOUSE RD
PHOENIXVILLE PA 19460
CHINSKY, MD, KENNETH D IM
4802 SHELLBARK CT
ERIE PA 16506-4356
814-833-4097
CHIU, MD, EDWARD K Y IM
300 YORK ST
CORRY PA 16407
814-665-8288
CHORAZY, MD, ZDZISLAW J *U
311 W 24TH ST
ERIE PA 16502-2665
814-452-4214
CHRISTIAN II, MD, HORACE D *GS
104 E 2ND ST
ERIE PA 16507
814-455-4404
CHRISTIANSEN, MD, DEANNE M CHP
191 TOWNHALL RD WEST
WATERFORD PA 16441-9218
814-864-0884
CHU, MD, WINSTON *PS
PO BOX 3496
ERIE PA 16508-0496
814-868-8632
CHUNG, MD, CHIN-YONG PD
2409 STATE ST
ERIE PA 16503-1852
814-455-4429
CHUNG, TAMMY H ST
5936 OLD FOREST LN
W CHESTER PA 45069
COHEN, MD, WILLIAM W FP
3822 WAYNE ST
ERIE PA 16504-2275
814-825-8031

COLE, MD, DENNIS G ORS
1611 PEACH ST STE 444
ERIE PA 16501-2123
814-453-5049
CONGILOSI, MD, SUSAN M CRS
3216 STATE ST
ERIE PA 16508
814-456-2976
COOVER, MD, LEONARD R R
RADIOLOGY ASSOC OF ERIE
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
CORTINA, MD, GARY J ORS
ORTHO & SPORTS MED
300 STATE ST STE 400A
ERIE PA 16507
814-454-8287
CROSS, MD, RAQUEL IM
4208 STATE ST
ERIE PA 16508-3132
CRUZ, MD, ROGELIO A GS
300 YORK ST
CORRY PA 16407-1413
814-665-8288
CUTRI, PETER A ST
4618 IDYLLBROOK VILLAGE LN
ERIE PA 16506-5286
CZYRNY, NANCY A ST
1801 TREETOP DRIVE #4A
ERIE PA 16509
DAIL, MD, E MICHAEL OBG
215 HOLLAND ST
ERIE PA 16507
814-453-5058
DAILEY, MD, ELLEN E OBG
311 W 24TH ST STE 403
ERIE PA 16502-2666
814-459-1851
DAILEY, MD, JAMES P OPH
300 STATE ST STE 200A
ERIE PA 16507-1427
814-456-4241
DANGELO, MD, GEORGE J TS
104 E 2ND ST
ERIE PA 16507
814-453-6751
DANIELE, MD, JOSEPH O GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
DAVIDSON, MATTHEW D ST
820 RUNVILLE RD
BELLEFONTE PA 16823
DECKER, MD, RICHARD L FP
104 E 2ND ST 3RD FLR
ERIE PA 16507
814-877-3431
DEFRANCO, MD, RICHARD J OBG
3330 PEACH ST STE 104
ERIE PA 16508
814-864-6642
DEIMEL, MD, JOSEPH F FP
3330 PEACH ST STE 106
ERIE PA 16508-2771
814-868-5202
DEMARCO, MD, JOHN J OBG
1840 S SHORE DR
ERIE PA 16505-2349
814-459-8150
DEMATTEIS, MD, JAMES A *N
104 E 2ND ST
ERIE PA 16507-1532
814-877-4600
DEMJANENKO, MD, PAUL CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
DENNISTON, MD, BARON T *CHP
2409 STATE ST
ERIE PA 16503-1852
814-454-1050
DESHPANDE, MD,
SHARADCHANDRA EM
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
814-452-5000
DHALIWAL, MD, RANJIT S TR
REGIONAL CENCER CTR
2500 W 12TH ST
ERIE PA 16509-3718
814-838-9000
DIEFENBACH, MD, WILLIAM P NS
311 W 24TH ST
ERIE PA 16502-2665
814-455-4868
DIETEMAN, MD, DAVID F *D
3190 GLENWOOD PARK AVE
ERIE PA 16508-2746
814-459-2726
DIMARCO, DO, LINDA M FP
5110 MERILEE DR
ERIE PA 16506-4372
814-835-1703
DIORIO, CHRISTOPHER ST
6920 FOREST MANOR DR
DENVON NC 28037
DIPLACIDO, AUDREY EXEC
3211 LIBERTY ST
ERIE PA 16508-2532
814-866-6820

DOHERTY, MD, JOHN C FP
701 KAHKWA BLVD
ERIE PA 16505-4607
814-453-6494
DOMBROWSKI, DO, MARIANNE US
1708 GRANADA DR APT 9
ERIE PA 16509
814-864-5726
DOSCH, MARK T ST
589 PINE LINE DR
PITTSBURGH PA 16509-4511
DOUPE, MD, DAVID W OBG
634 W 2ND ST APT 205
ERIE PA 16507-1192
814-455-8267
DUDA, MD, JOHN R EM
9733 EDINBORO RD
MC KEAN PA 16426-1915
814-476-7388
DUDENHOEFER, MD,
CHRISTIAN P FP
9500 SILVERTHORN RD
MCKEAN PA 16426
DUDENHOEFER, MD,
FREDERICK J *A
140 W 2ND ST
ERIE PA 16507-1423
814-456-5341
DUGAN, MD, THOMAS M CD
311 W 24TH ST STE 401
ERIE PA 16502-2667
814-453-7767
DULABON, MD, DAVID A *U
311 W 24TH ST
ERIE PA 16502-2665
DUNN, MD, DAVID D GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404
ECKBERG, MD, JOHN J IM
311 W GRANDVIEW BLVD
ERIE PA 16508-3041
814-866-1072
EISENBERG, MD, RICHARD B PTH
4929 EDGEVALE DR
ERIE PA 16509-2341
814-866-3272
ENGEL, MD, GREGORY S GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404
ERB, MD, KATHLEEN M GS
316 WEST 23RD STREET
ERIE PA 16502
814-455-9038
ESPER, DO, ERIK O GP
5050 W RIDGE RD
ERIE PA 16506-1298
814-833-8800
ESPER, DO, JEFFREY J N
104 E 2ND ST STE 808-B
ERIE PA 16507-1532
814-877-4600
ESPER, DO, RONALD A GS
5050 W RIDGE RD
ERIE PA 16506-1216
814-833-8800
ESPER, DO, STEPHANY F GP
5050 W RIDGE RD
ERIE PA 16506-1216
814-833-8800
EULIANO JR, MD, JOHN J ORS
ORTHO & SPORTS MED
300 STATE ST STE 400-A
ERIE PA 16507-1430
814-454-8287
EULIANO SR, MD, JOHN J ORS
515 FRONTIER DR
ERIE PA 16505-2511
814-454-7541
FADRIGO, MD, ANDREA J PD
HAMOT MED CTR
201 STATE ST
ERIE PA 16550
814-453-3766
FALASCA, DO, THOMAS D *AN
3211 LIBERTY ST STE 201
ERIE PA 16508-2532
814-833-0504
FERRARO, MD, ROBERT J CD
104 E 2ND ST
ERIE PA 16509-3837
814-456-8980
FERRETTI, DO, SILVIA M PM
1858 W GRANDVIEW BLVD
ERIE PA 16509-1025
814-866-3986
FESSLER, MD, THOMAS J ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
FIERRO, DO, VINCENT S GE
5451 PEACH ST
ERIE PA 16509-2601
814-866-3986
FIESSELER, FREDERICK W ST
50 LINCOLN LAUREL RD
BLAIRSTOWN NJ 07825
FILIPPI, MD, RONALD S IM
2702 CASCADE ST
ERIE PA 16508-1506
814-864-1485

FINN, MD, JOANNE OBG
140 W 2ND ST
ERIE PA 16507-1423
814-454-5834
FITZGIBBON, MD, LEO D TS
225 W 25TH ST STE 310
ERIE PA 16502
814-455-3986
FLAMINI, MD, JOHN A *N
3504 STATE ST
ERIE PA 16508-2834
814-455-8096
FLITTER, MD, MARC A *NS
104 E 2ND ST
ERIE PA 16507-1532
814-877-7080
FORTNA, MD, SANDRA J ID
104 E 2ND ST
ERIE PA 16507
814-877-7072
FOX, MD, BRADLEY P FP
926 W 38TH ST
ERIE PA 16508
814-868-9828
FRANKLIN, MD, NORMAN PTH
1324 S SHORE PL APT 106
ERIE PA 16505
814-453-4551
FRANKOVITCH, MD, KARL F ORS
1645 W 8TH ST
ERIE PA 16505-5007
814-875-8729
FRONC JR, MD, HENRY C CD
104 E 2ND ST
ERIE PA 16507
814-456-8980
FRYCZYNSKI, MD, THADDEUS P CD
2185 S SHORE DR
ERIE PA 16505
814-456-8583
FRYER, MD, THERESA F RHU
300 STATE ST STE 204
ERIE PA 16507-1429
814-452-2218
FURR, MD, CHARLES M CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
FUST, MD, JOHN A PTH
6854 FUST ROAD
SHERMAN NY 14781
GALLAGHER, DO, JOHN M DR
4690 GLEN CREST DR
ERIE PA 16509-3674
GALLAGHER, MD, PHILIP E A
140 W 2ND ST
ERIE PA 16507-1423
814-456-5341
GARCIA, MD, GERALD D PS
COMPREHENSIVE PLASTIC SURGERY
4355 PEACH ST
ERIE PA 16509
814-868-9937
GARVEY, MD, WILLIAM P FP
C/O MRS JEFFREY SMICKER
2189 HARE RD
WATERFORD PA 16441-9641
GEIGLE, MD, CARL F CRS
469 GORDON LN
ERIE PA 16509-2303
814-864-2632
GEITZ, MELISSA A ST
493 FORREST AVE
BETHLEHEM PA 18017
GEORGE, MD, JACOB TS
225 W 25TH ST
ERIE PA 16502-2703
814-455-3986
GERMAN, MD, ANTONIO I PTH
ASSOC CLIN LABS
1526 PEACH ST
ERIE PA 16501-2190
814-453-6621
GILES, MD, P DUDLEY PS
300 STATE ST STE 301E
ERIE PA 16507
814-453-4482
GLASER, MD, ALAN L AN
4666 GLEN CREST DR
ERIE PA 16509-3674
814-866-3145
GMUER, MD, PAUL J GE
238 W 22ND ST
ERIE PA 16502-2613
814-452-2767
GOKHALE, MD, SUDHIR B OTO
1611 PEACH ST
ERIE PA 16501-2109
814-456-2031
GOLD, MD, JACK PD
4425 UPLAND DR
ERIE PA 16509-1654
GOODYEAR, MICHAEL H ST
9340 EDMUND ST
PHILADELPHIA PA 19114-4006
GOTTESMAN, DO, MAX W CHP
2185 WEST 8TH ST
ERIE PA 16505-4747
814-454-1240
GREEN III, MD, EDWARD US
220 W GORE RD APT 6
ERIE PA 16509
814-864-4436

GRIMES, KELLY D ST
3012 BENTREE LN
BEDFORD TX 76021
GRUSZECKI, AMY C ST
735 KENWOOD DR
OLYPHANT PA 18447
GUELCHER, MD, ROBERT T OTO
3580 PEACH ST
ERIE PA 16508-2776
814-864-9994
GUNDUZ, MD, PAULA A OBG
12 E MAIN ST
NORTH EAST PA 16428-1308
GUSTIN, MD, THOMAS A P
300 STATE ST STE 208
ERIE PA 16507-1429
814-452-2316
GUTHLEBEN, MD, JOHN G *OBG
1611 PEACH ST STE 335
ERIE PA 16501-2122
717-453-5894
GUZZARDO, MD, MICHAEL N FP
2560 W 12TH ST
ERIE PA 16505-4508
814-833-9580
HAIBACH, MD, RAYMOND A FP
3330 PEACH ST STE 106
ERIE PA 16508-2771
814-868-5202
HALL, MD, RICHARD N NS
HAMOT OCCUPATIONAL HLTH SRVS
201 STATE ST
ERIE PA 16550-0001
814-452-6622
HANAWALT, MD, MARTIN E PD
104 E 2ND ST 3RD FL
ERIE PA 16507
814-877-6187
HANDEL, HEIDI S ST
3242 LYNANN LN
FAIRVIEW PA 16415-1021
HARDY, MD, HEIDRUN D *AN
201 STATE ST
ERIE PA 16550-0001
814-870-6000
HARRISON, KURT D ST
4221 ELLSWORTH ST
ERIE PA 16509-1054
HENNESSEY, MD, MICHAEL S EM
11212 FIRETHORN RD
WATTSBURG PA 16442-9754
814-739-9601
HENRY, MD, SCOTT P *GE
300 STATE ST STE 103A
ERIE PA 16507-1427
814-456-7733
HERBST, MD, CHARLES G RHU
3317 LIBERTY ST
ERIE PA 16508-2558
814-868-8531
HERRICK, RICHARD E ST
311 GAINES AVE
MOBILE AL 36609
HEYD, MARK L ST
RR 3 BOX 194X
JERSEY SHORE PA 17740-9339
HICKS, DO, LAURENCE V FP
4329 HARVARD
ERIE PA 16509-1040
814-864-1023
HILEMAN, MD, JAMES D GP
PO BOX 1
SPRING CREEK PA 16436-0001
814-664-8347
HINES, MD, JOSEPH H END
300 STATE ST
ERIE PA 16507-1427
814-452-2218
HO, MD, SZE-KEY P
1383 STRATHMANN DR
SOUTHAMPTON PA 18966-4368
HOOBLER, MD, RANDALL J AN
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-877-6000
HOOD, MD, JOHN M ORS
300 STATE ST STE 205
ERIE PA 16507-1427
814-456-6022
HOU, MD, CHING W OBG
210 N CENTER ST
CORRY PA 16407-1627
814-664-9238
HOWELL JR, MD, DAVID D ON
6019 SADDLEHORN DR
ERIE PA 16506-4721
814-866-3283
HRINDA, MD, JOHN G FP
PO BOX K
FAIRVIEW PA 16415-0811
814-474-1502
HUDSON, MD, HOWARD L R
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
HYATT, MD, FLOYD R R
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
814-452-5431

IGNOCHECK, MD, ANTHONY R FP
41 W MAIN ST
NORTH EAST PA 16428-1135
814-725-8711
JAFFE, MD, SEYMOUR S GP
RD 2 BOX 124
CORRY PA 16407-9118
814-664-4443
JANA, MD, DILIP K CD
2931 PEACH ST
ERIE PA 16508-1842
814-456-6258
JOHNS IV, MD, WALTER S IM
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
JOHNSON, MD, BRETT A FP
104 E 2ND ST
ERIE PA 16507-1532
814-877-6131
JOHNSON , MD, JEANNE D US
2809 CHABLIS DR
ERIE PA 16506
814-835-1038
JOHNSTON, DO, CRAIG T FP
PINECREST FAM PRAC
3535 PINE AVE
ERIE PA 16504-1743
814-877-7075
JONES, DO, WAYNE T EM
1701 SASSAFRAS ST
ERIE PA 16502
814-870-1010
JOY, MD, CHARLES A IM
350 EATON RD
RR 2
FAIRVIEW PA 16415-1510
814-474-5102
JOY, MD, CHARLES R *CHP
4406 SUNNYDALE BLVD
ERIE PA 16509-1651
814-868-1621
JUANG, MD, RICHARD C GS
318 MAIN ST E
GIRARD PA 16417-1709
814-774-2668
JURGENS, MD, KENNETH H PTH
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
814-452-5383
KALAGAYAN, MD, HECTOR J GS
PO BOX 352
UNION CITY PA 16438-0352
814-438-3854
KALKHOF, MD, THOMAS C *GER
PO BOX 7265
ERIE PA 16510-0265
814-898-1661
KAMINSKY, MD, JAMES F AN
532 MONTMARC BLVD
ERIE PA 16504
KARAMANIAN, MD, AGOP V AN
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-838-3278
KARNOSKI, TINA M ST
558 ALLEN ST
WEST HAZLETON PA 18201
KARPINSKI, MD, HENRY B GS
4909 EDGEVALE DR
ERIE PA 16509-2341
814-864-1609
KARSH, MD, CARL A GP
160 OAKMONT AVE
NORTH EAST PA 16428-1422
KASTRUP, MD, JOHN J ORS
1611 PEACH STREET
SUITE 444
ERIE PA 16501-2109
814-453-5049
KATZ, MD, JAMES D RHU
300 STATE ST STE 204
ERIE PA 16507
814-452-2218
KEMP, DO, DWIGHT T ORS
6665 MANCHESTER FARMS RD
FAIRVIEW PA 16415
814-474-5409
KESSLER, BRIAN A ST
RR 2 BOX 106
LOWER BRUSH MT ROAD
HOLLIDAYSBURG PA 16648-9718
KHAN, MD, MILLY P FP
41 W MAIN ST
NORTH EAST PA 16428
814-725-8711
KHERA, MD, DINESH C GE
238 W 22ND ST
ERIE PA 16502-2613
814-452-2767
KISH, MD, GEORGE F CDS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
KLAUS, MD, THOMAS C IM
3304 FOREST DR
ERIE PA 16505-1819
814-452-8669
KLAWON, MD, DAVID L PTH
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544
814-452-5383

KLEES, DO, DAVID A FP
217 W 11TH ST
ERIE PA 16506-3155
814-452-4548
KOHUT, DO, PAUL A GP
3223 GEORGIAN CT
ERIE PA 16506-1115
814-838-2181
KOSENKO, MD, ALEXANDER IM
300 STATE ST
ERIE PA 16507-1427
814-455-2279
KREMER JR, MD, EDWIN S OBG
405 GLENWOOD BLVD
ERIE PA 16509-1640
814-864-1905
KRUSZEWSKI, DO, DAVID M FP
3535 PINE AVE
ERIE PA 16504-1743
814-454-3363
KUDVA, MD, VIDYA B PM
137 W 2ND ST
ERIE PA 16507-1403
814-453-5602
KUHN, MD, RICHARD H FP
2314 SASSAFRAS ST
STE 200
ERIE PA 16502
814-452-5105
KUKLINSKI, MD, LAWRENCE M ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
KUMAR, VIVEK V ST
3180 W 41 ST
ERIE PA 16506-5316
KURIC, MD, KEVIN M FP
HAMOT FAM PRACTICE RESIDENCY
104 E 2ND ST
ERIE PA 16507-1532
814-877-6187
LAMAS, MD, CARLOS C PTH
201 STATE ST
ERIE PA 16550-0001
814-877-6000
LAMBERTON, MD, WILLIAM D FP
4105 VISTA DRIVE
ERIE PA 16506-4045
814-838-7637
LAMBERTON, MD, WILLIAM F IM
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
LAMP, MD, ALBERT L PD
4227 TRASK AVE
ERIE PA 16508-3141
814-866-6545
LARSEN, CHRISTIAN J ST
14490 CENTURY OAK DR
STRONGSVILLE OH 44136
LASHER, MD, J DONALD GS
4909 WATSON RD
ERIE PA 16505-1329
LASHER, MD, ROBERT L *GS
217 INDIANA DR
ERIE PA 16505-2123
814-455-5114
LAUER, MD, CARL G VS
3211 LIBERTY ST
ERIE PA 16508-2575
LAYDEN, MD, PAUL W ORS
6726 MANCHESTER BEACH RD
FAIRVIEW PA 16415-1636
814-474-1160
LEE, MD, AUNG PWIRT AN
401 VOYAGEUR DR
ERIE PA 16505-5425
814-454-8885
LENT, JAIME C ST
3934 W RIDGE RD
ERIE PA 16506
LESSESKI, DO, DAVID C FP
PRESQUE ISLE FAM MED
2564 WEST 12 STREET
ERIE PA 16505
814-836-9209
LEVINE, ETHAN ST
181 GARTH RD APT 2C
SCASDALE NY 10583
LEVINE, MD, MARK J FP
104 E 2ND ST
ERIE PA 16507-1532
814-877-6131
LEVINSON, MD, PETER G OBG
3211 LIBERTY ST
ERIE PA 16508-2532
814-866-1333
LEVY, MD, DAVID J *GE
BAYFRONT DIGESTIVE DISEASES
300 STATE ST STE 103A
ERIE PA 16507-1427
814-456-7733
LEVY, MD, STEVEN A IM
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-877-6077
LIM, DO, SCOTT J M D
4538 PEACH ST
ERIE PA 16509-1320
814-864-2625

LINNEMANN, THOMAS M ST
1807 TREETOP DR APT 15B
ERIE PA 16509
LIPMAN, MD, SIDNEY P OTO
3580 PEACH ST
ERIE PA 16508-2776
814-864-9994
LISZKA, DO, ANNE-MARIE IM
140 W 2ND ST
ERIE PA 16507-1423
814-455-1321
LIVERNOIS, MD, RICHARD G OPH
PLAZA 38 MED CTR
2010 W 38TH ST
ERIE PA 16508
814-868-2020
LLOYD, MD, GERALD R FP
315 YORK ST
CORRY PA 16407-1412
814-664-8686
LOEB, MD, ROBERT L IM
2169 S SHORE DR
ERIE PA 16505-2249
814-454-2926
LONG, MD, RICHARD W CDS
225 W 25TH ST
ERIE PA 16502-2703
814-455-3986
LOVERANES, MD, MARIANO D GS
13466 RT 6
CORRY PA 16407-8916
814-664-2238
LUBAHN, MD, JOHN D ORS
300 STATE ST STE 205
ERIE PA 16507-1429
814-456-6022
LUND, MD, KURT E FP
315 YORK ST
CORRY PA 16407
814-664-8686
LUND, MD, PETER S *U
311 W 24TH ST
ERIE PA 16502-2665
814-452-4214
LYONS, MD, GARY W CDS
225 W 25TH ST
ERIE PA 16502-2703
MACLACHLAN, MD, WILLIAM W OTO
228 KAHKNA BLVD
ERIE PA 16505
814-454-3565
MAINZER, MD, FRANCIS K NS
1149 SPRING VALLEY DR
ERIE PA 16509-2950
MAKAROWSKI, MD, WILLIAM S RHU
1781 W 26TH ST
ERIE PA 16508-1256
814-454-5896
MANASSE, MD, HOWARD S OPH
311 W 24TH ST
STE 301
ERIE PA 16502-2665
814-455-7591
MARSHALL, MD, JACK H FP
4955 WATSON RD
ERIE PA 16505-1329
MARTINI, MD, VICTOR S *FP
5132 CLINTON DR
ERIE PA 16509
814-866-5518
MASON, MD, GREGG C ORS
204 WEST 26TH STREET
ERIE PA 16508-1806
814-454-2401
MASSEY, MD, GORDON J GP
44 E DIVISION ST
NORTH EAST PA 16428-1350
MASTERS, DO, THOMAS R FP
301 W 10TH ST
ERIE PA 16502-1440
814-453-7978
MAXA JR, DO, ROBERT L FP
2654 W 12TH STREET
ERIE PA 16505
814-836-9209
MCCARTNEY, MD, RONALD L R
11296 DONATION RD
WATERFORD PA 16441-9620
MCCOMBS, MD, RAY D GP
4834 WOLF RD
ERIE PA 16505-1338
814-833-1774
MCCORMICK, JAMES T ST
2670 W 38TH ST APT 6C
ERIE PA 16506-4540
MCGEE, MD, DAVID M *NS
MODERN TOOL SQUARE
333 STATE ST STE 202
ERIE PA 16507-1450
814-455-7452
MCGEEHAN, MD, PAUL A R
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
MCGUIRE, MD, THOMAS E FP
GENERAL ELECTRIC
2901 E LAKE RD BLDG 2-1
ERIE PA 16531-0001
814-875-6199
MCJUNKIN, MD, CHERYL L FP
104 E 2ND ST
ERIE PA 16550-0001
814-870-6187

MCLAUGHLIN, FRANK J ST
3 SHELHAMER DR
EDINBORO PA 16412
MCNEILL, MD, DONALD B OBG
4703 SUNNYDALE BLVD
ERIE PA 16509-2239
814-866-6644
MICHALAK, MD, DENNIS M W CDS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
MILLER, DANIELLE M D ST
1929 W 37TH ST
ERIE PA 16508
MILLER III, JOHN L ST
1688 W GRANDVIEW
ERIE PA 16509
MILLER, MD, ROLAND E FP
4234 S SHORE DR
ERIE PA 16511-1335
814-899-2080
MILLER II, MD, TOM R FP
201 WATERFORD ST
EDINBORO PA 16412-2226
MINGEY, MD, JOHN R IM
213 E 41ST ST
ERIE PA 16504-2009
814-864-4987
MINK, MD, KENNETH R FP
8170 MILLFAIR RD
MCKEAN PA 16426
814-838-6396
MIR, MD, DAVID J ORS
3828 EDGEBROOK WAY
ERIE PA 16506-3860
MISCHLER, MD, FORREST C GS
104 E 2ND ST
ERIE PA 16507-1532
814-455-4404
MIX, MD, WILLIAM A FP
176 E MAIN ST
NORTH EAST PA 16428-1327
814-725-8636
MOHANDAS, MD, USHA K IM
300 YORK ST
CORRY PA 16407-1413
814-665-8288
MOORE, DO, JOHN F FP
709 CHURCH HILL CT
CRANBERRY TWP PA 16066
412-772-4369
MORK, MD, GUSTAVE W PD
PO BOS 6115 STREET #104
ERIE PA 16512-6115
MOYER, MD, THELBERT R PM
926 PARKSIDE CT
CHAMBERSBURG PA 17201
MOZDY, MD, FRANK E FP
2618 SIGSBEE STREET
ERIE PA 16508
814-453-2594
MOZDY, MD, LAUREN M AN
4517 PERKINS ST
ERIE PA 16509
814-864-4481
MRAZ, MD, JAMES E ORS
204 W 26TH ST
ERIE PA 16508-1806
814-454-2401
MRAZ, MD, JOHN P D
2620 SIGSBEE ST
ERIE PA 16508-1721
814-454-2879
MSZANOWSKI, MD, EDWIN M GS
822 COMPASS DR
ERIE PA 16505
MYERS, MD, DANIEL T EM
553 LONE PINE CT
ERIE PA 16505
814-835-3667
NADWORNY, MD, HOWARD A ID
2314 SASSAFRAS ST
STE 310
ERIE PA 16502-2721
814-456-6194
NAGLE, MD, DOUGLAS B R
104 E 2ND ST 5TH FL
ERIE PA 16507-1502
814-459-7231
NAGLE, MD, RICHARD W DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
NAIK, MD, VAISHALI D AN
612 W SMITH ST
CORRY PA 16407-1152
814-664-4641
NAIR, MD, KRISHNAN K OTO
1611 PEACH ST
ERIE PA 16501-2109
814-456-2031
NAIR, MD, SARITA IM
5125 WOLF RUN VILLAGE LN
ERIE PA 16505-5515
814-833-7061
NAIR, MD, SURESH G IM
5125 WOLF RUN VILLAGE LN
ERIE PA 16505-5515
814-833-7061
NARUS, MD, VITOLD T D
1123 W 38TH ST
ERIE PA 16508-2457
814-866-5361

NEDRESKY, MD, JOSEPH P DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-7239
NEGRON, MD, ANGEL M CHN
104 E 2ND ST
ERIE PA 16507-1532
814-877-4600
NEWELL, MD, PAUL M ID
104 E 2ND ST
ERIE PA 16507-1532
814-877-7072
NEWTON, MD, ANNE F P
30 NORMAN WAY
ERIE PA 16508
814-454-8921
NEYLON, MD, MICHAEL P FP
4153 W RIDGE RD APT 5
ERIE PA 16506-1760
814-838-2593
NGUYEN, VU ST
1512 LINDBERGH AVE
ROSLYN PA 19001
NOGA, JOSEPH M ST
2816 WILMINGTON RD APT 2
NEW CASTLE PA 16105
NOVAK, MD, KEVIN J AN
HAMOT MED CTR
201 STATE ST
ERIE PA 16412
814-870-6000
NULLET, MD, FRANCIS R *CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
O'BRIEN, MD, EDWARD T ON
REGIONAL CANCER CTR
2500 W 12TH ST
ERIE PA 16505-4508
814-838-9000
O'CONNOR, MD, JAMES V CDS
104 E 2ND ST
ERIE PA 16507
814-453-6751
OBAYASHI, MD, MIKIO FP
2752 CARLETON CT
ERIE PA 16506-1356
814-835-9006
OSKIN, DO, JAMES E DR
5937 COBBLESTONE DR
ERIE PA 16509-3575
814-459-7231
OSKIN, DO, SUSAN C FP
5937 COBBLESTONE DR
ERIE PA 16509-3575
814-868-5516
OVERFIELD, MD, EDWARD M PUD
3580 PEACH ST STE 103
ERIE PA 16508-2776
814-864-4755
PAKIELA, JOHN A ST
1143 W 31 ST
ERIE PA 16508-1557
PARK, MD, CHONG S PM
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
814-452-5579
PASQUALICCHIO, DO, GARY E IM
425 W 10TH ST
ERIE PA 16502-1302
814-455-8006
PATEL, MD, KANTILAL C AN
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
PATEL, RAJAL G ST
438 LORITA LN
PITTSBURGH PA 15241
PATEL, MD, VINOD M GE
238 W 22ND ST
ERIE PA 16502-2613
814-452-2767
PECORA III, JOSEPH J ST
88 TREETOP DR
SPRINGFIELD NJ 07081
PELLIZZARI, MD, RINALDO G PTH
6403 FAIROAKS CIR
FAIRVIEW PA 16415-1718
PETRE JR, MD, JOHN H U
GRENELEFE
8 LEFE CT
HAINES CITY FL 33844-9704
941-422-5427
PETRELLA, MD, RICHARD W CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
PETT JR, MD, STEPHEN D TS
225 W 25TH ST STE 310
ERIE PA 16505-1065
814-455-3986
PFEIFER III, MD, WILLIAM F TRS
TRISTATE TRAUMA SYSTEM
1701 SASSAFRAS ST
ERIE PA 16502
814-870-1920
PODUFAL, DO, EDWARD AN
225 W 25TH ST STE 408
ERIE PA 16502-2734
814-454-8885

POLLOCK, DO, JAMES D FP
5207 HEIDLER RD
FAIRVIEW PA 16415-2343
814-838-7433
POWELL, MATTHEW N ST
60 TRENTON SO
EUCLID OH 44143-2421
PREGLER, DO, FRANK C GP
4908 MCCLELLAND AVE
ERIE PA 16510-4049
814-825-3779
PROY, MD, BERNARD C FP
315 YORK ST
CORRY PA 16407-1412
814-664-8686
PRYLINSKI, MD, GREGORY V GS
3330 PEACH STREET
STERLING SO SUITE 202
ERIE PA 16508
814-866-0807
PRYLINSKI, DO, JEFFORY J AN
404 VOYAGEUR DR
ERIE PA 16505-5426
814-838-5089
PUJOLAS , JAMES R ST
20565 BELVIDERE AVE
FAIRVIEW PARK OH 44116
PURCELL, MD, ROBERT E OBG
5100 PEACH ST
ERIE PA 16509-2418
814-868-5526
RAJ, MD, STEPHEN S AN
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-877-6000
RAM, MD, SANT PD
2123 W 8TH ST
ERIE PA 16505-4743
814-453-5056
RANISH, MD, DEBORAH A FP
3330 PEACH ST
ERIE PA 16508
814-868-5202
REILLY, MD, JOHN C CRS
3216 STATE ST
ERIE PA 16508-2822
814-456-2976
REITZ, MD, MARYELLEN PTH
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
814-452-5388
RENZ, MD, ROBERT T HEM
1607 LENNOX RD E
PALM HARBOR FL 34683-1529
REUSCHE III, DO, FRANK L FP
2059 W 8TH ST
ERIE PA 16505-4741
814-734-4555
RICHMAN, MD, CRAIG G *P
5845 CLINTON ST
ERIE PA 16509-2971
814-866-1569
RICHMAN, MD, TOBI B *D
3800 W 12TH ST
ERIE PA 16505-3302
814-833-0399
ROGERS, MD, VINCENT P ORS
104 E 2ND ST
ERIE PA 16507-1532
814-877-7071
ROMANO-JANA, MD,
LOURDES R RHU
2931 PEACH ST
ERIE PA 16508-1842
814-456-6258
ROOS, MD, ALFRED T FP
3125 FRENCH ST
ERIE PA 16504-1068
814-456-2047
ROQUIZ, MD, ELISEO M AN
ST VINCENT HEALTH CTR
232 W 25TH ST
ERIE PA 16544-0001
717-452-5309
ROSE, MD, VICKI C NPM
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-877-3190
ROTH, MD, RUSSELL B U
3226 GEORGIAN CT
ERIE PA 16506-1168
814-833-2685
ROTHMAN, MD, JAN M ON
REGIONAL CANCER CTR
2500 W 12TH ST
ERIE PA 16505
814-838-9000
ROWLEY, JENNIFER K ST
139 HARCOURT DR
TRENTON NJ 08610
RUFFA, DO, ANTHONY M FP
4517 SUNNYDALE BLVD
ERIE PA 16509-1652
814-866-0962
RUSSO JR, DO, ANTHONY P AN
225 W 25TH ST 408
ERIE PA 16502-2734
814-454-8885

SACHNOVSKY, YANINA
1694 TREETOP DR APT 5B
ERIE PA 16509
SALUCK, BRIAN H
8460 LIMEKILN PK #A504
WYNCOTE PA 19095-2606
SAMARASINGHE, MD, GUNASIRI AN
103 LINCOLN AVE
ERIE PA 16505-2441
814-459-8971
SANTOMENNA, MD, MICHAEL A GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
SANTOSO, MD, LIMJADI IM
2618 PARADE ST
ERIE PA 16504-2810
814-455-9937
SARDESAI, MD, PRABHAKER G TS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
SCHAAF, MD, JOHN T PUD
3580 PEACH ST STE 103
ERIE PA 16508-2776
814-864-4755
SCHELL, MD, STEPHEN E OTO
1611 PEACH ST
ERIE PA 16501-2109
814-456-2031
SCHENCK, DO, DAVID P FP
5015 LAKE PLEASANT RD
ERIE PA 16509-3831
814-825-1037
SCHOBER, MD, JUSTINE U
333 STATE STREET
SUITE 201
ERIE PA 16507-1427
814-455-5900
SCHOMER, KATHLEEN L
7720 C STENTON AVE APT 208
PHILADELPHIA PA 19118
SCHWARTZ, MD, ROBERT M *GE
1129 ST MARY DR
ERIE PA 16509-2975
814-864-1754
SCIBETTA, MD, MARIO P TR
REGIONAL CANCER CTR
2500 W 12TH ST
ERIE PA 16505-4508
814-838-9000
SCUTELLA, MD, MICHEAL A OBG
311 W 24TH ST
SUITE #303
ERIE PA 16502-2665
814-459-1851
SEGU, MD, SUBRAMANYAM OPH
7000 PINEGATE RD
FAIRVIEW PA 16415-1530
814-474-3257
SEIFERTH, MD, WILLIAM J IM
309 CONNECTICUT DR
ERIE PA 16505-2213
SEMPLE, MD, JOSEPH M AN
3204 STATE ST
ERIE PA 16508-2855
814-453-4509
SHABLOSKI, DO, REGAN P GP
10526 PEBBLE CREEK DRIVE
MCKEAN PA 16426
814-476-1179
SHARMA, MD, SUKH D CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980
SHAUB, BRIAN M ST
1216 MAY POSTOFFICE RD
OUARRYVILLE PA 17566
SHIELDS, JOHN P ST
1641 CHISLETT ST
PITTSBURGH PA 15206-1312
SHIN, MD, MAUNG T AN
5010 WOLF RD
ERIE PA 16505-1342
814-454-8885
SHIVDE, MD, PINAKINI NPM
2409 STATE ST
ERIE PA 16503
814-454-5800
SIMONIAN, MD, THOMAS M FP
1595 W 26TH ST
ERIE PA 16508-1367
814-870-6000
SIMORA, MD, FELIX S P
1611 PEACH ST STE 380
ERIE PA 16501-2122
814-455-6874
SINGH, MD, ASIM R NEP
300 STATE ST STE 302
ERIE PA 16507-1430
814-455-2279
SKOVRON, MD, MICHAEL ORS
1324 S SHORE DR APT 201
ERIE PA 16505-2537
814-455-9344
SLABIC, MD, PETER P IM
2800 STATE ST
ERIE PA 16508-1830
814-455-3918

SLABIC, MD, STAN F IM
1334 W 38TH ST
ERIE PA 16508-2499
814-455-3918
SNIDER, MD, B LEONARD *D
STERLING SQUARE
3330 PEACH ST STE 118
ERIE PA 16508-2771
814-864-2366
SNOW, MD, ROSS A FP
550 W 10TH ST
ERIE PA 16502-1352
814-459-9934
STAMM, MD, BARRY D *OPH
104 E 2ND ST
ERIE PA 16507-1532
814-453-4575
STEEHLER, DO, KIRK W OTO
3580 PEACH ST STE 106
ERIE PA 16508-2776
814-864-9994
STEFANOVSKI, MD, NICK ORS
300 STATE ST STE 400A
ERIE PA 16507-1427
814-454-8287
STEINBRINK, MD, WILLIAM H OBG
140 W 2ND ST
ERIE PA 16507-1423
814-454-5834
STEPHENSON, MD, KEITH R GS
316 W 23RD ST
ERIE PA 16502-2620
814-455-9038
STONITSCH, MD, FRANK C EM
1210 NURSERY RD
LAKE CITY PA 16423-2001
814-774-9774
STRATTON, MD, ROBERT D OPH
BAYFRONT PROF BLDG
300 STATE ST STE 200A
ERIE PA 16507-1427
814-456-4241
STUART, MD, ROBERT B *FP
3211 LIBERTY ST
ERIE PA 16508-2532
814-866-6820
SUPPA, MD, OSVALDO S DIA
7598 WILSON DR
FAIRVIEW PA 16415-1421
SUPROCK, MD, MARK D ORS
1611 PEACH ST STE 444
ERIE PA 16501-2123
814-453-5049
SUSANN, MD, PHILIP W GS
104 E 2ND ST
ERIE PA 16507
814-455-4404
SWINDELL, AMY E ST
PO BOX 433
JAMES CREEK PA 16657
SYMES, MD, PHILIP H ON
2500 W 12TH ST
ERIE PA 16505-4597
814-838-9000
TALARICO, DO, JOSEPH F AN
252 W 11TH ST
ERIE PA 16501-1702
814-454-7927
TAN, MD, WILFREDO S CDS
104 E 2ND ST
ERIE PA 16507-1532
814-453-6751
TAVANA, MD, MANOUCHER GS
238 W 22ND ST
ERIE PA 16502-2613
814-452-2763
TAVARES, MD, JOAO O ORS
1611 PEACH ST STE 350
ERIE PA 16501-2122
814-453-5856
TEDESCO, DO, JOHN A OPH
2640 W 38TH ST
ERIE PA 16506-4524
814-835-8258
THOMAS JR, MD, JAMES J OBG
215 HOLLAND ST
ERIE PA 16507
814-453-5058
THOMAS, MD, JOSEPH M AN
PO BOX 239
ERIE PA 16512-0239
814-878-1345
TOLEDANO, MD, CONRADO P PM
4137 AVENIEL CT
ERIE PA 16506-4641
814-833-2833
TOOZE, MD, FRANK M PS
3607 TANAGER DR
ERIE PA 16506-1151
TOPERZER, MD, BETTY C FP
104 E 2ND ST
ERIE PA 16507-1532
814-453-5706
TOWNSEND, MD, MARK E OBG
3211 LIBERTY ST
ERIE PA 16508-2532
814-866-1333
TRAGESER, MD, TIMOTHY C CD
104 E SECOND ST
ERIE PA 16507-1532
814-456-8980

TRONETTI, DO, MICHAEL J P
6625 KNOYLE RD
ERIE PA 16510-5432
TRONETTI, DO, PAMELA S GER
406 PEACH ST
ERIE PA 16507
814-453-5071
TSENG, MD, FRANCIS H OBG
1703 BAYVIEW AVE
ERIE PA 16505-2301
814-968-6428
TUONO, DO, ALBERT J GS
4135 CANTEBURY DR
ERIE PA 16506
814-833-9602
UNDERHILL, MD, WILLIAM L CD
104 E 2ND ST
SEVENTH FLOOR
ERIE PA 16507-1532
VAN HOVE, MD, SHAWN P AN
HAMOT MED CTR
201 STATE ST
ERIE PA 16550-0001
814-870-6000
VANDAMIA, MD, DONALD N GP
ALLIANCE HEALTH NETWORK
1700 PEACH ST
ERIE PA 16507
VANVORIS, MD, LEE P ID
104 E 2ND ST
ERIE PA 16507-1532
814-877-7072
VEMULAPALLI, MD, KUTUMBARAO AN
HAMOT MED CTR
201 STATE ST
ERIE PA 16507-1426
814-877-2948
VEMULAPALLI, MD, LAKSHMI R OBG
215 HOLLAND ST
ERIE PA 16507
814-453-5058
VILUSHIS, DO, GEORGE J PD
CHILDRENS HLTH CARE
3580 PEACH ST
ERIE PA 16508-2776
814-868-9633
VIOLETTE, ROBERT D ST
779 SUGAR RD
COPLEY OH 44321
VISCUSI, MD, DONALD J FP
3010 W LAKE RD
ERIE PA 16505-3849
814-833-2385
VITANZA, DO, SEBASTIAN A GP
3222 GEORGIAN CT
ERIE PA 16506-1116
VOORA, MD, SAMBASIVARAO PD
311 W 24TH ST STE 302
ERIE PA 16502-2666
814-456-8424
WALCZAK, MD, ANNE F END
300 STATE ST STE 204
ERIE PA 16507
814-452-2218
WALKER, MD, JAMES F IM
335 SUPERIOR AVE
ERIE PA 16505-2345
814-459-2333
WALLACE, MARC A ST
1195 HARVEY RD
LIGONIER PA 15658
WALLERSTEIN, MD, EDWARD M P
2315 POWELL AVE RM 18
ERIE PA 16506-1843
814-838-7572
WARD, MD, EDGAR H IM
6220 LAKE SHORE DR
ERIE PA 16505-1052
WARD, MD, TIMOTHY J FP
4620 BUFFALO RD
ERIE PA 16510-2207
814-899-7686
WEAVER, MD, JAMES D FP
10711 ALMOND ST
FAIRFAX VA 22032
301-320-5467
WEHRER, MD, JULIE A FP
104 E 2ND ST
ERIE PA 16507-1532
814-877-6131
WEIBEL, MD, TIMOTHY J OBG
225 WEST 25TH STREET
STE 406
ERIE PA 16502
814-454-5452
WEISENFLUH, MD, MARK G *FP
640 BURKHART
ERIE PA 16511-2121
814-899-4275
WEISSBACH, MD, NANCY E ID
2314 SASSAFRAS ST BOX 310
ERIE PA 16502-2721
814-456-6194
WELLES, MD, RICHARD V N
104 E 2ND ST
ERIE PA 16507-1532
814-877-4600
WELLS, MD, E BUIST *IM
3257 GEORGIAN CT
ERIE PA 16506-1169
814-835-0271

WHARTON, MD, STANLEY W OS
134 PUTNAM DR
ERIE PA 16511-1256
814-899-5181
WHEELING, MD, THERESA A PM
143 E 2ND ST
ERIE PA 16507
814-878-1290
WICAL, SHELDEN C ST
333 SHENLEY DR
ERIE PA 16505
WICKRAMASINGHE, MD,
EARDLY K GP
PO BOX K
7686 MAIN ST
FAIRVIEW PA 16415-0811
814-474-2663
WILCZANSKI, MD, PETER L FP
4620 BUFFALO RD
ERIE PA 16510-2207
814-899-7686
WILHELM, MD, WILLIAM C PD
104 E 2ND ST
ERIE PA 16507-1594
814-453-3766
WILLIAMS, MD, RICHARD A DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-5000
WILMOT, PETER C ST
65 WOODLAND AVE
MOUNTAIN LAKES NJ 07046
WITTMANN, MD, THOMAS A PUD
3580 PEACH ST STE 103
ERIE PA 16508-2776
814-864-4755
YAKISH, MD, JACK E FP
3929 W 38TH ST
ERIE PA 16506-4091
814-833-5653
YONKO, DO, CHRISTOPHER FP
4105 PINE ST
ERIE PA 16504-2333
814-825-2069
YOO, MD, HO JOON DR
104 E 2ND ST
ERIE PA 16507-1532
814-459-7231
YOST, MD, MARK F DR
104 E 2ND ST
ERIE PA 16507
814-459-7231
YOUNG, MD, LINDA L FP
MILLCREEK FAM PRAC
3330 PEACH ST STE 106
ERIE PA 16508
814-868-5202
YUN, MD, JAE K DR
2913 MADEIRA DR
ERIE PA 16506-1729
ZADEH, MD, MEHDI L GS
1611 PEACH ST
ERIE PA 16501-2109
814-459-3201
ZIEGLER, MD, THOMAS R PTH
PO BOX 3093
ERIE PA 16508-0093
814-868-8313
ZIEZIULA, MD, RONALD F PD
314 STRONG DR
ERIE PA 16505-2529
ZIMM, MD, EDWARD J OTO
4141 TRASK AVE
ERIE PA 16508-3139
814-864-2472
ZONE, MD, DONALD D CD
104 E 2ND ST
ERIE PA 16507-1532
814-456-8980

FAYETTE

AYRES, MD, WILLIAM W PTH
BOX 305
CHALK HILL PA 15421-0305
BALASUBRAMANIAM, MD, MANI PD
PROF PLAZA I STE 108
EASY ST
UNIONTOWN PA 15401
412-437-9854
BERONILLA JR, MD, HILARION A GS
212 N CHESTNUT ST
SCOTTDALE PA 15683-1549
412-887-4521
BINNS, MD, VERONICA PD
226 UNION ST
BROWNSVILLE PA 15417-1928
BLASS, MD, DAVID C GS
PROF PLAZA I STE 202
EASY ST
UNIONTOWN PA 15401-3128
412-439-1020
BLUMENSCHEIN, MD, GERTRUDE FP
105 MED ARTS BLDG
UNIONTOWN PA 15401
412-437-1539
BOBAK, MD, WLADYSLAW IM
601 THOMPSON AVE
DONORA PA 15033-1930
412-379-8544
BONUCCI, MD, BRUNO L FP
PO BOX 355
STAR JUNCTION PA 15482-0355
412-736-8144

BOONVISUDHI, MD, THUMRONG PD
625 LINCOLN AVE
N CHARLEROI PA 15022
412-483-3677
BRAUN, MD, JEAN B D
105 BIERER LN
UNIONTOWN PA 15401-3117
412-439-2574
CALABRESE, DO, CHARLES R GE
6 SPRING CREEK LN #201
UNIONTOWN PA 15401-8903
412-437-7677
CAMELE, MD, ROBERT A DR
500 W BERKELEY ST
UNIONTOWN PA 15401-5596
412-430-5326
CARDENAS, MD, FLORENCIO P U
PROF PLAZA I STE 101
EASY ST
UNIONTOWN PA 15401
412-437-3191
CARVER, MD, MARGARET A OBG
448 W BERKELEY ST
UNIONTOWN PA 15401-5510
412-437-5554
CHALFANT, MD, JOHN C FP
20 NICTMANS PLZ
LEMONT FURNACE PA 15456
412-437-8880
CHATTA, MD, FOZIA A *IM
8512 PETERS RD
CRANBERRY TWP PA 16066-3736
CHAUHAN, MD, TUSHARSINDHU C IM
PO BOX 840
7 MAIN ST
REPUBLIC PA 15475
412-246-0330
CHO, MD, JONG S GP
200 N REDWOOD ST
MASONTOWN PA 15461-1667
412-583-2819
COOK, MD, RICHARD A FP
104 MCCLELLANDTOWN RD
UNIONTOWN PA 15401
412-438-1808
CORRADO JR, MD, CATALDO F EM
500 W BEAKELY ST
UNIONTOWN PA 15401-5596
412-430-5487
DAURIA, MD, THOMAS M PD
103 SYLVANUS AVE
UNIONTOWN PA 15401-4666
412-438-4697
DESAI, MD, SHIRISHKUMAR B U
1150 7TH ST
WAYNESBURG PA 15370-1660
412-852-2110
ENGLISH, MD, ROBERT S *D
RR 1 BOX 373
SMITHFIELD PA 15478-9504
412-564-7424
FLORES, MD, MAY R FP
UNIONTOWN HEALTH CTR
25 HIGHLAND PARK DR STE 201
UNIONTOWN PA 15401-8926
412-439-4150
GABRIEL, MD, PETER *DR
8 ADAMS LN
UNIONTOWN PA 15401-5302
412-437-8050
GAROFALO, MD, CARL A GP
130 SIMPSON ROAD
BROWNSVILLE PA 15417-9625
412-785-3000
GERBRACHT, MD, DAVID D RHU
30 DELAWARE AVE
UNIONTOWN PA 15401
412-438-3526
GLAD, MD, LAWRENCE J OBG
404 DOVE DR
UNIONTOWN PA 15401-5300
GOODMAN, MD, DAVID B IM
110 NASSAU ST
UNIONTOWN PA 15401-2826
412-438-7722
GROSSMAN, MD, I WILLIAM PTH
500 W BERKELEY ST
UNIONTOWN PA 15401-5596
412-430-5159
GUIE, DO, MARGEL C GP
614 S PITTSBURGH ST
CONNELLSVILLE PA 15425-4017
412-628-6776
HART, MD, PHILIP L *DR
63 UNION ST
UNIONTOWN PA 15401-4245
HARTLEY, MD, PAUL A IM
PROF PLAZA III STE 240
EASY ST
UNIONTOWN PA 15401
412-437-1109
IANNAMORELLI, MD, ANTHONY S *IM
2 HIGHLAND PARK DR
UNIONTOWN PA 15401-8926
412-438-4364
JONES, MD, THOMAS B ORS
211 EASY ST
PLAZA II
UNIONTOWN PA 15401-3129
412-437-8200
JOSHI, MD, KISHOR E IM
25 HIGHLAND PARK DR STE 201
UNIONTOWN PA 15401-8926
412-439-4150

KAPLAN, MD, RICHARD S PM
60 STOCKTON AVE
UNIONTOWN MD 21158
KIM, MD, MYOUNG S OBG
PROF PLAZA II STE 121
EASY ST
UNIONTOWN PA 15401
412-439-6300
KRAMER, MD, LAWRENCE G PUD
104 DELAWARE AVE STE 246
UNIONTOWN PA 15401
412-437-4400
KRAUS, MD, JOHN F *AN
108 BEN LOMOND ST
UNIONTOWN PA 15401-2835
412-437-0879
KUNKEL, MD, MARY E IM
1 S MT VERNON AVE
UNIONTOWN PA 15401-3223
412-437-9858
LABUDA II, MD, JOSEPH M FP
104 MCCLELLANDTOWN RD
UNIONTOWN PA 15401-5527
412-438-1808
LARKIN, MD, FRANCIS L GS
1357 JAMAICA RD
MARCO FL 33937-3980
LARKIN, MD, WILLIAM A GS
116 SANTA MARIA LN
UNIONTOWN PA 15401-2631
LEE, MD, KUK S PM
REHABILITATION CTR
6-8 N GALLATIN AVE
UNIONTOWN PA 15401
412-438-9222
LEMENTOWSKI, MD, MICHAL GS
1295 GRAND BLVD
MONESSEN PA 15062
412-684-7170
MAHER, MD, REGIS M GS
19 SHADY LANE
UNIONTOWN PA 15401-3605
412-438-2051
MARQUEZ, MD, PEDRO A *DR
8 LYDIA DR
UNIONTOWN PA 15401-8919
MCGROGAN, MD, MARTIN J AN
500 W BERKELEY ST
DEPT OF ANESTHESIA
UNIONTOWN PA 15401-5596
412-430-5026
MCMONAGLE, MD, CAREY L IM
650 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-439-8100
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UNIONTOWN PA 15401-2969
412-437-0666
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650 CHERRY TREE LN
UNIONTOWN PA 15401-8947
412-439-8100
NELSON, MD, OWEN A ORS
BONE & JOINT SURG ASSOC
211 EASY ST
UNIONTOWN PA 15401-3129
412-439-1400
NOCHE, MD, CESAR N FP
136 BELMONT CIR
UNIONTOWN PA 15401-4764
412-437-5607
O'KELLY, MD, PETER P U
413 JOANN LN
UNIONTOWN PA 15401-3956
504-522-3047
PAPINCAK, MD, LARRY J AN
2 LYDIA DR
UNIONTOWN PA 15401-8919
412-438-5245
PARK, MD, MIN H FP
217 WOOD ST
CALIFORNIA PA 15419-1048
412-938-3464
PATEL, MD, SUBODH G *US
127 DILLON DR
LEMONT FURNACE PA 15456-9426
412-439-9207
PATRICIO, MD, ALEJANDRO M OBG
25 HIGHLAND PRK DR STE 204
UNIONTOWN PA 15401-8926
412-437-0100
PATTERSON, MD,
CHRISTOPHER J IM
HLTH CTR OF FAYETTE CO
RR 5 BOX 195
UNIONTOWN PA 15401-9169
412-564-5100
PEREZ, MD, GODOFREDO B *GS
134 S PITTSBURGH ST
CONNELLSVILLE PA 15425-3525
412-628-0310
PEREZ-AQUINO, MD, ERLINDA B FP
A-8 DOGWOOD DR
DUNBAR PA 15431-9510
412-628-5337
PERRONE, MD, FRANK F R FP
RR 1 BOX 200
FARMINGTON PA 15437
412-329-4444

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2 HIGHLAND PARK DR
UNIONTOWN PA 15401-8926
412-438-4364
POWELL, MD, JAMES R IM
PROF PLZ III STE 246
104 DELAWARE AVE
UNIONTOWN PA 15401
412-437-4400
REILLY, MD, MICHAEL J GS
PROF PLAZA I STE 202
EASY ST
UNIONTOWN PA 15401-3128
412-439-1020
RUPP, MD, ROBERT A OPH
295 MORGANTOWN ST
UNIONTOWN PA 15401
412-437-1568
RUSH, MD, JOHN F GP
RR 2 BOX 422
FARMINGTON PA 15437-9504
RUTHARDT JR, MD,
FREDERICK W GE
4 LYDIA DR
UNIONTOWN PA 15401-8919
412-439-2038
SINGH, MD, VIJAI P R
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500 W BERKLEY ST
UNIONTOWN PA 15401-5229
412-437-8050
SLOAN, MD, CHARLES R GP
1 S MT VERNON AVE
UNIONTOWN PA 15401-3223
412-437-9858
SPINUZZA, MD, THOMAS J R
301 DIXON BLVD
UNIONTOWN PA 15401-3913
412-737-0222
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6 SPRING CREEK LN #201
UNIONTOWN PA 15401-8903
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DELAWARE AVE
UNIONTOWN PA 15401
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171 W CRAWFORD AVE
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TIMOTHY, MD, SHEILA H PD
100 WOODLAWN AVE
STE 275
UNIONTOWN PA 15401
412-437-9854
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205 EASY ST STE 202
UNIONTOWN PA 15401
412-439-1020
VILLAVICENCIO-NOCHE, MD,
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UNIONTOWN PA 15401-4211
412-437-7565
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312 BUTTERNUT CT
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50 KENWOOD RD
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979 E KING ST
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GROSSBERG, MD, MICHAEL F PD
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HADDON JR, MD, HARRY H IM
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HAREN, MD, WILLIAM E U
767 5TH AVE # 1
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250 N 7TH ST
CHAMBERSBURG PA 17201-1722
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HARTMAN, MD, OWEN W PD
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CHAMBERSBURG PA 17201-3125
HIMELFARB, MD, HILLARD M OPH
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CHAMBERSBURG PA 17201-2238
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622 WALLACE AVE
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J L GROVE MED CTR
50 EASTERN AVE
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CHAMBERSBURG PA 17201-2766
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CHAMBERSBURG PA 17201-2752
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KUMAR, MD, VASANTHA R *NS
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CHAMBERSBURG PA 17201-9600
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KUNIS, MD, CHRIS C W IM
151 PHEASANT CIR
CHAMBERSBURG PA 17201-3380
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LAING, MD, JOHN W NS
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CHAMBERSBURG PA 17201-2710
717-263-3850
LEE, MD, DAVID R OBG
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RAHAUSER, MD, DAVID M FP
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CHAMBERSBURG PA 17201-2536
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277 BRIAR LN
CHAMBERSBURG PA 17201-3105
RASCHID, MD, SOHAEL M OBG
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57 MIDLAND DR
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WAYNESBORO PA 17268-2318
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12525 N WELTY RD BLDG B
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23 OAK LN
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946 DEWBERRY CT
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GREENCASTLE PA 17225-1100
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WALLICK, MD, PETER G PS
500 OVERHILL DR
CHAMBERSBURG PA 17201-3164
WALSH, MD, TIMOTHY P CD
223 MEADOW LN
CHAMBERSBURG PA 17201-4448
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WEISS, DO, ROGER T AN
10644 WORLEYTOWN RD
GREENCASTLE PA 17225-9686
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WILLWERTH, MD, GERALD E EM
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7 GLASSWORKS RD
GREENSBORO PA 15338
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FALOR, MD, STANLEY E L GP
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GOSAI, MD, JAYESH B IM
RTE 188
JEFFERSON PA 15344
412-883-2223
GREENLEE, MD, DANIEL P GS
BONAR AVE
WAYNESBURG PA 15370
412-627-5142
KRUEGER, DO, DEAN R FP
CORNERSTONE CARE
CHURCH ST EXT
ROGERSVILLE PA 15359
412-499-5188
LOPEZ, MD, HIGINIO R IM
505 N PORTER ST
WAYNESBURG PA 15370-1453
412-627-9181
MALEPATI, MD, VASU OTO
PO BOX 1275
MCMURRAY PA 15317-4275
412-258-5566
MC NEW, MD, MILO G PD
3 CENTRAL PLZ
WAYNESBURG PA 15370
MERING, MD, THOMAS W OBG
245 ROLLING MEADOWS RD
WAYNESBURG PA 15370-8224
MOORE, MD, CHARLES A OPH
2 HIGHLAND PARK DR
UNIONTOWN PA 15401-8926
NOFTZGER, MD, MARTHA R FP
BOX 440 CHURCH ST EXT
ROGERSVILLE PA 15359-0440
412-943-3308
OCONNELL, MD, C LEONARD GP
64 S CHURCH ST
WAYNESBURG PA 15370-1832
PATTERSON JR, MD, ARTHUR J *GS
223 E HIGH ST
WAYNESBURG PA 15370-1820
412-627-5474
PAYHA, MD, RICHARD E *GS
223 E HIGH ST
WAYNESBURG PA 15370-1820
412-627-5474
RUSH, MD, CALVIN C OPH
458 S CLEARFIELD ST
JOHNSTOWN PA 15905
814-255-6442
STACHER, MD, ERIC D PD
142 W HIGH ST
WAYNESBURG PA 15370-1310
412-852-1710

TSAI, MD, JER-YUAN IM
175 BONAR AVE
WAYNESBURG PA 15370-1603
412-627-8698
VORA, MD, PRAFULLCHANDRA CD
RR 3
WAYNESBURG PA 15370-9803
412-627-8131
WHITE, MD, CAROL J FP
33 FERRIS LN
FREDERICKTOWN PA 15333
412-377-0406
ZARATE, MD, MARIA PAZ A OBG
1162 6TH ST
WAYNESBURG PA 15370-1646
412-852-2777

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119 PRENDERGAST EXT
HUNTINGDON PA 16652-9220
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BECK, MD, ROBERT H IM
2315 HIGHLAND AVE
HUNTINGDON PA 16652-9723
814-643-4727
BERGER, MD, WINFRIED M ORS
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-5752
BRESSLER, MD, WILLIAM L IM
3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-6241
CARTER, MD, THOMAS L R
J C BLAIR MEM HOSP
WARM SPRINGS AVE
HUNTINGDON PA 16652
814-643-8627
COSTA, MD, RONALD E U
420 27TH ST
HUNTINGDON PA 16652-9749
814-643-6356
D'ANDREA, DO, JOHN W P
J C BLAIR MEM HOSP
HUNTINGDON PA 16652
814-643-7250
DELP, MD, DANIEL L FP
RR 3 BOX 327C
HUNTINGDON PA 16652-8814
814-643-0357
ETTENGER, MD, ALLEN B PD
J C BLAIR MEM HOSP
WARM SPRINGS AVE
HUNTINGDON PA 16652
814-643-4789
FILLMAN, MD, JOHN B OBG
383 WELDON DR
YORK PA 17404-5036
GAUGLER, DO, MICHAEL F GE
2360 MILLER AVE
HUNTINGDON PA 16652-9702
814-643-6903
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BRYAN ST
HUNTINGDON PA 16652
814-643-4876
HAYDEN, MD, JAMES B FP
RR 3 BOX 148D
HUNTINGDON PA 16652-9803
814-643-2728
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500 NORRIS ST
SAXTON PA 16678-1602
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3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-5752
KEENEY, MD, GALEN M P
515 SHIVELY RD
HUNTINGDON PA 16652-3203
814-643-0339
LEE, MD, KENNETH K *OBG
J C BLAIR MEM HOSP
WARM SPRINGS AVE
HUNTINGDON PA 16652
814-643-0837
LIDSTON, MD, BRUCE M PD
RR 2 BOX 391
HUNTINGDON PA 16652-9217
814-643-0766
LONG, MD, RONALD A FP
829 WASHINGTON ST
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512 7TH ST
HUNTINGDON PA 16652-1733
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25 HOSP CTR BLVD
HILTON HEAD SC 29926-2735
803-689-5751
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3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-1551
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HUNTINGDON PA 16652-0445
814-643-9242
NOYES, MD, WILLARD S OTO
2528 ARBOR BLUFF DR
HUNTINGDON PA 16652
814-643-1132
PATITSAS, MD, CHRISTOPHER J OPH
450 SUNNYMEADE RD
HUNTINGDON PA 16652-3208
814-643-5026
RUSSO, MD, DAVID P GS
1984 SUNSET DR
WHITE HALL PA 18052
610-799-5460
RUSSO, MD, STEPHANIE F PD
4154 FOUR SEASONS TRL
ERIE PA 16506-6142
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HUNTINGDON PA 16652-9115
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3228 COLD SPRINGS RD
HUNTINGDON PA 16652
814-643-6185
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3228 COLD SPRINGS RD
HUNTINGDON PA 16652-2721
814-643-6462
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HUNTINGDON PA 16652
814-643-1141
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HUNTINGDON PA 16652
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WEST, MD, WILLIAM B GP
27 CLIFTIN TER
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321 AIRPORT PROF CTR
INDIANA PA 15701-9241
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1265 WAYNE AVE
INDIANA PA 15701-3501
412-349-9776
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877 HOSP DR
INDIANA PA 15701-3629
412-465-8900
BILLON, MD, ANDREW *GS
101 AIRPORT PROF CTR
BLDG 1 STE 101 RTE 286
INDIANA PA 15701
412-463-1414
BIZOUSKY, MD, DAVID T *ORS
119 PROF CTR STE 307
1265 WAYNE AVE
INDIANA PA 15701
412-465-2676
BLAIR, MD, CHRISTINA R PD
15 S 8TH ST
INDIANA PA 15701
BORON, MD, STELLA M IM
15 S 8TH ST STE 201
INDIANA PA 15701-2776
412-349-8311
BOYKIW, MD, MARK E *GS
15 S 8TH ST STE 300
INDIANA PA 15701-2776
412-349-3170
BROWN, MD, RALPH R FP
RR 3 BOX 1810
HOMER CITY PA 15748-9233
412-479-9652
BURTON, DO, PAUL D *ORS
119 PROFESSIONAL CTR
1265 WAYNE AVE
INDIANA PA 15701-3501
412-465-8505
BUSH, MD, BRUCE A PUD
38 OVERLOOK DR
INDIANA PA 15701-2203
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470 BEN FRANKLIN RD S
INDIANA PA 15701-2342
CHADDAH, MD, ASHOK IM
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INDIANA PA 15701-3501
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CLARK, MD, M DORCAS DR
125 ORIOLE AVE
INDIANA PA 15701-1418
COPPOLO JR, MD, BERNARD L *IM
15 S 8TH ST STE 201
INDIANA PA 15701-2776
412-349-8311
DROZDIAK, MD, RUSSELL A FP
152 MILL RUN RD
INDIANA PA 15701-1532
412-465-8870
EDNIE, MD, BRENT IM
155 E MARKET ST
BLAIRSVILLE PA 15717
412-459-9111
EVANS, MD, WILLIAM G FP
RD 3 BOX 383
INDIANA PA 15701-9299
412-254-4314
GHATE, MD, SHARAD B OBG
119 PROF CTR
1265 WAYNE AVE STE 104
INDIANA PA 15701-3501
412-349-7530
GILLIS, MD, VICTORIA A IM
1366 HILLSDALE DR
MONROEVILLE PA 15146-4443
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155 E MARKET STREET
BLAIRSVILLE PA 15717-1522
412-459-9111
HATCHER, MD, KIM A FP
41 COATES LN
INDIANA PA 15701-3630
412-349-3642
HUGHES, MD, DAVID C *OTO
1803 RTE 422 W
INDIANA PA 15701-1541
412-349-2445
JASPER, DO, RONALD L *AN
85 E OAK ST APT 14
INDIANA PA 15701-2270
412-349-7507
JESICK, MD, ANN R FP
ROSE MED BLDG
15 S 8TH ST
INDIANA PA 15701-2776
412-349-7388
JUHASZ, MD, ALEX B GS
549 RTE 119 N
INDIANA PA 15701-1247
412-349-1180
KARANJIA, MD, MINOO D OTO
1803 RT 422 W
INDIANA PA 15701-1541
412-349-5440
KAUFFMAN, MD, CHESTER T FP
RR 6 BOX 244
INDIANA PA 15701-8422
KLAIN, MD, MATTHEW N *IM
RD 1 BOX 1130
CLARKSBURG PA 15725-9767
412-459-7570
LABUSKI, MD, MARK R IM
2532 SHELLY DR
INDIANA PA 15701-2344
412-465-5950
LAN, MD, VICTOR S GP
2255 CANTERBURY OFF
RT 422 W
INDIANA PA 15701-1578
412-349-1616
LEAR, MD, WILLIAM L OBG
119 PROF BLDG
1265 WAYNE AVE STE 200
INDIANA PA 15701-3501
412-463-0225
LENTZ, MD, MARK R IM
1177 S 6TH ST STE F
INDIANA PA 15701
412-349-9320
LEUKHARDT, MD, DAVID B DR
3129 ATTLEBORO PL
GREENSBURG PA 15601-3803
LIEBSON, MD, CHARLES GS
115 CONCORD STREET
INDIANA PA 15701-2406
412-349-0125
LIM, MD, ELIZABETH G CD
MED OFFICE BLDG STE 303
875 HOSP RD
INDIANA PA 15701-3635
412-463-9701
MACEYKO, MD, RONALD F *D
209 DELTA DR
JOHNSTOWN PA 15904-1878
814-266-3078
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419 S BRADDOCK AVE APT 13
PITTSBURGH PA 15221-3268
MALIVER, MD, LEONARD E *U
375 COUNTRY CLUB RD
INDIANA PA 15701-1312
412-349-2864
MCCOY, MD, THOMAS D ON
875 HOSP RD STE 201
INDIANA PA 15701-3635
412-349-1630
MCDOWELL, MD, EDWARD P CD
875 HOSP RD
INDIANA PA 15701-3635
412-463-9700
MCKIRGAN, DO, CRAIG C *ORS
119 PROF CTR STE 307
1265 WAYNE AVE
INDIANA PA 15701-3501
412-465-8505
MILLS, MD, JOHN W *GYN
590 INDIAN SPRINGS RD
INDIANA PA 15701-3600
412-349-2691
MINTO, DEBBIE EXEC
RD 1 BOX 249J
SHELOCTA PA 15774
412-354-4546
MIR, MD, TAHIR U EM
7 S 5TH ST
INDIANA PA 15701-2702
412-463-1410
MITCHELL, MD, HENRY PD
200 S 3RD ST
INDIANA PA 15701-2139
412-465-6279
NEAL JR, MD, HARRY B GP
936 CHURCH ST
INDIANA PA 15701-2652
412-465-5220
NEALE, MD, JOHN M PD
935 INDIAN SPRINGS RD
INDIANA PA 15701-3507
NESPAR, MD, JAMES A *OPH
30 PINECREST DR
INDIANA PA 15701-1243
412-349-0696
O'CONNELL, MD, JAMES P AN
428 BEN FRANKLIN RD S
INDIANA PA 15701-2342
412-357-7066
PARK, MD, JOSEPH M US
63 S 9TH ST
INDIANA PA 15701-2762
412-465-5583
PARKER, MD, ROBERT C PD
INDIANA HOSP
PO BOX 788
INDIANA PA 15701
412-357-7178
PARKS, DO, JOSEPH L GP
MAHONING MED CTR
MARION CTR PA 15759
412-397-5571
PARVEEN, MD, MARIUM P
905 CENTENNIAL DR
INDIANA PA 15701
412-349-2335
PHADKE, MD, YESHWANT G US
119 PROFESSIONAL CTR
1265 WAYNE AVE STE 106
INDIANA PA 15701-3501
412-349-6677
PINKERTON, DO, RICHARD A ON
406 WAYNE ST
JOHNSTOWN PA 15905-2336
POBER, MD, KENNETH A IM
960 LILAC ST APT 6
INDIANA PA 15701-3337
412-349-9392
POLLOCK, MD, MICHAEL S ORS
501 AIRPORT PROF CTR
INDIANA PA 15701-8314
412-349-6340
SANTOS, MD, LEONOR GE
119 PROFESSIONAL CTR
1265 WAYNE AVE STE 109
INDIANA PA 15701-3501
412-465-6650
SAWICKI, MD, EDWARD H FP
49 N SEVENTH ST
INDIANA PA 15701-1803
412-463-9258
SAYERS, MD, KENNETH H FP
2050 NE 39TH ST APT N103
LIGHHOUSE POINT FL 33064-7461
305-782-8018
SEIFERT, DO, RICHARD M AN
BOX 124
ROBINSON PA 15658
412-676-5011
SESHADRI, MD, VIJAYA G PD
2223 LAZOR ST
INDIANA PA 15701-3435
SIBOLBORO, MD, ISABELO Z *AN
111 GREENVIEW DR
INDIANA PA 15701-1333
814-342-7112
SINGH, MD, BIJAI B IM
MED CTR STE A
1177 S 6TH ST
INDIANA PA 15701-8907
412-465-2631
SPEEZ, MD, NANCY P
115 CONCORD ST
INDIANA PA 15701-2406
412-349-0125
STALTERI, DO, MICHAEL F NM
660 S 6TH ST
INDIANA PA 15701-3150
412-465-2388
STEVER, DO, MICHAEL R *OBG
590 INDIAN SPRINGS RD
INDIANA PA 15701-3600
412-349-9560
TAKACH, MD, STEPHEN J GS
1309 DAY DR
INDIANA PA 15701-3402
412-463-1179
TREVORROW, MD, THOMAS C *OPH
1265 WAYNE AVE STE 203
INDIANA PA 15701-3501
412-463-0286
TROYAN, MD, BARRY E IM
1177 S 6TH ST
INDIANA PA 15701-8907
412-349-8280
TSAI, MD, EDWARD M IM
1177 S 6TH ST
INDIANA PA 15701-8907
412-463-3720
TURNBULL, MD, ROBERTO E IM
1177 SOUTH 6TH STREET
INDIANA PA 15701
412-349-9691
TWAL, MD, SHAFIC Y PD
15 S 8TH ST
INDIANA PA 15701-2776
412-463-0476
VIJAY MOHAN, MD, GOVINDARAJ DR
INDIANA HOSP
HOSP DR
INDIANA PA 15701
412-357-7125
WALDO, MD, RALPH F IM
780 WHITE FARM RD
INDIANA PA 15701-1252
412-465-2702
WALSH, MD, SHARON D EM
RR 2 BOX 68
INDIANA PA 15701
412-465-2998
WILLIAMS, MD, MELVIN C NM
40 PINE CREST DR
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412-465-6605

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RR 5
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814-938-4500
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814-371-1100
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RD 5 STATION SQ N
PUNXSUTAWNEY PA 15767
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611 S MAIN ST
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814-375-1170
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RD 5, RT 36N
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47 W LONG AVE
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814-375-5305
KERNICH, MD, JOSEPH J FP
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83 HILLCREST DRIVE
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SCRANTON PA 18510
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LANCASTER PA 17603-2394
717-299-3817
BELL, MD, STEPHEN T CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5000
BERKENSTOCK, MD,
KENNETH G *RO
1560 STONE MILL RD
LANCASTER PA 17603-6044
717-560-3537
BERKOW, MD, DON A EM
LANCASTER GENERAL
HOSP
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4978
BERKOWITZ, MD, ALAN R AN
1351 BEACONFIELD LN
LANCASTER PA 17601-5344
717-393-5257

BERNHARD, MD, ROBERT A R
1509 CLAYTON RD
LANCASTER PA 17603-2405
BERNING, MD, LENORA W EM
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4978
BETTS, DO, WILLIAM E *R
1539 CTR RD
LANCASTER PA 17603-4731
BEYER III, MD, FREDERICK C GS
PO BOX 3200
LANCASTER PA 17604-3200
717-392-4700
BIEBER, MD, LARIEN G IM
2301 COLUMBIA AVE
LANCASTER PA 17603-4154
717-397-2738
BIUSO, MD, THOMAS J IM
1834 OREGON PIKE
LANCASTER PA 17601-6463
717-560-5770
BLAISDELL, MD, THEODORE A FP
446 SURREY DR
LANCASTER PA 17601-2828
717-569-5285
BODNER, MD, DARYL G *OTO
1655 CROOKED OAK DR
LANCASTER PA 17601-4299
717-569-4905
BODNER, MD, GAIL F FP
902 MARIETTA AVE
LANCASTER PA 17603-3105
717-293-1103
BONCHEK, MD, LAWRENCE I *CDS
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4995
BOWMAN, MD, JOHN H OPH
824 WATERFRONT DR
LANCASTER PA 17602-4122
717-392-3144
BRADFORD, DO, WILLIAM C OBG
1725 OREGON PIKE
LANCASTER PA 17601-4206
717-569-2965
BRESLIN, MD, JOSEPH A U
2106 HARRISBURG PK STE 200
PO BOX 3200
LANCASTER PA 17604-3200
717-393-1771
BREWER, MD, ROBERT H FP
SUSQUEHANNA FAM HLTH CTR
1159 RIVER RD
MARIETTA PA 17547-1615
717-426-1131
BROD, MD, ROY D OPH
1129 OAKMONT DR
LANCASTER PA 17601-5075
717-399-9217
BROWN, MD, H ZANE OPH
77 W ROSEVILLE RD
LANCASTER PA 17601-3928
BROWN, MD, RICHARD J P
108 FOXSHIRE DRIVE
LANCASTER PA 17601
717-560-3782
BROWN, MD, ROBERT E AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
BRUBAKER, MD, JACOB H GP
421 MAIN ST
DENVER PA 17517-1425
717-336-2291
BRYSON, MD, RICHARD L GP
129 PINNACLE POINT DR
LANCASTER PA 17601-1773
717-898-8727
BUCH, MD, ROBERT R GP
125 W MAIN ST
MOUNTVILLE PA 17554-1633
BUCKLEN, MD, KEITH R GS
210 3RD ST
EPHRATA PA 17522-1751
717-399-9199
BURLINGAME, MD, MARK W CDS
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4995
CAMPANELLA, MD, KARLA M FP
1226 KELLEY DR
LANCASTER PA 17601
CAPPIELLO, MD, JUSTIN L OPH
324 N DUKE ST
LANCASTER PA 17602-4952
717-394-6808
CARROLL, MD, LAURENCE E NEP
439 N DUKE ST
LANCASTER PA 17602-4967
717-299-4032
CARRUTHERS, MD, RALPH B FP
211 N 8TH ST
COLUMBIA PA 17512-1305
717-684-2088
CASALE, MD, PAUL N CD
CARDIO ASSOC
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2962
717-397-5484

CASSEL, MD, FRANKLIN K GER
BRETHREN VILLAGE
3001 LITITZ PIKE
LANCASTER PA 17606-5093
717-569-2123
CASTLE, MD, CHARLES A OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
CHABY, DO, JEFFREY H *OPH
200 BUTLER AVE
LANCASTER PA 17601-6305
717-393-0200
CHORY, MD, EDWARD T GS
PO BOX 3200
LANCASTER PA 17604-3200
717-392-4700
CLARK, MD, NEIL R CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
COLDREN, MD, SEAN C P
108 FOXSHIRE DR
LANCASTER PA 17601
717-299-2621
COLLURA, MD, PAUL T DR
ST JOSEPH HOSP
250 COLLEGE AVE PO BOX 3509
LANCASTER PA 17604
717-291-8132
CONDRON, MD, BRIAN P P
1328 SYLVAN RD
LANCASTER PA 17601
717-892-1191
CONNAUGHTON, MD, PATRICK N DR
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4900
CONRAD, MD, WAYNE R ORS
LANCASTER ORTHO GP
231 GRANITE RUN DRIVE
LANCASTER PA 17601-6805
717-560-4200
COOPER, MD, EMMETT M NM
8880 E SW 94TH ST
OCALA FL 34481-4531
COOPER JR, MD, HERBERT K IM
7 RIDGEWOOD RD
LANCASTER PA 17603-6701
717-872-1328
CORALLO, MD, DIANE M OPH
558 N DUKE ST
LANCASTER PA 17602-2208
717-397-8259
CORCORAN, MD, JOHN J OBG
CROOKED OAK VILLAGE
600D EDEN RD
LANCASTER PA 17601-4222
717-569-5391
COSLETT, MD, MARTHA M Y FP
1028 TRACY RD
LANCASTER PA 17601-4855
717-569-6098
COURSIN, MD, DAVID B PD
1503 HILLCREST RD
LANCASTER PA 17603-2416
717-393-1731
CRANDALL III, MD, RICHARD A FP
405 MAIN ST
LANDISVILLE PA 17538-1317
717-898-2413
CRILL, MD, NORMAN C FP
143 MILLERSVILLE RD
LANCASTER PA 17603-4250
717-393-2124
CRYSTLE, MD, C DEANS *OBG
1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
DALEY, MD, MARVIN C U
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-397-4254
DAVIDSON, MD, PAUL R GS
1100 GRANDVIEW BLVD
LANCASTER PA 17601-5110
DAVIS, MD, ALLAN S HEM
231 N SHIPPEN ST
LANCASTER PA 17602-2763
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1 SHEFFIELD LN
POTTSTOWN PA 19465-7205
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133 E FREDERICK ST
LANCASTER PA 17602-2222
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241 ROHRERSTOWN RD
LANCASTER PA 17603
717-397-9555
DAVIS, MD, MARY H CHP
233 COLLEGE AVE STE 302
LANCASTER PA 17603
717-392-7062
DEARDORFF, MD, CHARLES L GS
MED ARTS BUILDING
233 COLLEGE AVE
LANCASTER PA 17603-3372
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DEGREEN, MD, HYATT P ON
333 N ARCH ST
LANCASTER PA 17603-2922
717-291-1313

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133 E FREDERICK ST
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DOE, MD, ROBERT G *EM
213 E TOMAHAWK DR
CONESTOGA PA 17516-9715
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LANCASTER PA 17602-2222
717-394-9821
DORF, DO, STEVEN N OTO
2183 OREGON PIKE
LANCASTER PA 17601-4604
717-569-5314
DRAGANN, DO, NICHOLAS J FP
3469 HARVEST DR
GORDONVILLE PA 17529
717-768-3100
DUPREY, MD, JAMES G FP
EASTBROOK FAMILY
HEALTH CTR
29 EASTBROOK RD
RONKS PA 17572
717-299-5711
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1965 DREXEL AVE
LANCASTER PA 17602-3363
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531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
EISENHOWER, MD, EDWARD A PTH
613 HEATHER LN
LANCASTER PA 17603-2332
717-393-6060
EL-BORNO, MD, BASSAM M A CHP
30 STRATFORD VLG
LANCASTER PA 17602-1163
717-399-9609
ENGLE, MD, EUGENE K FP
130 S PENN ST
MANHEIM PA 17545-1749
717-665-2496
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217 HARRISBURG AVENUE
STE 200
LANCASTER PA 17603-2900
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46 COUNTRY LN
LANDISVILLE PA 17538-1047
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555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
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317 N DUKE ST
LANCASTER PA 17602-4915
717-397-5131
ETNOYER, MD, JOHN J OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
EVANS, MD, CHARLES M ORS
179 N READING RD
EPHRATA PA 17522-1647
717-733-9200
EYLER, MD, PAUL W R
1332 HILLCREST RD
LANCASTER PA 17603-2413
FACCI, MD, MARIA FP
849 PLEASURE RD APT C-34
LANCASTER PA 17601-4465
717-396-0585
FALK JR, MD, ROBERT B AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
FEEHAN, MD, PATRICK R D
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1834 OREGON PIKE
LANCASTER PA 17601-6463
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622 N QUEEN ST
LANCASTER PA 17603-3029
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FEINSTEIN, MD, ALEX DR
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-295-8300
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FOLK, DO, MARK E FP
RR 1 BOX 410
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3001 LITITZ PIKE
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1059 COLUMBIA AVE
LANCASTER PA 17603-3130
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FRANCOS, MD, CHARLES G FP
600 N SCHOOL LN
LANCASTER PA 17603-2505
GALANIS, MD, SOTIR E FP
205 WOODCHUCK DR
EPHRATA PA 17522-9623
GAREIS, MD, JOHN W R
2101 MILLERSVILLE PIKE
LANCASTER PA 17603-6216
GAROFOLA, MD, JOHN H *R
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PO BOX 3555
LANCASTER PA 17604-3555
717-299-4173
GARRIDO, MD, EDDY NS
1671 CROOKED OAK DR
PO BOX 10247
LANCASTER PA 17605-0247
717-569-5331
GARVEY, MD, EDMUND P AN
401 CHOWNING PL
LANCASTER PA 17601-2911
717-569-2723
GASTALDO, MD, JOHN A NS
1671 CROOKED OAK DR
PO BOX 10247
LANCASTER PA 17605-0247
717-569-5331
GAULT, MD, JAMES H CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
GAYNOR, MD, WILLIAM B PTH
23 RIDGE DR
LITITZ PA 17543-8567
GENTZLER II, MD, RICHARD D CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
GERBER, DO, MELVIN D PM
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WILLOW STREET PA 17584-0468
717-464-4571
GERBERT, MD, KATHLEEN H OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
GIBSON, MD, JOSEPH M AN
ANESTHESIA ASSOC
133 E FREDERICK ST
LANCASTER PA 17602-2294
717-394-9821
GILLIO, MD, ROBERT G PUD
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-295-8330
GIVENS, MD, KERRY T OPH
2108 HARRISBURG PIKE
P O BOX 3200
LANCASTER PA 07604-3200
717-290-3900
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1629 RIDGEVIEW AVE
LANCASTER PA 17603-4511
717-393-6488
GODDARD JR, MD, JAMES E AN
708 BENT CREEK DR
LITITZ PA 17543-8365
717-581-5830
GOHN, MD, DOUGLAS C CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2962
717-397-5484
GOLDIN, MD, RALPH J GP
140 E MAIN ST
PO BOX 607
BROWNSTOWN PA 17508-0607
717-656-7933
GOLDMAN, MD, GARY L AN
358 N FARM RD
LITITZ PA 17543-9213
717-560-0744
GOOD, MD, DANIEL C NS
1671 CROOKED OAK DR
PO BOX 10247
LANCASTER PA 17605-0247
717-539-5331
GOOD, MD, MILTON S FP
610 HIGHLAWN AVE
ELIZABETHTOWN PA 17022-1307
717-367-7220
GOTTLIEB, MD, JEROME I P
108 FOXSHIRE DR
LANCASTER PA 17601
717-560-3782
GOTTLIEB, MD, ROBERT J ON
1875 LITITZ PIKE
LANCASTER PA 17601-6515
717-569-6489

AY, MD, LOUIS P FP
17 E ROSEVILLE RD
ANCASTER PA 17601-4235
17-569-2678
EENE, MD, NEIL A IM
106 HARRISBURG PIKE STE 310
O BOX 3200
ANCASTER PA 17604-3200
7-290-3517
ESS, MD, ROBERT E R
5 N DUKE ST
O BOX 3555
ANCASTER PA 17604-3555
7-295-8300
OLEAU, MD, GEORGE E *D
3 N LIME ST
ANCASTER PA 17602-2729
7-392-6267
OSH, MD, JOHN L IM
76 NEW HOLLAND PIKE
ANCASTER PA 17601-5520
7-394-7926
OSH, MD, JOSEPH W GP
S BROAD ST
TITZ PA 17543-1400
OSH, MO, PAUL R IM
75 LITITZ PIKE
ANCASTER PA 17601-6515
7-569-6489
OSH, MD, WILLIAM B FP
2 W 2ND AVE
TITZ PA 17543-1816
7-626-2167
OSH, MD, WILLIAM K FP
1 PERSHING AVE
PHRATA PA 17522-1964
CHWEND III, MD, PAUL GS
2 MARIETTA AVE
ANCASTER PA 17603-3239
7-393-7496
LATI, MD, RAJEEV GS
5 N DUKE ST
O BOX 3555
ANCASTER PA 17604-3555
7-290-4995
BECKER, DO, MELVIN B OBG
6 ASHBOURNE AVE
ANCASTER PA 17601-4702
7-560-6542
LPERN, MD, BARTON L OPH
32 LITITZ PIKE
ANCASTER PA 17601-6506
7-393-8111
RGRAVE, MD, HUGH J *AN
ENTER ANESTHESIA GP
7 HARRISBURG AVE STE 103
ANCASTER PA 17603-2900
7-295-2500
RNISH, MD, DAVID M GS
8 W MAIN ST
PHRATA PA 17522-2015
7-733-4080
RRIGER, MD, MILES D *GP
81 EDGEMONT DR
PETERSBURG PA 17520-1303
7-569-0611
RTMAN, MD, WILLIAM F *OBG
01 LITITZ PIKE APT 127
O BOX 5093
ANCASTER PA 17606-5093
7-581-9183
SSEL JR, MD, CARL W D
O BOX 21
EOUEA PA 17565-0021
SSEL, MD, MARK H OS
0 HARRISBURG AVE
JITE 4
ANCASTER PA 17603-2959
7-399-9800
UN, MD, JOHN P FP
0 COLLEGE AVE
ANCASTER PA 17604-3509
7-291-8260
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ITMER INFIRMARY PO BOX 1002
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10 RIDGE RD
ANCASTER PA 17603-4736
7-394-6407
ISTERKAMP III, MD, CHARLES A GS
9 N DUKE ST
ANCASTER PA 17602-2065
7-397-5104
LM JR, MD, JOHN O IM
13 STERLING PL
ANCASTER PA 17601-3830
7-569-1977
LM, MD, ROBERT C GP
0 S CHURCH ST
UARRYVILLE PA 17566-1216
7-786-3745
RR, MD, JAMES D FP
EALTH CTR
159 RIVER ROAD
ARIETTA PA 17547
7-426-1131
RSCHAFT, MD, RICHARD J D
3 N LIME ST
ANCASTER PA 17602-2729
7-392-6267

HESS, MD, J CLAIR FP
EASTBROOK FAM HLTH CTR
29 EASTBROOK RD
RONKS PA 17572-9770
717-299-5711
HESS, MD, JOSEPH B GP
2174 OLD PHILADELPHIA PIKE
LANCASTER PA 17602-3433
717-394-3711
HESS, MD, PAUL G FP
514 S BROAD ST
LITITZ PA 17543-2604
717-626-2144
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444 N LIME ST
LANCASTER PA 17602-2337
717-396-9167
HOKE JR, MD, HUGH H R
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-295-8300
HOLDER, MO, ARTHUR J FP
562 W 2ND AVE
LITITZ PA 17543-1816
717-626-2167
HOLT, DO, SARAH W GP
1875 LITITZ PIKE
LANCASTER PA 17601-6515
717-569-6553
HOUSMAN, MD, JOHN H OPH
15 SAVO AVE
LANCASTER PA 17601
HUFFNAGLE, MO, HENRY W U
1514 NEWTOWN RD
LANCASTER PA 17603-2463
717-393-1771
HURSH, MO, DALE K FP
6 W NEWPORT RD
LITITZ PA 17543
717-656-2331
HURST, MD, KENNETH L FP
LEOLA FAM HLTH CTR
146 E MAIN STREET
LEOLA PA 17540
717-656-2141
HUTT, MD, GORDON H CD
1862 STURBRIDGE DR
LANCASTER PA 17601-6228
717-569-7358
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217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
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LANCASTER PA 17603-3239
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JACKSON, MD, DAVID W ID
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LANCASTER PA 17602
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LANCASTER PA 17604-3200
717-392-4700
JEFFRIES, DO, NANCY E *FP
EPHRATA FAM HLTH CTR
305 N READING RD
EPHRATA PA 17522
717-733-9090
JENS, MD, KURTIS O *P
142 E CHESTNUT ST
LANCASTER PA 17602-2777
717-299-0582
JOHNS, MD, MILTON W EM
23 PINE LN
WILLOW STREET PA 17584-9803
717-464-4903
JOHNSON JR, MD, BERTRAM L CD
622 N OUEEN ST
LANCASTER PA 17601-5074
717-299-5000
JOHNSON, MD, JOAN E OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
JOHNSON, MD, ROBERT P FP
676 E MAIN ST
NEW HOLLAND PA 17557-1426
717-354-4671
KANE, MD, JOAN O HEM
333 N ARCH ST
LANCASTER PA 17603-2922
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1886 ROHRERSTOWN ROAD
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1059 COLUMBIA AVE
LANCASTER PA 17603-3130
717-393-1338
KEGEL, MD, EUGENE E OBG
122 N SCHOOL LN
LANCASTER PA 17603-2511
717-299-7185
KEGEL, MD, MARY F *D
1834 OREGON PIKE
LANCASTER PA 17601-6463
717-569-3279
KELLER, DO, JON M EM
332 S STATE ST
EPHRATA PA 17522-2333
717-733-4765
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125 ROSLYN AVE
LANCASTER PA 17602-4756
KEMRER, MD, J DONALD GP
536 N DUKE ST
LANCASTER PA 17602-2208
KENDALL, MD, LEIGH W GS
1314 OUARRY LN
LANCASTER PA 17603-2424
KENNA, MD, JOSEPH P EM
42 VALLEYBROOK DR
LANCASTER PA 17601-4617
KENT, MD, GEORGE M ORS
325 N OUKE ST
LANCASTER PA 17602-4915
717-397-3709
KEYSER, DO, JEFFREY A GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-5401
KIM, MD, HACK J IM
3244 HARRISBURG PIKE
LANDISVILLE PA 17538-1316
717-898-0341
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3304 BOWMAN RD
LANDISVILLE PA 17538-1831
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585 N SCHOOL LN
LANCASTER PA 17603-2532
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KLINE, DO, GLENN A GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-5401
KNAUB, MD, MARILYN B FP
SOUTHEAST LANCASTER
HLTH CTR
630 ROCKLAND ST
LANCASTER PA 17602-4524
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KNEPPER, MD, JOSEPH A *FP
2479 NEW HOLLAND PIKE
LANCASTER PA 17601-5935
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KO, MD, EUGENE C H PUD
955 E KING ST
LANCASTER PA 17602-3275
717-299-0305
KOCH, MD, ANDREW W R
1010 GRANDVIEW BLVD
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KOCH, MD, PAMELA J DR
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2106 HARRISBURG PIKE STE 310
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3517
KREIDER, MD, HENRY L FP
306 S MARKET ST
ELIZABETHTOWN PA 17022-2422
717-367-1390
KREIDER, MD, JOHN K GP
805 PEARL AVE
MANHEIM PA 17545-2327
717-664-4072
KRESPAN, MD, CHARLES B OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177

KRISSINGER, MD, ROBERT C GP
1002 GRANDVIEW BLVD
LANCASTER PA 17601-5108
717-397-4285
KRULEWSKI, MD, THOMAS F OPH
2108 HARRISBURG PK STE 200
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3555
KRUSEN, MD, DAVID E GP
465 W 2ND AVE APT 4
LITITZ PA 17543-2321
717-626-8329
KUHLENGEL, MD, KEITH R NS
1671 CROOKED OAK DR
PO BOX 10247
LANCASTER PA 17605
717-569-5331
KUSTERA, MO, STEPHEN J PM
2541 MONOAMIN FARM RD
LANCASTER PA 17601-5313
717-392-0661
LABOSH, MD, TIMOTHY J FP
1886 ROHRERSTOWN RD
LANCASTER PA 17601
717-569-7011
LANCASTER JR, MD, EDWARD L ORS
233 COLLEGE AVE STE 301
LANCASTER PA 17603-3372
717-397-1912
LANDIS, MD, FLOYO M *GP
8 CONESTOGA AVE
LEOLA PA 17540-1403
717-656-6969
LANZILLO, MD, JOSEPH H R
LANCASTER GENERAL
CANCER CTR
2100 HARRISBURG PIKE BOX 3200
LANCASTER PA 17604-3200
717-290-3113
LATSHAW, MD, ROBERT F R
1825 MILL RD
LEBANON PA 17042-9554
717-274-3740
LAUTER, MO, O SCOTT IM
618 N DUKE ST
LANCASTER PA 17602-2210
717-392-3596
LEAMAN, MD, IVAN B FP
109 N DECATUR ST
STRASBURG PA 17579-1419
LEBISCHAK, MD, H CAROL PD
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-295-8398
LEGERE, DO, JOHN B D
203 N LIME ST
LANCASTER PA 17602-2729
717-392-6267
LEIPHART, MD, CLARENCE O OPH
177 KREADY AVE
MILLERSVILLE PA 17551-2007
717-872-6011
LEONARDO, DO, OONNA OPH
1532 LITITZ PIKE
LANCASTER PA 17601
717-393-8111
LESKO, OO, MICHAEL G CD
CARDIAC CONSULTANTS
622 N OUEEN ST
LANCASTER PA 17603-3029
717-299-5000
LESLIE, MO, PAUL A N
267 BROOK FARMS RD
LANCASTER PA 17601-5507
717-396-0369
LEVENSON, MD, MORTON W GP
811 S CEDAR ST
LITITZ PA 17543-2903
717-627-1529
LEVIN, MD, RICHARD M PS
1608 LITITZ PIKE
LANCASTER PA 17601-6517
717-299-0103
LEVINE, DO, JEFFREY N NEP
955 E KING ST
LANCASTER PA 17602-3275
717-299-0305
LOCKE, MD, CHARLES F IM
618 N DUKE ST
LANCASTER PA 17602
717-392-3596
LOCKEY III, MD, STEPHEN D *A
2445 MARIETTA AVE
LANCASTER PA 17601-1942
717-393-1365
LOEB, MD, ROLAND A *PTH
435 W CHESTNUT ST BOX 1708
LANCASTER PA 17608-1708
717-394-7234
LOMBARO, MD, ROBERT M FP
259 N 6TH ST
COLUMBIA PA 17512-2107
717-684-2440
LORETAN, DO, WILLIAM D IM
808 PLEASANTVIEW DR
EPHRATA PA 17522-1644
717-733-6518
LU, MD, MILTON M PS
2114 OREGON PIKE
LANCASTER PA 17601-4605
717-569-0043

LUNDY, MD, EDWARD F TS
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4995
LYET, MD, J PAUL ORS
LANCASTER ORTHO GP
231 GRANITE RUN DRIVE
LANCASTER PA 17601-6805
717-560-4200
MAHAJAN, MD, ANAND B NPM
614 OXFORD DR
LANCASTER PA 17601-4490
717-399-9462
MALLOZZI, MD, MARIANO O IM
808 PLEASANTVIEW DR
EPHRATA PA 17522
717-733-6518
MANDALAKAS, MD, NICHOLAS J CO
622 N OUEEN ST
LANCASTER PA 17603-3029
717-299-5000
MAST, MD, TRUMAN E P
PO BOX 7505
LANCASTER PA 17604-7505
717-397-6772
MATHEWS, MD, ROBERT S *ORS
554 N DUKE ST STE 2
LANCASTER PA 17602-2225
717-299-3524
MAY, MD, JOHN C OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
MCCANN, MD, WILLIAM D *CD
46 COVERED BRIOGE RD
PEOUEA PA 17565-9745
717-284-2584
MCDONOUGH, MO, KATHLEEN M *N
1525 HILLCREST RO
LANCASTER PA 17603-2416
MCGEE, MD, MICHAEL J FP
NEW HOLLAND FAM HLTH
676 E MAIN ST
NEW HOLLAND PA 17557-1426
717-354-4671
MEARS, MD, VIRGINIA G P
1178 LONG LN
MILLERSVILLE PA 17551-9742
717-872-5423
MEHLMAN, MD, THOMAS W HEM
333 N ARCH ST
LANCASTER PA 17602
717-291-1313
MELAMEO, MD, BRIAN R AN
EPHRATA COMMUN HOSP
169 MARTIN AVE
EPHRATA PA 17522-1724
717-733-0311
MELLINGER, MD, RICHARD W IM
808 PLEASANTVIEW DR
EPHRATA PA 17522-1644
717-733-6518
MERSHON, MD, CHARLES R FP
6 W NEWPORT RO
LITITZ PA 17543-9473
717-627-2108
MESSNER, MD, KENNETH H OPH
420 N DUKE ST
LANCASTER PA 17602-4906
717-299-6871
MILLER JR, MD, JOHN W *OTO
1655 CROOKEO OAK DR
LANCASTER PA 17601-4299
717-564-4905
MILLER III, MD, JOHN W *OTO
1655 CROOKEO OAK DR
LANCASTER PA 17601-4299
717-569-4905
MILLER, MD, PARRY J R
3053 GLOUCESTER ST
LANCASTER PA 17601-1441
MOBERG, MD, F BARRIE EM
220 E WALNUT ST
LANCASTER PA 17602-2342
717-299-5511
MOHLER, MO, J HAROLD IM
817 N CHERRY ST
LANCASTER PA 17602
717-393-8131
MOORE, MD, RACHEL M K FP
52 OXFORO VILLAGE
LANCASTER PA 17602
717-394-3973
MOORE SR, MD, ROBERT G AN
130 EVERGREEN DR
LANCASTER PA 17601-3274
717-569-4766
MOORE, MD, TERENCE N *R
LANCASTER GENERAL
CANCER CTR
2101 HARRISBURG PIKE BOX 3200
LANCASTER PA 17604-3200
717-290-3113
NAFZIGER, MD, J CALVIN P
C/O IRA NAFZIGER
1001 E OREGON RD COTTAGE 86
LITITZ PA 17543-9205
717-560-9047
NASH, MD, JAMES O *IM
587 VALLEY VIEW DR
NEW HOLLAND PA 17557-1415
717-738-0135

NEUREUTER, MD, LOUIS J *PUD
25 E JAMES ST
LANCASTER PA 17602-5107
717-397-0555
NEWCOMER, MD, DAVID L GS
MID ATLANTIC SURG SERV
217 HARRISBURG AVE STE 201
LANCASTER PA 17603-2961
717-295-5454
NICHOLS, MD, STEPHEN F AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
NUTTER, MD, DAVID E P
8 N QUEEN ST STE 10
LANCASTER PA 17603-3829
717-397-3115
OCKRYMIEK, DO, DOUGLAS A P
EPHRATA COMM HOSP
161 N READING RD
EPHRATA PA 17522
717-738-6630
OCONOR JR, MD, G THOMAS HEM
1875 LITITZ PIKE
LANCASTER PA 17601-6515
717-569-6489
OLIN, MD, STEPHEN T FP
1029 WOODS AVE
LANCASTER PA 17603-3126
717-392-1146
PACKER, MD, JEFFREY E DR
586 WOODBINE BLVD
LANCASTER PA 17603-2335
717-291-2256
PALLEN, MD, DANIEL *OPH
1254 LITITZ PIKE
LANCASTER PA 17601-4340
717-397-4724
PALUMBO, MD, JOHN A FP
1525 OREGON PIKE STE 1201
LANCASTER PA 17601
717-295-3012
PARKER, MD, STEVEN L GS
MED ARTS BUILDING
233 COLLEGE AVE
LANCASTER PA 17603-3372
717-291-9588
PARLIMENT, MD, JOEL W IM
808 PLEASANT VIEW DR
EPHRATA PA 17522-1699
717-733-6518
PATEL, MD,
HARSHADKUMAR B *PUD
1319 BEACONFIELD LN
LANCASTER PA 17601-5344
PAVILACK, MD, MARK A OPH
1532 LITITZ PIKE
LANCASTER PA 17601-6506
717-393-8111
PEARMAN, MD, TREVOR J P
202 ST THOMAS RD
LANCASTER PA 17601-4831
717-569-4043
PEART, MD, RAYMOND E ORS
231 GRANITE RUN DRIVE
LANCASTER PA 17601-6823
717-560-4200
PENNELL, MD, REBECCA G DR
1373 JOHN ADAMS DR
LANCASTER PA 17601-5066
717-299-3075
PEREZOUS, MD, MARK K ORS
231 GRANITE RUN DRIVE
LANCASTER PA 17601
717-560-4200
PETERSON JR, MD, CHARLES B IM
1800 VILLAGE CIR APT 122
PO BOX 3227
LANCASTER PA 17604-3227
717-293-8747
PETERSON, MD, CHRISTOPHER J AN
133 E FREDERICK ST
LANCASTER PA 17062
717-394-9821
PETERSON, MD, ROGER D R
70 ESHELMAN RD
LANCASTER PA 17601-5641
717-392-0644
PHILLIPS, MD, SPENCER D FP
701 N DUKE ST
LANCASTER PA 17602-2019
717-299-4644
PIEPGRASS, MD, WILLIAM C GS
210 3RD ST
EPHRATA PA 17522-1751
717-733-2055
PLASTINO, MD, JOHN E *EM
231 MAXSON RD
LANCASTER PA 17601-3911
717-560-9300
PLAYFOOT, MD, DONALD E FP
HEALTH CTR
1159 RIVER RD
MARIETTA PA 17547
717-426-1131
PLUTNICKI, MD, RONALD S OBG
549 N LIME ST
LANCASTER PA 17602-2228
717-397-8177
POHL, MD, CHARLES E U
605 HAMILTON RD
LANCASTER PA 17603-2409
717-394-6004

POKORNEY, MD, BRUCE H GE
548 NORTHLAWN CT
LANCASTER PA 17603-2363
POLIN, MD, DAVID G *PM
230 HARRISBURG AVE STE 6
LANCASTER PA 17603
717-399-4364
PONTIUS, MD, JOHN G GS
2106 HARRISBURG PIKE STE 13
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3290
PONTZ, MD, JACK B GP
647 E ROSEVILLE RD
LANCASTER PA 17601-4235
717-569-2678
PORTER, MD, I STANLEY ORS
231 GRANITE RUN DR
LANCASTER PA 17601-6823
717-560-4200
PORTER JR, MD, WILLIAM F PUD
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-290-4930
PRANCKUN, MD, PETER J P
510 N DUKE ST
LANCASTER PA 17602-2208
717-392-6003
PRANCKUN, MD, PETER P GS
1122 COUNTRY CLUB DR
LANCASTER PA 17601-5206
717-299-1215
PRICE, MD, ALBERT C PD
ROSEVILLE PEDIATRICS
160 N POINTE BLVD STE 110
LANCASTER PA 17601-4151
717-569-6481
PROWELL, MD, JOSEPH W GP
133 FUNK ST
STRASBURG PA 17579-1509
717-687-6180
PURDY, MD, RICHARD T CDS
2106 HARRISBURG PIKE STE 13
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3290
RAAB, MD, DAVID B GP
701 N DUKE ST
LANCASTER PA 17602
717-299-4644
RACETTE, MD, C DYEANNE VS
PO BOX 3200
LANCASTER PA 17604-3200
717-392-4700
RAICH, MD, WILLIAM A OPH
2108 HARRISBURG PIKE STE 200
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3555
RAMBACH, MD, LEONARD GP
1414 CENTER RD
LANCASTER PA 17603-4730
REESE, MD, RICHARD W RHU
LANCASTER ARTHRITIS CTR
217 HARRISBURG AVE STE 104
LANCASTER PA 17603-2964
717-299-1301
REGAN, MD, MARK C PTH
ST JOSEPH HOSP
250 COLLEGE AVE PO BOX 3509
LANCASTER PA 17604
717-291-8022
RICE, MD, SAMUEL A IM
2301 COLUMBIA AVE
LANCASTER PA 17603-4155
717-397-2738
RIDEN, MD, ALICE E FP
106 RACE ST
LITITZ PA 17543-8928
717-626-5319
RIDGWAY, MD, WILLIAM G GP
102 S 9TH ST
AKRON PA 17501-1428
717-859-1877
RIFFERT, MD, PAUL M GS
1011 LINCOLN HEIGHTS AVE
EPHRATA PA 17522-1545
RIGANO JR, MD, RUDOLPH F IM
230 MED CTR
230 HARRISBURG AVE STE 2
LANCASTER PA 17603-2959
717-393-1387
RIPPLE, MD, PAUL H OPH
134 E CHESTNUT ST
LANCASTER PA 17602-2741
717-392-1242
RIZZO, MD, KAREN A *OTO
982 MILL MAR RD
LANCASTER PA 17601-1652
717-898-9886
ROBBINS, MD, HOWARD S AN
779 STONY BATTERY RD
LANCASTER PA 17601-1237
717-898-2229
ROBBINS, MD, WARREN J ORS
822 MARIETTA AVE
LANCASTER PA 17603-3239
717-393-1596
ROBERTS, MD, HASKELL E GP
353 MAIN ST
DENVER PA 17517-1447
717-336-6167

RODA, DO, DAVID M AN
630 N SCHOOL LN
LANCASTER PA 17603-2505
717-397-7324
ROGERS, MD, ALBERT K CD
808 PLEASANT VIEW DR
EPHRATA PA 17522-1699
717-733-6518
ROGEVICH, DO, JOSEPH E AN
MED ARTS BUILDING
233 COLLEGE AVE
LANCASTER PA 17604
717-394-4129
ROMMEL, MD, CATHERINE T OPH
2108 HARRISBURG PK
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3900
ROMMEL, MD, F MICHAEL *U
2106 HARRISBURG PK STE 200
PO BOX 3200
LANCASTER PA 17604-3200
717-393-1771
ROSCHEL, MD, ROBERT L D
203 N LIME ST
LANCASTER PA 17602-2729
717-392-6267
ROSENBERG, MD, DALE J GE
2104 HARRISBURG PIKE
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3400
ROSENFELD, MD, DAVID J OTO
233 COLLEGE AVE STE 202
LANCASTER PA 17603-3372
717-394-4342
ROST, MD, CHARLES R END
2250 ERIN CT
LANCASTER PA 17601-1982
717-394-0708
ROTHACKER JR, MD,
GERALD W ORS
609 N CHERRY ST
LANCASTER PA 17602-2243
717-299-4871
ROTOR-MAKILAN, MD,
MARILYN L PM
ST JOSEPH HOSP
250 COLLEGE AVE
LANCASTER PA 17603-3378
717-291-8184
ROWAN, MD, PAUL J GS
1277 MEADOWBROOK RD
LANCASTER PA 17603-4711
717-394-3839
RUSSO, MD, ANTHONY F P
591 STONEHEDGE DR
LITITZ PA 17543-9073
717-560-9451
RUTH, MD, THOMAS K IM
915 MCGRANN BLVD
LANCASTER PA 17601-4520
717-399-9499
RUTT JR, MD, CLARENCE H GS
68 COUNTRY CT
LANDISVILLE PA 17538-1003
717-898-0320
RUTT, MD, JOHN M FP
3413 HARVEST DR
GORDONVILLE PA 17529-9664
717-768-7141
RYBARCZYK, MD, RICHARD M OBG
531 N LIME ST
LANCASTER PA 17602-2215
717-393-5828
RYNIER, MD, DONALD L P
1049 LAMBLEY RD
LANDISVILLE PA 17538-1567
717-898-0703
SALLAVANTI JR, MD, ROBERT A FP
405 MAIN ST
LANDISVILLE PA 17538
717-898-2413
SAMBERG, DO, GARY A GP
34 FAWN DR
OUARRYVILLE PA 17566-9741
717-284-3137
SAMITT, DO, JOEL L FP
267 LITTLE CREEK RD
LANCASTER PA 17601-5513
717-393-3008
SANDHAUS, MD, JULIUS L GER
1909 MARIETTA AVE
LANCASTER PA 17603
717-393-4524
SAUNDERSON JR, MD,
ROBERT W PD
543 WOODSEDGE RD
DOVER DE 19904
302-736-1313
SCHACHTERLE, MD, RALPH E *GP
307 N MAPLE ST
EPHRATA PA 17522-2516
SCHAEFFER, MD, WILLIAM A IM
443 STATE ST
LANCASTER PA 17603-2605
717-392-0586
SCHANTZ, DO, BEVERLY B AN
123 S DUKE ST
LANCASTER PA 17602-3509
717-392-8090
SCHANTZ, MD, JOHN C PS
554 N DUKE ST
LANCASTER PA 17602-2225
717-291-5863

SCHLOSSER, MD, DAVID E GP
2226 MILTON GROVE RD
MOUNT JOY PA 17552-8625
717-653-8692
SCHMITT, MD, JOHN J FP
222 WILLOW VALLEY LAKES DR
WILLOW STREET PA 17584
717-464-9430
SCHUBERT, MD, JOHN J NEP
439 N DUKE ST
LANCASTER PA 17602-4967
717-299-4032
SCHWARTZ, MD, STEVEN R OPH
2108 HARRISBURG PK STE 200
PO BOX 3200
LANCASTER PA 17604-3200
717-290-3555
SCOTT, DO, ROBERT C GS
996 E ORANGE ST
LANCASTER PA 17602-3214
717-394-5401
SEIPLE, MD, HARVEY H DIA
1800 VILLAGE CIRCLE RM 22B
LANCASTER PA 17603-2394
717-392-3535
SHARKEY JR, MD, SEAN J AN
1991 PICKERING TRL
LANCASTER PA 17601-4971
717-394-0128
SHARP JR, MD, JOHN W OPH
1254 LITITZ PIKE
LANCASTER PA 17601-4340
717-397-4724
SHERBAN, MD, PAUL R DR
555 N DUKE ST
PO BOX 3555
LANCASTER PA 17604-3555
717-299-4173
SHULTZ, MD, ROBERT G IM
1300 MILLERSVILLE PIKE
LANCASTER PA 17603-6614
717-393-5891
SHUMAN, MD, LEIGH S *DR
1182 OAKMONT DR
LANCASTER PA 17601-5079
717-399-7644
SIEBER, MD, PAUL R U
2106 HARRISBURG PK STE 200
PO BOX 3200
LANCASTER PA 17604-3200
717-393-1771
SIEGRIST, MD, J DONALD IM
EASTBROOK FAM HLTH CTR
29 EASTBROOK ROAD
RONKS PA 17572-9770
717-299-5711
SIGAFOOS, SALLY J EXEC
137 E WALNUT ST
LANCASTER PA 17602-5110
717-393-9588
SIGMUND, MD, WILLIAM J D
511 S SPRUCE ST
LITITZ PA 17543-2611
SILBERT, MD, DAVID I OPH
1532 LITITZ PK
LANCASTER PA 17601
717-393-8111
SILVERSTEIN, DO, SCOTT D PUD
955 E KING ST
LANCASTER PA 17602-3275
717-299-0305
SINGH, MD, SURENDER CD
622 N QUEEN ST
LANCASTER PA 17603-3029
717-299-5000
SKINNER III, MD, ROBERT W GS
1927 MILLERSVILLE PIKE
LANCASTER PA 17603-6212
SLOVAK, MD, JOHN P CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SMALL, MD, ROY S IM
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SMIGOCKI JR, MD, GENE C R
135 RIDGE RD
MILLERSVILLE PA 17551-9773
717-560-9437
SMITH, MD, EUGENE C GP
647 E ROSEVILLE RD
LANCASTER PA 17601-4235
717-569-2678
SMITH, MD, IAN D CD
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SNYDER, MD, RICHARD L FP
849 COLEBROOK RD
MOUNT JOY PA 17552-9014
717-291-9384
SOLOMON, MD, ELIAS M GP
1424 CENTER RD
LANCASTER PA 17603-4730
717-397-6435
SPITLER III, MD, WILLIAM M OPH
2108 HARRISBURG PIKE
P O BOX 3200
LANCASTER PA 17604-3200
717-290-3900

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ST JOSEPH HOSP
250 COLLEGE AVE
PO BOX 3509
LANCASTER PA 17604
717-291-8131
STAUFFER, MD, HAROLD E *GER
154 E MAIN ST
LEOLA PA 17540-1917
717-656-8211
STEINMAN, MD, ROBERT C PM
412 RUTH RIDGE DRIVE
LANCASTER PA 17601-3634
717-569-5331
STENGEL, MD, ROBERT J FP
440 W CHESNUT ST
LANCASTER PA 17603
717-393-9679
STIEBER, MD, SCOTT F AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
STONER, MD, ROBERT E EM
54 JACKSON DR
LANCASTER PA 17603-4709
STOUT, MD, WILLIAM J GP
106 N CLAY ST
MANHEIM PA 17545-1102
STRANGARITY, MD, JOSEPH W FP
320 SCHOOL RD
DENVER PA 17517-9728
717-445-9242
STRATCHKO, DO, RICHARD A FP
1045 E KING ST
LANCASTER PA 17602
717-394-8908
STUART, MD, THOMAS J N
535 N LIME ST
LANCASTER PA 17602-2215
717-394-9074
STULL, MD, MARK W AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
SUMMERS, MD, KERMIT L EM
760 WHITE HORSE RD
PO BOX 187
GAP PA 17527-9757
717-442-8454
SUPPLE, MD, EDWARD W CD
LANCASTER MED CTR
217 HARRISBURG AVE STE 200
LANCASTER PA 17603-2900
717-397-5484
SZARKO, MD, RICHARD J *AN
245 S HOMESTEAD DR
LANDISVILLE PA 17538-1378
717-898-9013
SZUTOWICZ, DO, MICHAEL P FP
11 S STATE ST
EPHRATA PA 17522-2410
717-733-2485
THEODORAN, DO, CHRIS G U
120 FOXSHIRE DR
LANCASTER PA 17601-3982
717-560-9601
THOMAS, MD, ERIC D AN
133 E FREDERICK ST
LANCASTER PA 17602
717-394-9821
TIEDEKEN, MD, PATRICK T OPH
1254 LITITZ PIKE
LANCASTER PA 17601
717-397-4724
TINDALL, MD, HERBERT L FP
121 GERMANTOWN AVE
CHRISTIANA PA 17509-9797
610-593-6650
TINDALL, MD, JANICE C *FP
COUNTY LINE MED CTR
5275 LINCOLN HWY
GAP PA 17527-9701
717-442-8111
TINNEY JR, MD, WILLIAM S IM
109 E ROSEVILLE RD
LANCASTER PA 17601-3836
TITI, MD, MARK J IM
522 BUCHANAN DR
EPHRATA PA 17522-9685
717-738-4879
TURULA, MD, JON B AN
133 E FREDERICK ST
LANCASTER PA 17602-2222
717-394-9821
TYLER, MD, JOHN R FP
89 LEHMAN RD
LANCASTER PA 17603-9696
717-871-1214
TYMON, MD, TIMOTHY P ORS
LANCASTER ORTHOPEDIC GRP
231 GRANITE RUN DR
LANCASTER PA 17601-6805
717-560-4200
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EASTBROOK FAM HLTH CTR
29 EASTBROOK RD
RONKS PA 17572-9770
717-299-5711
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PO BOX 3555
LANCASTER PA 17604-3555
717-295-8300

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55 N DUKE ST
O BOX 3555
ANCASTER PA 17604-3555
17-290-4995
SNESKI, DO, PAUL E OBG
725 OREGON PK
ANCASTER PA 17601-4206
17-569-2965
LLMAR II, MD, WILLIAM P FP
WYCKFORD PL
VILLOW STREET PA 17584-9608
17-293-5233
LLMER, MD, VIVICA D FP
40 CRESTGATE PL
ILLERSVILLE PA 17551-2118
17-871-9836
AGNER JR, MD, RICHARD S AN
411 HILLCREST RD
ANCASTER PA 17603-2414
ALKER, MD, JON G U
22 MARIETTA AVE
ANCASTER PA 17603-3239
17-397-4254
ALLS, DO, THERESA A *P
100 E ORANGE ST
ANCASTER PA 17604-3218
17-397-3711
ARFEL, MD, BENJAMIN S PM
31 GRANITE RUN DR
ANCASTER PA 17601-6823
17-560-4200
EAVER, MD, AARON R GS
10 3RD ST
EPHRATA PA 17522-1751
17-733-2055
EBER, MD, RICHARD H FP
841 MILLERSVILLE PIKE
ANCASTER PA 17603-6210
EED, MD, MICHAEL K FP
05 MAIN ST
ANDISVILLE PA 17538-1317
17-898-2413
EIDA, MD, THOMAS J FP
810 ROTHSVILLE RD
ITITZ PA 17543-9029
17-627-1214
EINER, MD, MARC H NEP
39 N DUKE ST
ANCASTER PA 17602-4967
17-299-4032
EINGOLD, MD, DAVID H D
6 RUN VALLEY RD
ONESTOGA PA 17516-9734
17-871-9833
EISMER, MD, RICHARD M *R
651 CLEARVIEW AVE
ANCASTER PA 17601-4307
17-392-2821
ENGER, MD, MARLIN E RHU
17 HARRISBURG AVE STE 104
ANCASTER PA 17603-2900
17-299-1301
ENTZ, MD, HENRY S FP
45 WILLOW VALLEY SO APT J211
ANCASTER PA 17602-4871
17-464-6223
HEATLY, MD, WILLIAM K OPH
424 HILLCREST RD
ANCASTER PA 17603-2415
17-397-5847
HITE JR, MD, ROBERT H OPH
254 LITITZ PK
ANCASTER PA 17601-4340
17-397-4724
IELAND, MD, WINFRIED G FP
526 WILLOW STREET PIKE N
VILLOW STREET PA 17584-9585
17-464-1462
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33 E FREDERICK ST
ANCASTER PA 17602-2222
17-394-9821
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525 OLD ORCHARD RD
ANCASTER PA 17601-5317
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18 CLOVERLEAF RD
ELIZABETHTOWN PA 17022
17-653-1467
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ANCASTER PA 17601
17-396-8734
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ANCASTER PA 17602-2222
17-394-9821
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9 EASTBROOK RD
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17-299-5911
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KIM, MD, WAN J DR
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143 VALHALLA DR
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3115 MERRITT RD
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NEW CASTLE PA 16105-9515
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ONG, MD, BIENVENIDO S PTH
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NEW CASTLE PA 16105
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NEW CASTLE PA 16105
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316 6TH ST
ELLWOOD CITY PA 16117-1907
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SHAFFER, MD, HOWARD L FP
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NEW WILMINGTON PA 16142-1007
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SPENCER, MD, JAMES H GS
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SUNG, MD, PAUL P FP
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NEW CASTLE PA 16101
412-654-2483
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FOGELSVILLE PA 18051-2240
610-285-2468
ESLER JR, MD, JAMES W AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
610-821-2820
FALCONE, MD, DOMENICO AN
2335 RIVERBEND RD
ALLENTOWN PA 18103-9660
FARR, MD, JAMES OBG
180 N 12TH ST
LEHIGHTON PA 18235-1115
610-377-3652
FELDMAN, DO, BRUCE A CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103
610-433-6442
FELDMAN, DO, NEIL H AI
401 N 17TH ST STE 211
ALLENTOWN PA 18104-5034
610-437-0711
FETTERMAN, MD, HENRY H *OBG
501 N 17TH ST
ALLENTOWN PA 18104-5044
610-435-8562
FETZER, MD, ARTHUR E *U
1230 S CEDAR CREST BLVD
STE 302
ALLENTOWN PA 18103-6212
610-770-0616
FIELD MUNVES, MD, ELLEN M RHU
2775 SCHOENERSVILLE RD
BETHLEHEM PA 18017
610-861-8080
FINNEGAN, MD, WALTER J ORS
40 S CEDAR CREST BLVD
ALLENTOWN PA 18104-5912
610-433-7589
FISTER, MD, FREDERICK D GP
6411 HAASADAHL RD
ALLENTOWN PA 18106-9262
610-395-1068
FOLLWEILER, MD, BARRY R IM
7096 DECATEUR ST
NEW TRIPOLI PA 18066-9128
610-298-8521
FRANKENFIELD, MD, BRUCE A IM
2200 W HAMILTON ST RM 203
ALLENTOWN PA 18104-6329
610-433-7481
FRICK JR, MD, EDWARD J GS
604 EAGLE DR
EMMAUS PA 18049-1931
610-965-2511
FRIEDBERG, MD, MILTON J ON
STE 305
1240 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6218
610-433-4852
GALGON, MD, JOHN P PUD
1162 BELLAIR DR
ALLENTOWN PA 18103-5404
610-435-4958
GALTMAN, MD, LAWRENCE M PD
528 N 25TH ST
ALLENTOWN PA 18104-4921
610-432-0159
GARCIA, MD, JOSE R *IM
451 W CHEW ST STE 306
ALLENTOWN PA 18102-3423
610-821-2850
GAYLOR, MD, DONALD H GS
3761 DEVONSHIRE RD
RD 2
ALLENTOWN PA 18103-9628
GAYLOR, MD, THEODORE H OTO
1020 S CEDAR CREST BLVD
ALLENTOWN PA 18103-5427
610-770-9797
GEARHART, MD, LYSTER M OBG
334 N 26TH ST
ALLENTOWN PA 18104-4924
GEE, MD, WILLIAM *VS
1524 W LINDEN ST
ALLENTOWN PA 18102-4251
610-435-3722
GEOSITS, DO, EDWARD E OBG
3131 COLLEGE HTS BLVD
ALLENTOWN PA 18049-1258
610-437-1931
GERCHMAN, MD, LEROY B FP
3710 BROADWAY
ALLENTOWN PA 18104-5218
610-395-0307

GEVIRTZ, MD, JEFFREY L U
1251 S CEDAR CREST BLVD #305D
ALLENTOWN PA 18103-6205
610-432-7760

GIANGIULIO, MD, DENNIS J ON
450 PERSHING BLVD
WHITEHALL PA 18052-6452
610-435-6966

GINSBERG, MD, GENE H IM
1210 S CEDAR CREST BLVD
STE 1900
ALLENTOWN PA 18103-6208
610-434-2044

GITTLEMAN, MD, MARK A GS
STE 205
1240 S CEDAR CREST BLVD
ALLENTOWN PA 18103
610-439-4055

GLAZERMAN, MD, LARRY R OBG
322 S 17TH ST
ALLENTOWN PA 18104-6709
610-434-4015

GOLDFARB, MD, DANIEL D P
121 N CEDAR CREST BLVD
ALLENTOWN PA 18104-4664
610-432-5202

GOLDFARB, MD, HAROLD J *OPH
2004 W ALLEN ST
ALLENTOWN PA 18104-5053
610-435-0956

GOLDNER, MD, DAVID B CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
610-433-6442

GOLDSMITH, MD, CHARLES P OPH
930 S HILLVIEW RD
ALLENTOWN PA 18103-6154
610-432-5388

GONZALEZ - FLORIN, MD,
RUBEN A PD
3131 RAMBEAU ROAD
BETHLEHEM PA 18017
610-866-9164

GOODREAU, MD, JAMES J VS
PERIPHERAL VASC SURG PC
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-437-0200

GOPAL, MD, T A OBG
401 N 17TH ST STE 304
ALLENTOWN PA 18104-5051
610-821-9244

GORDON, MD, DAVID A TS
1240 S CEDAR CREST BLVD # 308
ALLENTOWN PA 18103
610-770-1350

GORDON, MD, MICHAEL J OTO
1575 POND RD STE 203
ALLENTOWN PA 18104-2254
610-366-7788

GRASSI, MD, JOSEPH J PM
1101 S CEDAR CREST BLVD
2ND FLR
ALLENTOWN PA 18103-6206
610-439-0400

GREYBUSH, MD, JOSEPH N OBG
401 N 17TH ST STE 306
ALLENTOWN PA 18104-5051
610-433-8853

GRIEBEL, MD, STEPHEN R US
2851 HAMPTON RD APT 201
CLEVELAND OH 44120
610-821-0044

GUARINO, MD, EDWARD F PS
SACRED HEART HOSP
421 CHEW ST STE 1A
ALLENTOWN PA 18102-3406
610-439-1666

GULOTTA, MD, PAUL *CD
1210 S CEDAR CREST BLVD
STE 2300
ALLENTOWN PA 18103-6208
610-437-5505

GUZZO, MD, JOSEPH C *NEP
1230 S CEDAR CREST BLVD
STE 301
ALLENTOWN PA 18103-6212
610-432-4529

HALLOCK, MD, GEOFFREY *PS
1230 S CEDAR CREST BLVD
STE 306
ALLENTOWN PA 18103-6212
610-435-7555

HAMADANI, MD, HOUSHANG G P
2895 HAMILTON BLVD STE 103
ALLENTOWN PA 18104-6172
610-820-0644

HANLEY, DO, PATRICK J *IM
203 S 3RD ST APT 1
LEHIGHTON PA 18235
610-377-8588

HANSROTE, MD, LOUIS W PDC
227 N 28TH ST
ALLENTOWN PA 18104-5339

HARRIS, MD, STANLEY R RO
216 N BROAD ST
ALLENTOWN PA 18104-5348

HARRISON, MD, DREW S IM
50 S 18TH ST
EASTON PA 18042-3912
610-258-3608

HARTMAN, MD, DOROTHY I S AN
4750 HUCKLEBERRY RD
OREFIELD PA 18069-9632
610-391-1375

HARTZELL JR, MD, GEORGE W *GS
STE 208
1240 S CEDAR CREST BLVD
ALLENTOWN PA 18103
610-439-4055

HARVEY, MD, KENNETH L GP
302 WALNUT ST
CATASAUQUA PA 18032-2327

HARWICK, MD, JOHN D OTO
FAIRGROUNDS MED CTR
400 N 17TH ST STE 202
ALLENTOWN PA 18104-5084
610-437-5222

HASTINGS JR, MD, LEO J US
110 COLD STREAM CT
EMMAUS PA 18049-4216
610-965-2230

HEFFERNAN, MD, ANDREW H PS
3858 MANCHESTER RD
ALLENTOWN PA 18104-2116

HENRIQUEZ, MD, LILIANA C PD
451 W CHEW ST STE 102
ALLENTOWN PA 18102-3412
610-821-9703

HENTOSH, MD, JOHN P PD
401 N 17TH ST STE 205
ALLENTOWN PA 18104-5050
610-439-0044

HERMAN, MD, RICHARD M OTO
1259 S CEDAR CREST BLVD
STE 323
ALLENTOWN PA 18103
610-435-5858

HERTZ, MD, CHARLES S GS
119 LAKE SHORE DRIVE
POCONO LAKE PRES PA 18348

HERTZ, MD, JONATHAN IM
1210 S CEDAR CREST BLVD
STE 3200
ALLENTOWN PA 18103-6208
610-439-8856

HETZEL, MD, DAVID J OBG
1469 WHITE OAK RD
ALLENTOWN PA 18104-2151
610-395-5475

HILL, MD, E MERTON PH
1332 S LAKESHORE DR
SARASOTA FL 34231

HOFFMAN, MD, WILLIAM W GP
2416 3RD ST
WHITEHALL PA 18052-4896
610-264-9458

HOFFMAN-TERRY, MD,
MARGARET L ID
413 N JASPER ST
ALLENTOWN PA 18103

HOLLAND, MD, CLARENCE A GS
222 N 28TH ST
ALLENTOWN PA 18104-5340

HOLLAND JR, MD, CLARENCE A GS
451 W CHEW ST STE 407
ALLENTOWN PA 18102-3424
610-821-2855

HOOVER, MD, HERBERT C GS
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ALLENTOWN PA 18105-1556
610-402-8338

HOUIDES, MD, ATHANASIOS C GS
219 N 17TH ST
ALLENTOWN PA 18104-5604
610-820-5289

HUDSON JR, MD, HOWARD E *AN
2535 W ALLEN ST
ALLENTOWN PA 18104-4957
610-820-0849

HUNTER, MD, CAROL A *FP
5992 BEVERLY HILLS RD
COOPERSBURG PA 18036-1857
610-282-2402

HUTCHINSON, MD, THOMAS A OBG
4887 MEADOWVIEW DR
MACUNGIE PA 18062-9014
610-398-3367

HYMAN, MD, HERBERT L GE
401 N 17TH ST STE 207
ALLENTOWN PA 18104-5050
610-434-5300

ISRAEL, MD, HOWARD A AI
ALLENTOWN ASTHMA
AND ALLERGY
1605 N CEDAR CREST BLVD
STE 605
ALLENTOWN PA 18104
610-820-9000

JAEGER, MD, RANDY *ORS
LEHIGH VALLEY ORS
1605 N CEDAR CREST BLVD #111
ALLENTOWN PA 18014
610-821-4848

JAEGER, MD, ROBERT M *NS
STE 3100
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
610-402-1350

JAFARI, MD, NERCY CDS
1107 EATON AVE STE D
BETHLEHEM PA 18018-1862
610-866-3220

JAFFE, MD, JOHN S *U
1240 S CEDAR CREST BLVD
STE 310
ALLENTOWN PA 18103-6218
610-437-9988

JOHNSON, MD, CHARLES F GPM
2881 GOLF CIR
EMMAUS PA 18049-1733
610-967-4611

JOHNSON, MD, DOUGLAS E *NEP
1230 S CEDAR CREST BLVD
STE 301
ALLENTOWN PA 18103-6212
610-432-4529

JONES, MD, DAVID G *OPH
501 N 17TH ST
ALLENTOWN PA 18104-5044
610-432-0201

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PO BOX 3478
WESCOEVILLE PA 18106-0478
610-776-8383

JOYCE, MD, ELLEN M OBG
3131 COLLEGE HTS BLVD
ALLENTOWN PA 18104-4858
610-437-1931

JUNG, MD, JAY SOO AN
1251 S CEDAR CREST BLVD
STE 212C
ALLENTOWN PA 18103-6205
610-821-0750

KALE, MD, SANJAY D GP
1462 PRINCETON CT
ALLENTOWN PA 18104-2247
610-395-7289

KANWIT, MD, BERT A GS
108 ROSEDALE AVE
COVINGTON VA 24426-1244
610-395-6098

KASPRENSKI, MD, MATTHEW A FP
1574 DUXBURY CT
ALLENTOWN PA 18104-1943

KASPRENSKI, MD, MATTHEW L IM
1483 SHELBURNE CT
ALLENTOWN PA 18104-1949
610-391-1453

KAUFMAN, MD, BARRE D RHU
1405 N CEDAR CREST BLVD
STE 107
ALLENTOWN PA 18104-2308
610-435-2423

KAUFMAN, MD, JAY H PUD
1210 S CEDAR CREST BLVD
STE 3200
ALLENTOWN PA 18103-6208
610-439-8856

KAUFMANN, MD, MICHAEL W P
FAIRGROUNDS MED CTR
400 N 17TH ST STE 207
ALLENTOWN PA 18104-5052
610-402-2810

KAVCHOK, MD, JOSEPH OPH
3 STOKLEA DR
EMMAUS PA 18049
610-967-1728

KAZAHAYA, MD, MASAYUKI OPH
400 N 17TH ST STE 200
ALLENTOWN PA 18104
610-820-6320

KEBLISH JR, MD, PETER A ORS
1243 S CEDAR CREST BLVD
STE 2500
ALLENTOWN PA 18103-6268
610-433-6045

KEIL, MD, LORETTA W IM
912 HAWTHORN RD
ALLENTOWN PA 18103-4678
610-820-9327

KELLEY JR, MD, CHARLES F *PD
1251 S CEDAR CREST BLVD
STE 212B
ALLENTOWN PA 18103-6205
610-437-5750

KENVIN, MD, JOHN E PD
1240 N 36TH ST
ALLENTOWN PA 18104-2638

KEVITCH, MD, ROBERT B *PS
1230 S CEDAR CREST BLVD
STE 204
ALLENTOWN PA 18103-6212
610-432-1953

KHAN, MD, ELIZABETH A FP
2324 WOODLAND DR
ALLENTOWN PA 18103-7709
610-791-0775

KHUBCHANDANI, MD, INDRU T CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-433-7571

KIBELSTIS, MD, JOHN A PUD
3775 FOX RUN DR
ALLENTOWN PA 18103-9211
610-434-3652

KIESEL, MD, ROBERT OPH
400 N 17TH ST STE 102
ALLENTOWN PA 18104-5052
610-439-8910

KIM, MD, CHUNG H TR
1512 PALISADE AVE APT 17D
FORT LEE NJ 07024-5316

KIM, MD, JIN I AN
1809 WOODS HOLLOW LN
ALLENTOWN PA 18103-9273
215-462-2233

KIMMEL, MD, DEBORAH N PM
GOOD SHEP REHAB HOSP
5TH & ST JOHN STS
ALLENTOWN PA 18103
610-776-3315

KINTZEL, MD, JAMES E *NEP
1230 S CEDAR CREST BLVD
STE 301
ALLENTOWN PA 18103-6212
610-432-4529

KISTLER, MD, KERMIT K OPH
501 N 17TH ST
ALLENTOWN PA 18104-5044
610-435-9316

KLASKO, MD, STEPHEN K *OBG
LEHIGH VALLEY HOSP
17TH & CHEW STS
DEPT OB/GYN
ALLENTOWN PA 18104
610-402-9520

KLEAVELAND, MD, JOSEPH P CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
610-433-6442

KLECKNER, MD, FRANCIS S *GE
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-439-8595

KLEES, MD, ATHANASIUS PTH
1679 LEHIGH PKY N
ALLENTOWN PA 18103-2913

KLOIN, MD, JAY E IM
431 CHESTNUT ST
EMMAUS PA 18049-2401
610-965-6041

KLOTZ, MD, DONALD J FP
2811 PARKWAY BLVD
ALLENTOWN PA 18104-5362
610-434-9594

KNECHT, MD, CHARLES L R
3131 COLLEGE HTS BLVD
STE 1200
ALLENTOWN PA 18104-4858
610-435-2001

KNOUSE, MD, MARK C ID
1210 S CEDAR CREST BLVD
STE 2700
ALLENTOWN PA 18103-6208
610-402-8430

KOCH, MD, THOMAS J OTO
4961 BRIARWOOD DR
MACUNGIE PA 18062-9003
610-395-1378

KOHAN, DO, DAVID A AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
610-821-2820

KOPENHAVER, MD, DONALD B OBG
1251 S CEDAR CREST BLVD
STE 108
ALLENTOWN PA 18103-6205
610-820-5800

KOPYT, DO, NELSON P NEP
50 S 18TH ST
EASTON PA 18042-3912
610-432-8488

KRALSTEIN, MD, JEFFREY R GE
4435 FARM DR
ALLENTOWN PA 18104-1937
610-366-7585

KRAYNICK, MD, BENJAMIN M ORS
40 S CEDAR CREST BLVD
ALLENTOWN PA 18104-5912
610-433-7589

KREITHEN, MD, HAROLD *A
401 N 17TH ST STE 211
ALLENTOWN PA 18104-5050
610-437-0711

KRISCH, MD, RONALD A P
4081 FAWN TRL RD
ALLENTOWN PA 18104-2022
610-481-9745

KUCHARCZUK, MD, JOHN B OBG
1357 MAIN ST
NORTHAMPTON PA 18067-1613
610-262-9091

KUCHARCZUK, MD, JOHN C GS
3837 LARKSPUR DR
ALLENTOWN PA 18103-9740
215-439-8981

KUNZ, MD, GREGORY J FP
VXE6 MED
NAS
PT MIGU CA 93042

LAM, MD, CARL A OBG
401 N 17TH ST STE 302
ALLENTOWN PA 18104-5051
610-820-7071

LANG, MD, GREGORY M OBG
440 S 15TH ST
ALLENTOWN PA 18102-4618
610-437-7000

LAPOS, MD, LINDA L *CRS
1230 S CEDAR CREST BLVD
STE 303
ALLENTOWN PA 18103-6212
610-402-1095

LASKOWSKI, MD, ROBERT J IM
PO BOX 689
ALLENTOWN PA 18105-1556
610-402-7502

LAWRENCE, MD, STEVEN J ORS
STE 2500
1243 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6268
610-433-6045

LEAHEY, MD, ALAN B OPH
400 N 17TH ST STE 102
ALLENTOWN PA 18104-5081
610-439-8910

LEBOEUF, MD, WILLIAM L P
3863 MAUCH CHUNK RD
ALLENTOWN PA 18104-8721
610-799-0570

LEET, MD, THOMAS E *DR
1247 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2867
610-432-5646

LEHRICH, MD, HENRY E FP
825 N CEDAR CREST BLVD
ALLENTOWN PA 18104-3437
610-437-0739

LEMBERG, MD, PAUL OTO
1103 EAGLE DR
EMMAUS PA 18049
610-966-3343

LENTZ, MD, ROBERT E GP
2004 S 5TH ST
ALLENTOWN PA 18103-6802
610-797-5858

LERNER, MD, SAMUEL M AN
1369 DEVON CIR
ALLENTOWN PA 18104

LESTER, MD, MARK C NS
1210 S CEDAR CREST BLVD
STE 1000
ALLENTOWN PA 18103-6208
610-433-3143

LEVICK, DO, STACI L OTO
178 SPRINGHOUSE RD
ALLENTOWN PA 18104
610-398-1123

LEVIN, MD, MARC W *D
1259 S CEDAR CREST BLVD #100
ALLENTOWN PA 18103-6206
610-437-4134

LEVINE, MD, ARTHUR L NEP
50 S 18TH ST
EASTON PA 18042-3912
610-258-3608

LEVINE, MD, CHARLES R ORS
1605 N CEDAR CREST BLVD
STE 111
ALLENTOWN PA 18104
610-821-4848

LIEBERMAN, MD, FRANCIS A GP
2046 WOODLAWN ST APT 2
ALLENTOWN PA 18104-3090

LIEBERMAN JR, MD, JOSEPH A FP
LUTHERCREST
800 HAUSMAN RD APT 495
ALLENTOWN PA 18014-9399

LIEBERMAN, MD, RICHARD M U
1259 S CEDAR CREST BLVD
STE 235
ALLENTOWN PA 18103-6206
610-770-9700

LILLY, MD, REGINA Z US
1940 WOODMONT DR
BETHLEHEM PA 18018-1455
610-865-2056

LINDSAY-O'REGGIO, MD,
EULDRICKA B US
5A CLAY ST
SOUTH AMBOY NJ 08879
908-721-1193

LINN, MD, SHELDON H OBG
322 S 17TH ST
ALLENTOWN PA 18104-6709
610-434-4015

LISTWA, DO, HOWARD M OBG
322 S 17TH ST
ALLENTOWN PA 18104-6709
610-434-4015

LONGENHAGEN, MD, JOHN B IM
2870 MEADOWBROOK CIR S
ALLENTOWN PA 18103-5428
610-433-0241

LUFF, MD, RONALD D PTH
1377 KELCHNER RD
BETHLEHEM PA 18018-1514
610-691-5069

LUSSER, MD, MARTHA A N
1251 S CEDAR CREST BLVD
STE 301A
ALLENTOWN PA 18103-6205
610-432-4114

LUTZ, MD, RONALD A EM
LEHIGH VALLEY HOSP CTR
ALLENTOWN PA 18105
610-402-8130

LYNCH, MD, CHRISTOPHER G PM
4825 W TILGHMAN ST
ALLENTOWN PA 18104-9374
610-398-9747

MAFFEO, MD, ALPHONSE A AN
4767 BELMONT DR
EMMAUS PA 18049-1236
610-967-5782

MANDELL, MD, HERBERT E CHP
5300 KIDS PLACE DR
OREFIELD PA 18069
610-799-8877

IARIANO, MD, ROBERT T US
416 BROOKFIELD CIR
MACUNGIE PA 18062
610-965-4549
IARTIN, MD, FREDERICK H GP
5569 SIGMOND RD
ZIONSVILLE PA 18092-9801
610-966-4961
IARTINEZ-RAMOS, MD, MARIA A PD
1728 JONATHAN ST
ALLENTOWN PA 18104
610-866-2277
IARTZ, MD, MARK N *TS
1255 S CEDAR CREST BLVD
STE 1400
ALLENTOWN PA 18103-6256
610-821-8790
IARVI, MD, DAVOUD P
609 N 29TH ST
ALLENTOWN PA 18104-4237
610-434-4617
IATTA, DO, SUSAN S P
5510 SEQUOIA TRL
ALLENTOWN PA 18104-9234
610-398-9703
IATULEWICZ, MD,
THEODORE J PTH
4751 BELMONT DR
EMMAUS PA 18049-1236
610-967-4685
IATZ, MD, KAREN M OBG
1932 WOODED RIDGE CT
FOGELSVILLE PA 18051
215-654-9535
ICCONNEL JR, MD,
CHARLES S OTO
1259 S CEDAR CREST BLVD
STE 323
ALLENTOWN PA 18103-6206
610-435-5858
ICCULLOUGH JR, MD, JAMES L VS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-439-0372
ICDONALD, MD, KENNETH M VS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-439-0372
ICDONOUGH, MD, GERARD A TS
1312 PERICO POINTE CIR
BRADENTON FL 34209
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401 N 17TH ST STE 103
ALLENTOWN PA 18104-5049
610-821-9454
ICLOUGHLIN, MD, THOMAS M US
4216 SUGAR PINE CT
BURTONSVILLE MD 20866
301-549-1999
IEADE, MD, THOMAS D ORS
1243 S CEDAR CREST BLVD
STE 2500
ALLENTOWN PA 18103-6268
610-433-6045
IECCA, MD, JOHN J GP
3710 BROADWAY
ALLENTOWN PA 18104-5218
610-395-0307
IELMAN, MD, JAY E GP
1344 HAMILTON ST
ALLENTOWN PA 18102-4329
610-770-1603
IERCADO, MD, MODESTO G AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
610-821-2820
IERKLE, MD, LARRY N END
401 N 17TH ST STE 215
ALLENTOWN PA 18104-5050
610-820-9557
IILLER, MD, JOSEPH A *OBG
PO BOX 7017
ALLENTOWN PA 18105-7017
610-402-1600
IILLER, MD, KERRY D RHU
3131 COLLEGE HTS BLVD
STE 2600
ALLENTOWN PA 18104-4858
610-776-1766
IILLET, MD, BRENT L PM
2113 WASHINGTON ST
ALLENTOWN PA 18104-4036
610-740-1047
IISENHIMER, MD, MARTIN D PD
5672 SANDTRAP LN
WESCOSVILLE PA 18106-9569
610-366-9648
IITCHELL, MD, JOHN F P
STE 315
1259 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6206
610-435-8545
IOHAMED-ALI, MD,
ABUL-KASSIM IM
115 WILDFLOWER DR
ALLENTOWN PA 18104-9007
610-366-2158
IONTANER, MD, CARMEN S G AN
4308 BOULDER DR
COOPERSBURG PA 18036-9339
610-791-0290

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1739 FAIRMONT ST
ALLENTOWN PA 18104-3189
610-437-4988
MORFFI, MD, OSCAR A PD
401 N 17TH ST
SUITE 307
ALLENTOWN PA 18104-4018
610-434-2162
MORRIS, MD, DENNIS L CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
610-433-6442
MORRISON, MD, ALAN N *ON
3821 TREXLER BLVD
ALLENTOWN PA 18104-3424
610-395-0888
MORROW, MD, ROBERT A NS
1210 S CEDAR CREST BLVD
STE 1000
ALLENTOWN PA 18103-6208
610-433-3143
MORSE, MD, RICHARD J PD
401 N 17TH ST STE 307
ALLENTOWN PA 18104
MULLIN JR, MD, EDWARD M U
1240 S CEDAR CREST BLVD
STE 310
ALLENTOWN PA 18103-6218
610-437-9988
MUNCHAK JR, MD, JOHN GP
2707 PARKWAY BLVD
ALLENTOWN PA 18104-5360
610-434-8154
MURPHY, MD, BRIAN P *U
1240 S CEDAR CREST BLVD
STE 310
ALLENTOWN PA 18103-6218
610-437-9988
MURPHY JR, MD, ROBERT X *HS
4964 BRIDLEPATH DR
MACUNGIE PA 18062-9020
610-481-0228
NADER, MD, JOSEPH N CD
401 N 17TH ST STE 308
ALLENTOWN PA 18104-5051
610-434-5592
NEDWICH, MD, ALEXANDER PTH
1461 RED MAPLE LN
ALLENTOWN PA 18104-2009
NGUYEN, MD, MINHLY T *ID
1802 PICCADILLY CIR
ALLENTOWN PA 18103-6466
412-731-3590
NICHOLAS, MD, GARY G GS
1210 S CEDAR CREST BLVD
STE 3000
ALLENTOWN PA 18103-6208
610-432-1214
NICHOLSON, MD, BRUCE D *AN
4137 CAMBRIDGE CT
SCHNECKSVILLE PA 18078-3506
610-391-9648
O'BRIEN, MD, ERIN M PM
444 E TEXAS RD #3
ALLENTOWN PA 18103
610-398-3296
OKUNSKI, MD, WALTER J *PS
1230 S CEDAR CREST BLVD # 204
ALLENTOWN PA 18103-6212
610-432-1953
OLIVER, MD, GLEN L *OPH
400 N 17TH ST STE 200
ALLENTOWN PA 18104-5052
610-820-6320
ORDWAY JR, MD, EUGENE E *CD
451 CHEW ST STE 302
ALLENTOWN PA 18102-3423
610-821-2810
ORR, MD, PAUL L P
2844 PENNSYLVANIA ST
ALLENTOWN PA 18104-2854
610-435-4555
OTERO, MD, JORGE A PD
1728 W JONATHAN ST
ALLENTOWN PA 18104-3120
610-776-4141
PANEBIANCO, MD, ANTONIO C CD
1240 S CEDAR CREST BLVD # 308
ALLENTOWN PA 18103-6212
610-770-1350
PAPOLA, MD, JOHN S OTO
400 N 17TH ST STE 202
ALLENTOWN PA 18104-5052
610-437-5222
PARA, MD, DANIEL J GS
414 EAGLE DR
EMMAUS PA 18049-1928
610-965-4770
PARANICAS, MD, JAMIE D *CD
1255 S CEDAR CREST BLVD STE 1200
ALLENTOWN PA 18103-6206
610-437-6222
PARK, MD, SUNG H FP
STAFF PSYCHIATRIST
ALLENTOWN STATE HOSP
ALLENTOWN PA 18103
610-740-3200
PASCAL, MD, JOSEPH U
1251 S CEDAR CREST BLVD
STE 305D
ALLENTOWN PA 18103-6205
610-432-7760

PATRIARCO, DO, MICHAEL S OBG
3468 STURBRIDGE PL
ALLENTOWN PA 18104-1753
610-821-5846
PETERS, MD, CHARLES D IM
401 N 17TH ST STE 201
ALLENTOWN PA 18104-5050
610-432-6862
PETZ, MD, COLIN J IM
1106 EAGLE DR
EMMAUS PA 18049-1949
610-965-5453
PHELAN, MD, WILLIAM J PD
2200 HAMILTON ST STE 214
ALLENTOWN PA 18104
610-770-9111
PHILLIPS, MD, THEODORE G CDS
1240 S CEDAR CREST BLVD # 308
ALLENTOWN PA 18103
610-770-1350
PISTORIA, DO, MICHAEL J IM
4546 N HEDGEROW DR
ALLENTOWN PA 18103
610-398-7441
POST, MD, ROBERT M ON
FAIRGROUNDS MED CTR
STE 201 400 N 17TH ST
ALLENTOWN PA 18104
610-433-6691
POWERS, MD, VICTOR J *IM
451 W CHEW ST STE 306
ALLENTOWN PA 18102-3423
610-821-2850
PRAGER, MD, DAVID ON
FAIRGROUNDS MED CTR
STE 201 400 N 17TH ST
ALLENTOWN PA 18104
610-433-6691
PROOTHI, MD, SUBHASH C *ON
701 OSTRUM ST STE 302
BETHLEHEM PA 18015-1152
610-867-3115
PRYBLICK, DO, GARY M FP
5422 HOLIDAY DR
ALLENTOWN PA 18104-9439
610-770-9291
PRYBLICK, DO, JUDITH R FP
1901 HAMILTON ST STE 2
ALLENTOWN PA 18104-9439
610-437-7181
PULIZZI, MD, JOHN S GS
1663-C 32ND ST SW
ALLENTOWN PA 18103
610-402-8334
PURCELL, DO, STEPHEN M *D
1259 S CEDAR CREST BLVD
STE 100
ALLENTOWN PA 18103-6206
PUSCHAK, MD, RUSSELL B PD
401 N 17TH ST STE 210
ALLENTOWN PA 18104-5050
610-821-4920
RADIO, MD, GREGORY J OBG
4405 FARM DRIVE
ALLENTOWN PA 18104
610-432-5766
RAMOS-CARO, MD, JOSE L PD
1728 JONATHAN ST
ALLENTOWN PA 18104
610-776-4141
RAPHAEL, MD, PAUL S PM
210 ATLANTIC AVE
LYNBROOK NY 11563
RAPPAPORT, MD, MELVIN M FP
2327 FOX MEADOW DR
ALLENTOWN PA 18104-6672
RECKARD, MD, CRAIG R GS
1200 S CEDAR CREST BLVD
STE 3900
ALLENTOWN PA 18103
610-402-8506
REINHARDT, MD, PAULINE K *OS
625 N OTT ST
ALLENTOWN PA 18104-4233
610-432-6218
REINHART, MD, JOHN W GP
3507 CATHERINE AVE
ALLENTOWN PA 18103-5354
RENINGER, MD, CHARLES W OBG
RR 3 BOX 21
OREFIELD PA 18069-9803
RESPET, MD, PATRICK B ORS
1243 S CEDAR CREST BLVD
STE 2500
ALLENTOWN PA 18103-6268
610-433-6045
REX, MD, JAMES C CRS
2932 SHEFFIELD DR
EMMAUS PA 18049-1244
610-966-5644
RHODES III, MD, LUTHER V ID
1210 S CEDAR CREST BLVD
STE 2700
ALLENTOWN PA 18103-7991
610-402-8430
RIENZO, MD, ROBERT J *DR
1200 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6202
610-402-8383
RIETHER, MD, ROBERT D CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-433-7571

RODENBERGER, MD, BRUCE M OBG
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
610-820-5800
ROESHMAN, DO, ROBERT M N
1259 S CEDAR CREST BLVD #230
ALLENTOWN PA 18103-6266
610-820-9668
ROGERS, DO, JEFFREY S AN
4433 SPRUCE ST
WHITEHALL PA 18052-1107
215-843-2555
ROSEN, MD, LESTER CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-433-7571
ROSEN, MD, RANDY A *NEP
1230 S CEDAR CREST BLVD
STE 301
ALLENTOWN PA 18103-6212
610-432-4529
ROSENAU, DO, ALEXANDER M EM
1140 N BROAD ST
ALLENTOWN PA 18104-2912
215-776-7681
ROSENBERG, MD, HOWARD D *DR
3741 DEVONSHIRE RD
ALLENTOWN PA 18103-9628
ROSS, MD, ABRAHAM AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
610-821-2820
ROSS, MD, DANIEL I *OPH
2004 W ALLEN ST
ALLENTOWN PA 18104-5053
610-435-0956
ROSSI, MD, MICHAEL A CD
4227 WINCHESTER RD
ALLENTOWN PA 18104-1929
610-366-1059
ROTHENBERGER, MD,
MARVIN K OTO
210 N 8TH ST
ALLENTOWN PA 18102-4013
610-432-6747
ROVITO, MD, PETER F GS
842 N 19TH ST
ALLENTOWN PA 18104-4039
RUHT, MD, BARRY A ORS
1605 N CEDAR CREST BLVD
STE 111
ALLENTOWN PA 18104-2307
610-821-4848
SAAD, MD, FATHY Z FP
SACRED HEART HOSP
4TH AND CHEW STS
ALLENTOWN PA 18102
610-776-4500
SADR, MD, FARROKH S CDS
1240 S CEDAR CREST BLVD # 308
ALLENTOWN PA 18103-6212
610-770-1350
SALOTTO, MD, ARNOLD G NS
1210 S CEDARCREST BLVD
STE 1000
ALLENTOWN PA 18103
610-433-3143
SAMIES, MD, JOHN H ID
1210 S CEDAR CREST BLVD
STE 2700
ALLENTOWN PA 18103-7991
610-402-8430
SARACHEK, MD, NORMAN S CD
1351 HIGHLAND CT
ALLENTOWN PA 18103-6025
610-434-9621
SARUBIN, MD, DANIEL R DR
1815 SHERWOOD RD
ALLENTOWN PA 18103-2946
610-439-0868
SCAGLIOTTI, MD, CHARLES J GS
STE 305
1240 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6218
610-437-4911
SCARPINO, MD, LEO J ORS
1605 N CEDAR CREST BLVD
STE 111
ALLENTOWN PA 18104-2351
610-821-4848
SCHENCK, MD, PAUL H OPH
5239 HAMILTON BLVD
ALLENTOWN PA 18106-9714
610-398-2800
SCHMELTZLE, DO, TIMOTHY C FP
730 HARRISON ST
EMMAUS PA 18049-2211
610-967-3165
SCHRAGGER, MD, ALAN H D
1259 S CEDAR CREST BLVD STE 100
ALLENTOWN PA 18103-6206
610-437-5433
SCHWARTZ, MD, MELVIN H CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
610-433-6442
SCHWIEP, MD, FRANCIS PUD
1210 S CEDAR CREST BLVD
STE 3200
ALLENTOWN PA 18103-6208
610-439-8856

SCHWINGE, MD, ELAINE A P
2895 HAMILTON BLVD STE 103
ALLENTOWN PA 18104-6172
610-776-7951
SCOTT, MD, CAROLYN S OBG
1575 POND RD STE 104
ALLENTOWN PA 18104
610-398-7848
SECKINGER, MD, RAYMOND P P
451 W CHEW ST STE 301
ALLENTOWN PA 18102-3423
610-821-2808
SHAH, MD, KAMALESH T GS
1210 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6208
610-821-1174
SHAMPAIN, MD, MARK P AI
3131 COLLEGE HTS BLVD
ALLENTOWN PA 18104-4858
610-820-7611
SHANER, MD, CATHARINE L PD
1150 EDWARD AVE
ALLENTOWN PA 18103-5331
610-434-6032
SHEETS, MD, JAMES A CRS
1322 PERICO POINTE CIR
BRADENTON FL 34209
610-967-6644
SHIEH, MD, KAN C R
SACRED HEART HOSP
ALLENTOWN PA 18102
610-776-4662
SHIELDS, MD, MARY S AI
400 N 17TH ST STE 106
ALLENTOWN PA 18104-5052
610-432-5100
SHOEMAKER, MD, ELLIOT I *R
4215 E TEXAS RD
ALLENTOWN PA 18103-9357
610-433-5333
SHOEMAKER, MD, PATRICIA L PD
401 N 17TH ST
ALLENTOWN PA 18104-5049
610-435-3562
SHOENBERGER, MD,
DOUGLAS C *FP
4257 LIMEPORT PK
COOPERSBURG PA 18036-9347
SHOLEHVAR, MD, JAVAD OTO
1831 NOTTINGHAM RD
ALLENTOWN PA 18103-2920
SHOLEVAR, MD, FARHAD P
ALLENTOWN MED CTR
401 N 17TH ST STE 214
ALLENTOWN PA 18104-5050
610-435-8986
SILVERBERG, MD, BRUCE J CD
3340 HAMILTON BLVD
ALLENTOWN PA 18103-4537
610-433-6442
SILVERBERG, MD, DANIEL M *U
1255 S CEDAR CREST BLVD
STE 1400
ALLENTOWN PA 18103-6256
610-432-1423
SILVERMAN, MD, HOWARD A FP
3131 COLLEGE HEIGHTS BLVD
ALLENTOWN PA 18104-4858
610-435-0611
SILVERMAN, MD, MORTON I CD
2147 W UNION ST
ALLENTOWN PA 18104-6445
610-433-2332
SINCLAIR, MD, MICHAEL C TS
1240 S CEDAR CREST BLVD
STE 308
ALLENTOWN PA 18103
610-770-1350
SINGER, MD, RAYMOND L TS
1240 S CEDAR CREST BLVD # 308
ALLENTOWN PA 18103
610-770-1350
SINGER, MD, WILLIAM H AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
610-821-2820
SIPES, MD, EARL K GS
2602 LINDBERG AVE
ALLENTOWN PA 18103-9607
SIROTTA, MD, PAUL S NM
1200 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6202
610-402-8383
SKWEIR, MD, LEON A P
2060 MINESITE RD
ALLENTOWN PA 18103-9632
610-821-1344
SLOMPAK, MD, CAROL A IM
101 ST PETERS RD
MACUNGIE PA 18062-8549
610-845-7423
SMITH JR, MD, GEORGE S OBG
1139 MEADOWBROOK CIR W
ALLENTOWN PA 18103-5467
SMITH, MD, JERE P PD
1401 N 17TH ST STE 307
ALLENTOWN PA 18104-5051
610-434-2162
SNYDER, MD, JEFFREY C *CD
7199 SPRINGCREEK RD
MACUNGIE PA 18062-9755
610-366-7085

SNYDER, MD, STANLEY OBG
4862 SYDNEY CLOSE
MACUNGIE PA 18062-9515
610-967-5000
SOBEL, MD, ROSE M IM
226 N WEST ST
ALLENTOWN PA 18102
215-625-2849
SOSIS, MD, ARTHUR C D
1259 S CEDAR CREST BLVD
STE 100
ALLENTOWN PA 18103-6206
610-437-5433
SOUDER, MD, C LAWRENCE P
207 W SUMMIT ST APT A316
SOUDERTON PA 18964-2054
215-721-1532
SPLAIN, DO, DENNIS J R
1529 WETHERSFIELD DR S
ALLENTOWN PA 18104-1947
610-395-1568
STAMATAKOS, MD, MICHAEL J R
917 N 29TH ST
ALLENTOWN PA 18104-3844
610-435-8337
STANSBURY, MD, NEAL A ORS
VALLEY SPORTS &
ARTHRITIS SURG
1230 S CEDAR CREST BLVD
STE 101
ALLENTOWN PA 18103
610-820-5200
STANTON, MD, ELIZABETH L FP
9646 NEWTOWN RD
BREINIGSVILLE PA 18031
STASIK JR, MD, JOHN J CRS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-433-7571
STEIN, MD, ARTHUR V PS
2597 SCHOENERSVILLE RD
STE 308
BETHLEHEM PA 18017-7331
610-882-9112
STELZER, MD, FREDERIC A *GE
451 W CHEW ST STE 401
ALLENTOWN PA 18102-3424
610-821-2828
STEPHENS JR, MD, HARRY W NS
2340 RIVERBEND RD
ALLENTOWN PA 18103-9228
STEWARD, MD, JOANNE A IM
2278 APPLE DR
FOGELSVILLE PA 18051-1905
610-285-2969
STIERSTORFER, MD, MAX J GP
1123 N VAN BUREN ST
ALLENTOWN PA 18103-1747
610-435-2267
STILLE, MD, CHRISTOPHER J PD
1517 POND RD
ALLENTOWN PA 18102
610-395-4444
STOLZ, DO, RALPH E GP
555 HARRISON ST
EMMAUS PA 18049-2339
610-967-3115
STRASSMAN, MD, RIMA L PD
1517 POND RD
ALLENTOWN PA 18104
610-395-4444
STRAUSS, MD, ROBERT D HNS
1251 S CEDAR CREST BLVD
STE 110
ALLENTOWN PA 18103-6205
610-439-1501
SUSSMAN, MD, DAVID ORS
1230 S CEDAR CREST BLVD #101
ALLENTOWN PA 18103-6212
610-820-5200
SUSSMAN, MD, SYLVIA AN
3045 WHITEHALL ST
ALLENTOWN PA 18104-3866
610-432-4121
SWAYSER, DO, WILLIAM R *IM
32 BEAVER RUN DR
OUAKERTOWN PA 18591-2753
215-536-2421
TAN, MD, ANTONIUS H DR
2855 GOLF CIR
EMMAUS PA 18049-1733
610-439-0868
TATE, MD, FREDERICK J FP
3305 MUNICIPAL DR
WHITEHALL PA 18052-2907
610-821-8933
TAUS, DO, JOHN K *GE
451 W CHEW ST STE 401
ALLENTOWN PA 18102-3424
610-821-2828
TERMINI, MD, JOSEPH T GP
942 S CEDAR CREST BLVD
ALLENTOWN PA 18103-3609
610-435-2627
THOMAS, MD, ALEX T P
3365 BEAUFORT DR
BETHLEHEM PA 18017
610-868-1879
THOMPSON, MD, ROBERT J D
1259 S CEDAR CREST BLVD
STE 100
ALLENTOWN PA 18103-6206
610-437-5433
TINIANOW, MD, LLOYD N P
919 N 24TH ST
ALLENTOWN PA 18104-3605
610-432-0633
TIU, MD, JOHN L IM
LEHIGH VALLEY HOSP MED
1200 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6248
610-402-8200
TOFF, DO, KENNETH J PD
THE CHILDRENS
HEALTHCARE CTR
1517 POND RD
ALLENTOWN PA 18104-2253
610-395-4444
TOMEZSKO, MD, JANET E OBG
452 W OAKDALE AVE
APT 405
CHICAGO IL 60657
312-248-7554
TRACHTENBERG, MD,
WILLIAM M OPH
1739 FAIRMONT ST
ALLENTOWN PA 18104-3189
610-437-4988
TRETTER, DO, MARGARET S *IM
2716 RUSSELL ST
ALLENTOWN PA 18104-2437
610-435-4549
TREVASKIS, MD, ALLAN E PS
2923 W GORDON ST
ALLENTOWN PA 18104-4815
610-433-0598
TRIMPI, MD, HOWARD D CRS
5708 WHITEMARSH DR
MACUNGIE PA 18062-8953
610-967-3242
TROSTLE, MD, DOUGLAS R GS
STE 208
1240 S CEDAR CREST BLVD
ALLENTOWN PA 18103
610-439-4055
TROXEL, MD, RICHARD S EM
BOX M5383 EGYPT RD
LAURY'S STATION PA 18059
610-262-5592
TUFFIASH, MD, WILLIAM A *AI
1251 S CEDAR CREST BLVD
STE 107C
ALLENTOWN PA 18103-6205
610-439-8171
UFBERG, MD, MICHAEL H GE
3748 W HIGHLAND ST
ALLENTOWN PA 18104-2656
VARGAS, MD, HERSCHEL D *CRS
1230 S CEDAR CREST BLVD #303
ALLENTOWN PA 18103
610-402-1095
VERVERELI, MD, PRODROMOS A US
VALLEY SPORTS &
ARTHRITIS SURG
1230 S CEDAR CREST BLVD
STE 101
ALLENTOWN PA 18103
610-820-5200
VIECHNICKI, MD, M BRUCE OBG
1611 POND RD STE 102
ALLENTOWN PA 18104
610-366-7000
VIGILANTE, MD, MICHAEL OBG
800 HAUSMAN RD APT 327
ALLENTOWN PA 18104-9398
610-366-9930
VIGNERI, DO, PHILLIP M RO
DEPT OF RAD ONCOLOGY
SACRED HEART HOSP
ALLENTOWN PA 18102
610-776-4674
VINCENT, MD, JOSEPH E PUD
1210 S CEDAR CREST BLVD
STE 3200
ALLENTOWN PA 18103-6208
610-439-8856
VOLK, MD, STEPHEN A *ON
1511 RED MAPLE LN
ALLENTOWN PA 18104-2011
610-398-8592
WALL, MD, JAMES R D
2895 HAMILTON BLVD
ALLENTOWN PA 18104-6172
610-432-8312
WAPNER, MD, JOHN M OPH
3635 FOX RUN DR
ALLENTOWN PA 18103-9210
WASKO, MD, ROBERT U
1111 N 19TH ST
ALLENTOWN PA 18104-3001
610-437-9888
WASSON, MD, JAMES C IM
2730 MOSSER ST
ALLENTOWN PA 18014-2821
610-740-9799
WEIAND, DO, RAYMOND L ORS
LEHIGH VALLEY ORS
1605 N CEDAR CREST BLVD
ALLENTOWN PA 18104
610-821-0975
WEIS, MD, JAMES C ORS
STE 2500
1243 S CEDAR CREST BLVD
ALLENTOWN PA 18103
610-433-6045
WEIS, MD, PAUL R IM
1453 W LINDEN ST
ALLENTOWN PA 18102-4235
610-432-2066
WEISS, DO, ROBERT J NEP
50 S 18TH ST
EASTON PA 18042-3912
610-258-3608
WELKIE, MD, JOHN F GS
PERIPHERAL VASCULAR
SURGEONS
1275 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6207
610-439-0372
WERTZ, DO, JAMES T IM
1891 GEORGIA DR
WHITEHALL PA 18052-4150
610-799-5639
WHEELER, MD, JOHN S PD
3229 N FRONT ST
WHITEHALL PA 18052-3140
610-264-9121
WHITE, MD, RICHARD K ORS
7031 CARLS HILL RD
ZIONSVILLE PA 18092-2208
610-966-5998
WHITSON, MD, DAVID W FP
2150 W WASHINGTON ST
ALLENTOWN PA 18104-4037
610-432-3633
WIDGE, MD, TOERUNA S AN
97 FREDRICKSVILLE RD
MERTZTOWN PA 19539-9761
610-682-2807
WILKINS, MD, BYRON D CRS
2436 W HAMILTON ST
ALLENTOWN PA 18104-6234
WILSON, MD, RICHARD C *IM
2200 W HAMILTON ST
STE 203
ALLENTOWN PA 18104-6394
610-433-7481
YANG, MD, WEN-SHIONG AN
1251 S CEDAR CREST BLVD
ALLENTOWN PA 18103-6205
610-402-8810
YANOFF, MD, DAVID B *ORS
246 N 6TH ST
LEHIGHTON PA 18235-1310
610-377-2224
YEISLEY, MD, GEARY L TS
1240 S CEDAR CREST BLVD
STE 308
ALLENTOWN PA 18103
610-770-1350
YEN, MD, CONCEPTION T *OBG
1728 W JONATHAN ST STE 101
ALLENTOWN PA 18104-3120
610-432-2706
YIP, MD, LUKE C CDS
1240 S CEDAR CREST BLVD
STE 308
ALLENTOWN PA 18103
610-770-1350
YOUNG, MD, THOMAS E IM
1030 WYNNEWOOD DR
NORTHAMPTON PA 18067-1786
610-262-7299
ZAGER, MD, MICHAEL L IM
364 N 41ST ST
ALLENTOWN PA 18104-4502
610-967-2379
ZELENKOFSKE, DO, STEVEN L CD
3340 HAMILTON BLVD
ALLENTOWN, PA 18103
610-433-6442
ZEMANEK, MD, KENNETH J *P
1243 S CEDAR CREST BLVD 2800
ALLENTOWN PA 18103-6296
610-402-9800
ZOHN, MD, LAWRENCE K AN
451 W CHEW ST STE 406
ALLENTOWN PA 18102-3424
610-821-2820

LUZERNE

AICHER, MD, D CRAIG *OPH
920 WYOMING AVE
FORTY FORT PA 18704-3999
717-288-1974
ALEXANDERIAN, MD, HARRY A GYN
1010 SUSQUEHANNA AVE
W PITTSTON PA 18643-2816
717-654-1018
ALLARDYCE, MD, THOMAS J ORS
BONE & JOINT ASSOC
35 W LINDEN ST
WILKES-BARRE PA 18702
717-826-1555
ALLEY, MD, RICHARD A IM
480 PIERCE ST STE 216
KINGSTON PA 18704-5512
717-288-4232
AMBRUSO, MD, VICTOR T NS
1089 WYOMING AVE
FORTY FORT PA 18704-4002
717-283-1400
AMENTLER, MD, JOHN P FP
452 RIDGE ST
FREELAND PA 18224-1805
717-636-0502
ANDREWS, MD, JOSEPH J IM
87 E MAIN ST
WILKES-BARRE PA 18705
717-821-1982
ANDREWS JR, MD, PETER J GS
195 E MAIN ST
WILKES-BARRE PA 18705-3399
717-824-4001
ANDREWS SR, MD, PETER J FP
195 E MAIN ST
WILKES-BARRE PA 18705-3315
717-822-8405
ANISTRANSKI, MD, JOSEPH A FP
665 CAREY AVE STE 2
WILKES-BARRE PA 18702-1466
717-826-5038
ANZALONE, MD, ANGELO A EM
2445 HUNTSVILLE ROAD
SHAVERTOWN PA 18708-9518
717-675-5248
APONTE, MD, JOSE N IM
205 INDIAN CREEK DR
WILKES-BARRE PA 18702-7850
717-824-3840
AOUILINA, MD, CHARLES J AN
571 WYOMING AVE
KINGSTON PA 18704-3719
717-283-2400
ARAYA, MD, FERNANDO *FP
1931 ENGLEWOOD TER
FORTY FORT PA 18704-4321
717-288-5515
ARTHUR, MD, BRIAN W OPH
82 S WASHINGTON ST
WILKES-BARRE PA 18701
717-825-7344
AUERBACH, MD, HERMAN L IM
15339 STRATHEARN DR
DELRAY BEACH FL 33446
BAKER, MD, THOMAS E CD
610 WYOMING AVE
KINGSTON PA 18704-3702
717-288-5441
BALI, MD, AJAY K *CD
1111 E END BLVD
VA HOSP
WILKES-BARRE PA 18711-0035
717-824-3521
BARRAS, MD, DAVID I OTO
534 WYOMING AVE
KINGSTON PA 18704-3727
717-283-0524
BASESKI, DO, THERESA M OBG
425 TIOGA AVE
KINGSTON PA 18705
717-288-6616
BEDNAREK, MD, THOMAS F DR
273 IREM RD
DALLAS PA 18612-9180
717-675-1512
BENOIT, DO, RICHARD A IM
221 BLUEBERRY HILL RD
SHAVERTOWN PA 18708-9515
717-696-2918
BENOVITZ, MD, BURTON S OBG
425 TIOGA AVE
KINGSTON PA 18704-5624
717-288-6616
BENYO, MD, PHILIP J IM
RD 2 BOX 1232
DRUMS PA 18222-9433
717-788-3522
BERLEY, MD, BENJAMIN S IM
28 PIERCE ST
KINGSTON PA 18704-4634
717-288-0385
BERMUDEZ, MD, ANTONIO G RO
93 E WALNUT ST
KINGSTON PA 18704-4803
717-283-5908
BERNARDI, DO, MARK M CD
1099 S TOWNSHIP BLVD
PITTSTON PA 18643
717-654-2533
BLAUM SR, MD, LOUIS C GS
244 SCOTT ST
WILKES-BARRE PA 18765-5519
BLUM, MD, RICHARD H PUD
35 W LINDEN ST STE 230
WILKES-BARRE PA 18702-2619
717-826-0526
BOBECK, MD, HENRY S *IM
MAIN AND CONNOR STS
SUGAR NOTCH PA 18706
717-822-6916
BOBECK, MD, JOHN J FP
181 S MARKET ST
NANTICOKE PA 18634
717-735-6660
BOBECK, MD, JOSEPH J *FP
MAIN AND CONNOR STS
SUGAR NOTCH PA 18706
717-822-6916
BOHINSKI, DO, STANLEY T FP
787 E NORTHAMPTON ST
WILKES-BARRE PA 18702
717-821-9801
BONITA, MD, RAPHAEL *IM
234 S RIVER ST
PLAINS PA 18705-1143
717-824-3561
BOONIN, MD, ALAN FP
27 MAIN ST
DALLAS PA 18612-1603
717-675-0977
BORRA, MD, BOLLIAIH DR
WILKES-BARRE GEN HOSP
WILKES-BARRE PA 18764-0001
717-829-8111
BOYLE, MD, WILLIAM H FP
1732 WYOMING AVE
FORTY FORT PA 18704-4340
717-287-6930
BRETT, DO, DAVID A FP
540 PIERCE ST
KINGSTON PA 18704
717-288-7451
BRONSTEIN, MD, SEYMOUR B CD
RR 1 BOX 343
HAZLETON PA 18201-9750
717-455-8798
BROWN, MD, ROBERT L *ID
WILKES-BARRE GEN HOSP
WILKES-BARRE PA 18764-0001
717-820-2931
BRUNO JR, MD, JOSEPH N R
1099 S TOWNSHIP BLVD
PITTSTON PA 18640-3247
717-654-1287
BRUNO SR, MD, JOSEPH N DR
1304 SUSQUEHANNA AVE
WEST PITTSTON PA 18643
BUCAN, MD, MICHAEL FP
8 W CENTER ST
SHAVERTOWN PA 18708-1404
BUCCI JR, MD, FRANK A OPH
601 WYOMING AVE
KINGSTON PA 18704-3701
717-288-7405
BUCKEY, MD, JOSEPH T GP
10 BIRCH ST
MTN TOP PA 18707-1410
717-474-9386
BURAK, MD, WILLIAM E U
470 WYOMING AVE
KINGSTON PA 18704-3603
717-288-4551
BURNS SR, MD, CHARLES N *U
445 WYOMING AVE
KINGSTON PA 18704-3601
717-288-3601
BURNS JR, MD, CHARLES N *U
445 WYOMING AVE
KINGSTON PA 18704-3601
717-288-3601
BUTT, MD, HAMEED A TS
668 N CHURCH ST STE 104
HAZLETON PA 18201-3188
717-459-5607
BYRON, MD, THOMAS W ORS
35 WILINDEN ST
WILKES-BARRE PA 18702
717-826-1555
CAGGIANO, MD, JAMES F PD
1730 E BROAD ST
HAZLETON PA 18201-5652
717-455-9589
CAIN, DO, JACQUELINE F IM
114 HONEY POT ST
NANTICOKE PA 18634-1541
717-735-8996
CALISE, MD, CRESCENZO G *U
445 WYOMING AVE
KINGSTON PA 18704-3601
717-288-3601
CAMPBELL, DO, THOMAS M FP
100 UPPER DEMUNDS RD
PO BOX M
DALLAS PA 18612-0288
717-675-2111
CARBONI, MD, VINCENT A PDA
MERCY MED CTR
199 LAKE ST
DALLAS PA 18612-1063
717-675-8289
CAREY, MD, EDWARD J FP
77 ATHERHOLT DR
WYOMING PA 18644-9376
717-696-4028
CAREY, MD, JOHN L RHU
440 PIERCE ST
KINGSTON PA 18704-5518
717-288-6627
CASTELLANO, MD, THOMAS J GE
382 PIERCE ST
KINGSTON PA 18704-5527
717-288-8100
CASTERLINE, MD, PETER F HNS
200 S RIVER ST
PLAINS PA 18705-1143
717-821-1100
CAVAN, MD, ALBINA B GP
352 S RIVER ST
WILKES-BARRE PA 18702-3814
717-822-2962
CAVAN, MD, JOHN F GF
352 S RIVER ST
WILKES-BARRE PA 18702-3814
717-822-2962
CHANG, MD, CHUN S F
WILKES-BARRE GEN HOSP
N RIVER & AUBURN ST
WILKES-BARRE PA 18702
717-829-8111

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166 HANOVER ST STE 303
WILKES-BARRE PA 18702-3543
717-824-3370
HIKARMANE, MD, AJIT M N
CENTER CITY MED COMPLEX
20 N LAUREL ST STE 2B
HAZLETON PA 18201-5919
717-454-5715
HIKARMANE, MD, KALPANA A IM
20 N LAUREL ST STE 2B
HAZLETON PA 18201-5919
717-454-5715
HOI, MD, EDWARD W RO
780 N CHURCH ST
HAZLETON PA 18201-2977
717-459-3460
HRISTOFORATOS, MD,
DEMETRIUS AN
364 REYNOLDS ST
KINGSTON PA 18704
717-287-1108
HUNG, MD, HI-YOUNG OBG
MED ARTS BLDG STE 414
3 CHURCH ST
WILKES-BARRE PA 18702-3542
717-823-1169
IOTOLA, MD, AUGUSTINE A FP
565 N LAUREL ST
HAZLETON PA 18201-5180
717-454-8333
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20 N LAUREL ST
HAZLETON PA 18201-5919
717-455-3608
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1730 E BROAD ST
HAZLETON PA 18201-5652
717-454-2467
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510 WYOMING AVE
KINGSTON PA 18704-3702
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LEARFIELD, DO, WILLIAM N FP
318 S FRANKLIN ST
WILKES-BARRE PA 18702-3809
717-824-0953
LERICO, MD, DEAN M OTO
RR 2 BOX 522
TUNKHANNOCK PA 18657-9634
570-449-7572
OAR, MD, GEORGE R *OPH
3 W MAIN ST
PLYMOUTH PA 18651
717-779-7737
OHEN, MD, THOMAS FP
312 SHOEMAKER AVE
WEST WYOMING PA 18644-1120
717-693-4020
OLLINI, MD, FRANCIS J PS
113 N MEM HWY
SHAVERTOWN PA 18708
717-674-6525
OOPER, MD, DAVID R ORS
THE KNEE CTR
595 KIDDER ST
WILKES-BARRE PA 18702-6938
717-825-5633
OOPER, MD, HELEN C IM
42 E MAIN ST
PLYMOUTH PA 18651-3017
717-779-2168
OOPER, MD, JOSEPH E GP
380 OLD RIVER RD
WILKES-BARRE PA 18702-1561
717-822-4465
OOPER, MD, KAREN *ON
333 3RD AVE
KINGSTON PA 18704-5820
717-288-4595
ORAZZA, MD, LEO J IM
20 N LAUREL ST STE 2A
HAZLETON PA 18201-5919
717-459-1485
OSLETT, MD, DOUGLAS S OBG
RR 3 BOX 3805
BERWICK PA 18603-8902
OYLE, MD, JOHN J OPH
2 E BROAD ST
STE 510
HAZLETON PA 18501
717-455-4766
OZZONE, DO, MONICA L *GP
1825 WYOMING AVE
EXETER PA 18643-1444
717-693-3515
RAMTON, MD, DAVID C IM
510 WYOMING AVE
KINGSTON PA 18704-3702
717-288-5441
RONIN JR, MD, RANDALL C *FP
GEISINGER MTNTOP
2 KIRBY AVE
MOUNTAINTOP PA 18707
717-474-5978
RUZ, MD, RAMON A FP
540 PIERCE ST
KINGSTON PA 18704
717-288-7451
UBILLO, MD, ENRIQUE DR
66 HANOVER ST RM 103
WILKES-BARRE PA 18702
717-825-6234

CZWALINA, DO, ROBERT FP
189 E MARKET ST
WILKES-BARRE PA 18702
717-829-2621
D'ANCA, MD, ALFRED F ORS
ALLIED MED ARTS CTR
150 MUNDY ST
WILKES-BARRE PA 18702-6830
717-824-2225
D'IORIO, MD, JAMES P GP
1100 NORTHAMPTON ST
WILKES-BARRE PA 18703
717-823-1171
D'IORIO, MD, NORINA M *FP
258 JAMES ST
KINGSTON PA 18704-5239
DANISHANKO, MD, ALBERT G GP
174 SCOTT ST
WILKES-BARRE PA 18702-5311
717-824-8983
DAS, MD, NIRODE C CD
CHURCH RD
TRUCKSVILLE PA 18708
717-696-3231
DAVE, MD, DEEPAK V OPH
11 N CHURCH ST
HAZLETON PA 18201-6258
717-459-6666
DAVIS, MD, DANIEL T ORS
PIERCE PROF CTR
390 PIERCE ST
KINGSTON PA 18704-5502
717-288-3535
DE PIPPO, MD, PAUL A *R
12 HIGHLANDS DR
MOUNTAINTOP PA 18707
DEBONIS, MD, CHARLES S IM
7 CRESCENT DR
PLAINS PA 18705-1514
717-288-2436
DECKER, MD, GARY R ID
107 LDOMIS ST
WILKES-BARRE PA 18702-4637
703-822-7405
DECKER, MD, PETER G *IM
166 HANOVER ST STE 301
WILKES-BARRE PA 18702-3545
717-823-0505
DECURTIS, MD, GEORGE M *FP
534 WYOMING AVE
KINGSTON PA 18704-3727
717-288-5206
DEDHIA, MD, CHAMPAK R
70 PINEWOOD DR
LAFLIN PA 18702-7249
717-655-5510
DEGENNARO, MD, PATRICK J R
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WILKES-BARRE PA 18764-0001
717-829-8111
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250 PIERCE ST STE 211
KINGSTON PA 18704-5149
717-283-1107
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8 CHURCH ST STE 110
WILKES-BARRE PA 18765
717-822-9644
DENARO, MD, ANTHONY T P
149 DANA ST
WILKES-BARRE PA 18702-4825
717-829-7900
DEROJAS, MD, JUAN J CDS
200 S RIVER ST
WILKES-BARRE PA 18705-1143
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KINGSTON PA 18704-5149
717-288-9950
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20 N LAUREL ST STE 2A
HAZLETON PA 18201-5994
717-459-1485
DOSTAL, MD, JULIE A *FP
540 PIERCE ST
KINGSTON PA 18704-5751
717-288-7451
DRAPIEWSKI, MD, JOHN F PTH
40 TILBURY AVE
NANTICOKE PA 18634-1125
717-735-0513
DUFFY, MD, TERENCE F PM
451 MAIN ST
CONYNGHAM PA 18219
717-788-3598
DURKIN, DO, JANE E FP
BOX M
DALLAS PA 18612-0288
717-675-2111
ELLIS IV, MD, JOHN H *CD
225 S RIVER ST
PLAINS PA 18705-1123
717-823-1111

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440 PIERCE ST
KINGSTON PA 18704-5518
717-288-6627
FARHI, MD, FARIDEH T GP
404 RIDGE ST
FREELAND PA 18224-1308
717-636-1556
FARLEY, MD, BENJAMIN G FP
540 PIERCE ST
KINGSTON PA 18704
717-288-7451
FARRELL, MD, DOROTHY A N
468 NORTHAMPTON ST
EDWARDSVILLE PA 18704-4565
717-288-9309
FASCIANA, MD, GUY M IM
CORNER FOOTE & ADAMS AVE
DURYEA PA 18642
717-655-9090
FEINSTEIN, MD, PETER A ORS
35 W LINDEN ST
WILKES-BARRE PA 18702-2619
717-826-1555
FELLERMAN, MD, HERBERT IM
16-18 W LINDEN ST
WILKES-BARRE PA 18702-2614
717-829-0503
FILLER, MD, JOSEPH J AN
25 HIGHWDODS RD
WYOMING PA 18644-9323
717-675-4657
FIORELLI, DO, ROBERT L U
6 WILD FLOWER DRIVE
WILKES-BARRE PA 18702
717-829-1221
FISCHBEIN, MD, RICHARD E P
149 DANA ST
WILKES-BARRE PA 18702-4825
717-825-6655
FOLDES, MD, JULIUS PTH
VALLEY COUNTRY CLUB RD
CONYNGHAM PA 18219
717-788-3395
FRANCIS, MD, LEON R FP
GENERAL DELIVERY
BOX G
MIFFLINVILLE PA 18631-9999
717-752-4504
FRANKS, MD, JAMES F *FP
306 MCKINLEY AVE
JERMYN PA 18433-1324
717-876-3850
FREEDMAN, MD, LOUIS J OBG
534 WYOMING AVE
KINGSTON PA 18704-3727
717-288-4566
FREIFELD, MD, MARTIN L OBG
4 POPLAR ST
KINGSTON PA 18704-3709
717-288-4800
FRIEND, MD, ARTHUR IM
2107 SW 22ND CT
BOYNTON BEACH FL 33426-6531
FURNER, DO, CARL L IM
20 N LAUREL ST STE 2A
HAZLETON PA 18201-5994
GAIA, MD, JUAN D DR
451 3RD AVE
KINGSTON PA 18704-5802
717-283-0528
GALASSO, MD, GWENDOLYN M FP
120 PARSONAGE ST
PITTSTON PA 18640-2130
717-655-4612
GALASSO III, DO, JAMES W FP
1169 WYOMING AVE
FORTY FORT PA 18704-4016
717-288-7451
GALLAGHER, MD, HENRY G GP
35 LAKE ST
DALLAS PA 18612-1022
717-675-4174
GANDHI, MD, HARSH *ON
1740 E BROAD ST
HAZLETON PA 18201-5622
717-459-2901
GAUDIO, MD, JOHN C PD
425 TIOGA AVE
KINGSTON PA 18704-5624
717-288-6543
GAZEK, MD, FRANCISCO A CD
20 N LAUREL ST STE 2A
HAZLETON PA 18201-5919
717-459-1485
GAZOWSKI, MD, THOMAS E US
82 DIVISION ST
KINGSTON PA 18704-2734
717-288-2767
GECKLE, MD, DAVID S NS
1089 WYOMING AVE
FORTY FORT PA 18704
717-283-1400
GERHART, MD, CLARK D GS
1201 N CHURCH ST STE 415
HAZLETON PA 18201
717-459-5908
GIBBONS, MD, ROBERT J GS
850 DONALD ROSS DR
PINEHURST NC 28374-8862
910-295-1688
GIORDANO, MD, NICHOLAS D IM
200 2ND AVE
KINGSTON PA 18704-5722
717-288-6663

GLICINI, MD, ROBERT L GS
1010 E MOUNTAIN DR
WILKES-BARRE PA 18702-7905
717-821-2338
GONSKY, DO, MARK A GP
1524 SANS SOUCI PKY
WILKES-BARRE PA 18702-2028
717-825-3441
GOULD, MD, SAM C *P
PO BOX 2069
HAZLETON PA 18201
717-788-5117
GRABOWSKI, MD, MARIE A *PD
6 W GREEN ST
NANTICOKE PA 18634-2211
717-735-0385
GRAHAM, DO, E JOAN NM
WILKES-BARRE GENERAL
HOSP
DEPT OF NUCLEAR MED
WILKES-BARRE PA 18764-0001
717-820-2980
GRECO, MD, VICTOR F *TS
E-Z ACRES
RR 4 BOX 4404
DRUMS PA 18222
717-788-3225
GREENWALD, MD, DAVID W ON
382 PIERCE ST
KINGSTON PA 18704-5527
717-288-7231
GREULICK, MD, JOAN E PD
199 LAKE ST
DALLAS PA 18612
717-675-7955
GRIESMER, MD, PAUL D OBG
425 TIOGA AVE
KINGSTON PA 18704-5624
717-288-6616
GROBLEWSKI, MD, EDWARD A FP
349 PIERCE ST
KINGSTON PA 18704-5128
717-288-4424
GROSSMAN, MD, IRA C U
470 WYOMING AVE
KINGSTON PA 18704-3603
717-288-4551
GUNDERSON, MD, ROBERT L *ORS
20 N LAUREL ST STE 1B
HAZLETON PA 18201-5919
717-455-1990
GUTTERMAN, MD, PAUL NS
1740 E BROAD ST
HAZLETON PA 18201-5622
717-455-9587
HABER, MD, ARTHUR S R
20 N LAUREL ST
HAZLETON PA 18201-5919
717-455-3608
HANLON, MD, THOMAS W AN
140 FAIRWOOD BLVD
MTN TOP PA 18707-1829
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HAZLETT, MD, JANE OBG
710 SUSQUEHANNA AVE
WYOMING PA 18644-1929
717-693-0554
HAZLETT, MD, WILLIAM H OBG
P O BOX 1927
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717-693-1110
HEINTZ, MD, JAMES J ORS
35 W LINDEN ST
WILKES-BARRE PA 18702-2619
717-826-1555
HERNANDEZ, MD, WILBERT E AN
1172 SCOTT ST
WILKES-BARRE PA 18705-3722
717-822-3095
HINDI, MD, MUSA A OPH
601-605 WYOMING AVE
KINGSTON PA 18704
717-288-7405
HOLLERAN, MD, BERNARD L *IM
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562 WYOMING AVENUE
KINGSTON PA 18704
717-693-1879
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8 W MARKET ST STE 917
WILKES-BARRE PA 18701-1892
717-824-4379
HUDOCK JR, MD, GEORGE E PTH
51 E VALLEY VIEW DR
COURTDALE PA 18704-1101
717-287-3218
HUGHES, MD, PAUL J *FP
60 E MAIN ST
NANTICOKE PA 18634-1685
717-288-7451
HUSAIN, MD, ZAHID RHU
ALLIED MED ARTS BLDG
150 MUNDY ST
WILKES-BARRE PA 18702-6830
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ICHTER, MD, JOSEPH T PD
16940 BAY ST APT 203N
JUPITER FL 33477-1207
IMBRIGLIA SR, MD, JOSEPH E HS
2 FRANKLIN TOWN BLVD APT 803
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412-421-4071

IMBROGNO, MD, MICHAEL S PD
11 GALLAGHER DR
PLAINS PA 18705-1190
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451 3RD AVE
KINGSTON PA 18704-5802
717-283-0528
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202 SPRUCEWDOD DR
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717-655-4735
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100 UPPER DEMUNDS RD
PO BOX M
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717-675-2111
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765 SUTTON RD
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717-696-4914
JANG, MD, JANG-HUEI OTO
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101 W BROAD ST
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717-459-5503
KAFRISSEN, MD, STEVEN R P
149 DANA ST
WILKES-BARRE PA 18702-4825
717-829-7900
KAMEEN, MD, ANTHONY J OPH
FAIRVIEW HEIGHTS
61 SUMMIT RD
MTN TOP PA 18707-1405
717-474-9102
KAO, MD, YU SONG N
166 HANOVER ST
WILKES-BARRE PA 18702-3543
717-829-6544
KATLIC, MD, MARK R *TS
250 PIERCE ST
KINGSTON PA 18704
717-821-1100
KEELER, DO, VIRGINIA E M FP
111 SOUTH MOUNTAIN BLVD
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717-474-9300
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39 LASALLE AVE
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717-675-3419
KERR, MD, ROBERT M IM
15 GERSHAM PL
KINGSTON PA 18704-4808
KERRIGAN, DO, PATRICK J *GP
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476 HAZLE AVE
WILKES-BARRE PA 18702-4646
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KERSTEEN, DUANE E EXEC
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717-823-0917
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KINGSTON PA 18704
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8 CHURCH ST APT 414
WILKES-BARRE PA 18702
717-823-1169
KINKEAD, MD, KEVIN P AN
10 SEVEN IRON CT
MTN TOP PA 18707-9067
717-868-6117
KISH, DO, JOHN M GP
CITY HTS SHOPPING CTR
147 AMBER LN
WILKES-BARRE PA 18702-6545
717-824-1122
KISTLER, MD, DAVID W *FP
175 S WILKES-BARRE BLVD
WILKES-BARRE PA 18702
717-829-2621
KLEIN, MD, JOSEPH M PD
1211 GULF OF MEXICO DR
APT 207
LONGBOAT KEY FL 34228-3606
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KINGSTON PA 18704-5204
717-287-7583
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FIRST VALLEY BANK BLDG
HAZLETON PA 18201
717-454-6301
KOLESSAR, MD, DAVID J ORS
1000 E MOUNTAIN DR
WILKES-BARRE PA 18711-3751
717-825-1093
KONECKE, MD, RON J DR
NESBITT MEM HOSP
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717-825-0198
KOVALICK, DO, KIMBERLY ANN M FP
17 PINE RIDGE DR
WILKES-BARRE PA 18705
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1010 E MOUNTINA DR
WILKES-BARRE PA 18702
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171 STANTON ST
WILKES-BARRE PA 18702
717-823-6731
KURZWEIL, MD, STEVEN J U
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6 WILDFLOWER DR
WILKES-BARRE PA 18702-7921
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LABBATE, MD, VICTOR A RHU
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150 MUNDY ST
WILKES-BARRE PA 18708
717-824-7117
LANDAU, MD, LEO W PD
11 GALLAGHER DR
PLAINS PA 18705-1146
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DRUMS PA 18222
LEASE, MD, JOHN R *ORS
1710 E BROAD ST
HAZLETON PA 18201-5695
717-454-1114
LEE, MD, KI B OBG
1730 E BROAD ST
HAZLETON PA 18201-5652
717-455-3656
LEHMAN, MD, CLINTON J IM
8 CHURCH ST
WILKES-BARRE PA 18711-3508
717-822-3078
LENTINI, MD, J CHARLES FP
270 S RIVER ST
PLAINS PA 18705-1191
717-822-8961
LISS, MD, ARTHUR R
12 GLENN RIDDLE LN
DALLAS PA 18612-9195
717-675-5001
LITCHMAN, MD, JOSEPH F FP
LINDEN MED GROUP
468 NORTHAMPTON ST
SAXTON PAVILLION
EDWARDSVILLE PA 18704-4565
717-288-8890
LITCHMAN, MD, MAUREEN R *FP
540 PIERCE ST
KINGSTON PA 18704-5751
LITTZI, DO, CAROLANN FP
40 WESTMINSTER ST
WILKES-BARRE PA 18702
717-829-5320
LIVENGOOD, MD, MARGARET A GPM
PO BOX 11
BEAR CREEK PA 18602-0011
LOBITZ, MD, STANLEY A FP
155 E BENNETT ST
KINGSTON PA 18704-4940
717-283-5611
LOFTUS, MD, JOSEPH A *GP
10 UNION ST
WILKES-BARRE PA 18705-3919
717-822-2094
LOMBARD, MD, MICHAEL F FP
155 E BENNETT ST
KINGSTON PA 18704-4940
717-283-5611
LOPEZ, MD, AGAPITO OPH
PO BOX 1128
601 WYOMING AVE
KINGSTON PA 18704
717-288-7405
LOPEZ, MD, GAMALIEL S IM
165 CAREY AVE
WILKES-BARRE PA 18702
717-825-0770
LOTTICK, MD, EDWARD A *FP
789 WYOMING AVE
KINGSTON PA 18704-3889
717-288-7506
LOVELACE, DO, NANCE A FP
57 CAREY AVE APT C
WILKES-BARRE PA 18702-2256
717-829-7881

LOVRINIC, MD, DANIEL F *ORS
20 N LAUREL ST
HAZLETON PA 18201-5919
717-455-1990
LOWE, MD, DIANE A FP
100 UPPER DEMUNDS RD
PO BOX M
DALLAS PA 18612-0288
717-675-2111
LUCCHINO, MD, DAVID B TS
200 S RIVER ST
WILKES-BARRE PA 18705-1143
717-821-1100
LYNCH, MD, EARL H OM
PROWORKS
500 SCOTT ST
WILKES-BARRE PA 18702
717-829-7870
MACZUGA, MD, CYNTHIA FP
FREELAND HEALTH CTR
404 RIDGE ST
FREELAND PA 18224-1399
717-636-1556
MAJDIC, DO, JAMES P IM
480 SCOTT ST
WILKES-BARRE PA 18702-5511
717-825-8061
MAKADIA, MD, ASHOK P IM
4 BLUEBIRD CT
WILKES-BARRE PA 18706-3001
717-820-8069
MALACARI, MD, DOMINIC V IM
240 S WELLES ST
WILKES-BARRE PA 18702-5005
717-823-6898
MANCIA, MD, BONITA M OBG
676 WYOMING AVE
KINGSTON PA 18704-3857
717-288-6521
MANGANIELLO, MD, CHARLES M *FP
1099 S TOWNSHIP BLVD
PITTSTON PA 18640-3247
717-654-0571
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166 HANOVER ST
WILKES-BARRE PA 18702-3543
717-826-6875
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PIERCE ST
KINGSTON PA 18704
717-283-9909
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534 WYOMING AVE
KINGSTON PA 18704
717-283-0524
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TAMAQUA PA 18252-9781
MC FARLAND, MD, JAMES J CDS
189 RIVER ST
FORTY FORT PA 18704-5038
717-287-2369
MC LAUGHLIN JR, DO,
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82 S WASHINGTON ST
WILKES-BARRE PA 18701-3029
717-825-7344
MENDELSSOHN, MD, SAUL NEP
56 W LINDEN ST
WILKES-BARRE PA 18702-2628
717-823-8896
MILLER, MD, G GEOFFREY OPH
601-605 WYOMING AVE
KINGSTON PA 18704
717-288-7405
MITCHELL, MD, ARTHUR B FP
167 S MAPLE AVE
KINGSTON PA 18704-3310
717-288-0284
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1730 E BROAD ST
HAZLETON PA 18201-5652
717-454-2467
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42 N PIONEER AVE
SHAVERTOWN PA 18708-1321
717-696-2769
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440 PIERCE ST
KINGSTON PA 18704-5518
717-283-0655
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540 PIERCE ST
KINGSTON PA 18704-3857
717-288-6521
MUIR, DO, SCOTT D OBG
17 PLEASANT RIDGE CIR
SUGARLOAF PA 18249-9415
717-788-1499
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2340 MOUNTAIN RD
LARKSVILLE PA 18651-4113
717-288-3537
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KINGSTON PA 18704-5215
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717-822-6966

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717-842-7324
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440 PIERCE ST
KINGSTON PA 18704-5518
717-283-0655
NORK, MD, EDWARD P OPH
317-B N MAPLE AVE
KINGSTON PA 18704-3316
717-287-8255
NOTHSTEIN, DO, GARY D GP
129 BUTERNUT RD
SHAVERTOWN PA 18708
717-675-2111
NOVROSKI, DO, HENRY C *FP
540 PIERCE ST
KINGSTON PA 18704-5751
717-288-7451
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150 MUNDY ST
WILKES-BARRE PA 18702-6830
717-824-4591
ODONNELL, MD, GEORGE J PD
272 S RIVER ST
WILKES-BARRE PA 18702-2409
717-822-9572
OH, MD, DONG J AN
562 WYOMING AVE
KINGSTON PA 18704
717-283-7628
OLSHEMSKI, MD, FRANK C FP
950 SUTTON RD
WILKES-BARRE PA 18708-9550
717-696-3987
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540 PIERCE ST
KINGSTON PA 18704
717-288-7451
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1099 S TOWNSHIP BLVD
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717-654-1287
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24 MAIN ST
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18 WINDING WAY
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717-654-2545
PATEL, MD, SATISH D DR
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RADIOLOGY DEPT
WILKES-BARRE PA 18764-0001
717-829-8111
PAULL, MD, DOUGLAS E TS
200 S RIVER ST
PLAINS PA 18705
717-821-1100
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851 MCNAIR ST
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171 STANTON ST
PO BOX 1122
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166 HANOVER ST
WILKES-BARRE PA 18702-3543
717-823-8184
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717-826-1111
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974 KASKO RD
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717-696-1480
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NANTICOKE PA 18634
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1099 S TOWNSHIP BLVD
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20 N LAUREL ST STE 2A
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27 MAIN ST
DALLAS PA 18612-1603
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171 WYOMING AVE
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161 KIMBERLY LN
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56-58 W LINDEN ST
WILKES-BARRE PA 18702-2628
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RUDUSKY, MD, BASIL M *CD
BICENTENNIAL BLDG
15 PUBLIC SQ
WILKES-BARRE PA 18701-1702
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225 S RIVER ST
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455 WYOMING AVE
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KINGSTON PA 18704-5527
717-288-7231
SAIDMAN, MD, LESTER M FP
576 GIBSON AVE
KINGSTON PA 18704-5216
717-288-8890
SALLAVANTI, DO, ARMANDO R FP
616 OAK ST
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717-451-1731
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28 CENTER AVE
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20 N LAUREL ST STE C2
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35 W LINDEN ST STE 220B
WILKES-BARRE PA 18702-2619
717-823-3089
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35 W LINDEN ST
WILKES-BARRE PA 18702-2619
717-823-3089
SCHMIDT, MD, ARNOLD P PTH
55 SPRUCE ST
MOUNTAIN TOP PA 18707-1401
SCHREINER, MD, GLENWOOD R *GP
30 W BROAD ST
WEST HAZLETON PA 18201-3822
717-454-4433
SCHULMAN, MD, NORMAN RO
WILKES-BARRE GEN HOSP
WILKES-BARRE PA 18707
717-829-8111
SCINICO, MD, MARK W IM
26 GRACE DR
PLAINS PA 18705-3501
717-822-1414
SCOTT, MD, ALVIN J FP
69 W UNION ST
SHICKSHINNY PA 18655-1017
717-542-4750
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610 WYOMING AVE
KINGSTON PA 18704-3702
717-288-5441
SEDOR, MD, DAVID J NS
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468 NORTHAMPTON ST
EDWARDSVILLE PA 18704
717-283-3599
SGARLAT, MD, JOSEPH R ORS
109 JAMES ST
KINGSTON PA 18704-5217
717-288-1442
SHAFER, MD, EDWARD A FP
219 N SPRAGUE AVE
KINGSTON PA 18704-3506
717-288-3829
SHAH, MD, ANILKUMAR T DR
166 HANOVER ST
WILKES-BARRE PA 18702-3543
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R 1 BOX 301
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17-388-6151
IAH, MD, NARESH K R DR
01 HAMPTON RD
HAVERTOWN PA 18708
17-696-2202
ARKEY, MD, THOMAS G OPH
IERCE PROF CTR
90 PIERCE ST
INGSTON PA 18704-5502
17-283-2233
ARP, MD, DAVID E PTH
O BOX 420
ILKES-BARRE PA 18703
17-823-7164
ERWOOD, MD, JOHN W FP
5 NEW ALEXANDER ST
ILKES-BARRE PA 18702-2101
17-825-4349
ROFF, MD, FAROOK K CD
36 HANOVER ST
ILKES-BARRE PA 18702-3543
17-826-6875
YNN, MD, TAE I P
ILKES-BARRE GEN
RIVER AND AUBURN ST
ILKES-BARRE PA 18764-0001
17-820-2750
ARI, MD, JUDE F IM
15 W CHESTNUT ST
AZLETON PA 18201-6230
17-455-3339
VERSTEIN, MD, DANIEL K *CD
0 WYOMING AVE
NGSTON PA 18704-3702
7-288-5441
AVOSKI, MD, LINDA A ID
0 NORTH THOMAS AVE
NGSTON PA 18704
7-287-4879
JHOCKI, DO, MARK FP
4 TIFFANY DR
ILLIAMSPORT PA 17701-9622
7-323-7375
ITH, MD, GARY M FP
O BOX 1948
NGSTON PA 18704-0948
7-542-4141
TH JR, MD, H ALEX ORS
0 PIERCE ST
NGSTON PA 18704-5502
7-283-2430
TH SR, MD, HENRY F FP
6 SOUTH MT BOULEVARD
OUNTAIN-TOP PA 18707
7-474-5845
CACH, DO, MARY ELIZABETH FP
4 LACOE ST
PITTSTON PA 18643-2408
7-655-3140
LOMON, MD, CYNTHIA A IM
9 CAREY AVE
LKES-BARRE PA 18702-1447
7-824-7246
ARICH JR, DO, SALVATORE P FP
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0 PIERCE ST
NGSTON PA 18704
7-288-7451
NING, MD, DEBORAH A *FP
0 PIERCE ST
NGSTON PA 18704-5751
7-288-7451
GURA, MD, BARNEY A OPH
0 S HANOVER ST
NTICOKE PA 18634-2706
RNLIEB, MD, SANFORD B ORS
W LINDEN ST STE 210
LKES-BARRE PA 18702-2619
7-822-3456
SH JR, MD, ANTHONY G GP
0 PENN LN
HAZLETON PA 18201-1514
7-455-3866
SH, MD, EUGENE R FP
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ZLETON PA 18201
7-455-3866
ANG, MD, DAVID J *D
11 E END BLVD
LKES-BARRE PA 18702-7935
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EET, MD, THOMAS F GS
5 WOODLAND DR
IEHURST NC 28374
CCIO, MD, DOMINICK A U
CAREY LN
TSTON PA 18640-3224
7-829-1221
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KES-BARRE PA 18702-7312
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UMALI, MD, IDONA C AN
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30 LAKEVIEW TRAIL
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R D 1
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22 LEE PARK AVE
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WEAVER, DO, GLENN E AN
50 TAMANINI DR
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717-696-2204
WEINMAN, MD, HERBERT M FP
222 HILLSIDE NEWBERRY
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54 CALBETH PLACE
HAZLETON PA 18201
717-454-8327
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676 WYOMING AVE
KINGSTON PA 18704
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131 SPRUCE ST
MTN TOP PA 18717-1323
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WISE, MD, RICHARD J GP
GENERAL DELIVERY
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444 WILDFLOWER DR
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717-735-0513
WITT, MD, PAUL J FP
59 E CAREY ST
PLAINS PA 18705-2007
717-823-7643
WOLANIN, MD, JANUSZ FP
233 S PROSPECT ST
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298 BIRCH DR APT 2
LAFAYETTE HILLS PA 19444-2119
610-832-5332
YAMULLA, MD, ROBERT S IM
128 W 14TH ST
HAZLETON PA 18201-3266
717-455-7677
YAMULLA, MD, STANLEY J GS
RR BOX 114
SUGARLOAF PA 18249
717-455-5864
YOO, MD, YOUNG-KUL *GE
668 N CHURCH ST STE 203
MED ARTS BLDG
HAZLETON PA 18201-3188
717-454-1400
YOON, MD, MYUNG S CD
238 W CHESTNUT ST
HAZLETON PA 18201-6265
717-454-1401
YOUNG, DO, STEVEN M NEP
245 OVERBROOK ROAD
DALLAS PA 18612
717-675-4201
ZAMAN, MD, RUBINA A PD
11 GALLAGHER DR
PLAINS PA 18705
717-822-7070
ZEVENEY JR, MD, DENNIS J *GS
166 HANOVER ST STE 202
WILKES-BARRE PA 18702-3544
717-823-1333
ZUCKER, MD, DAVID B AN
29 KINGSWOOD DR
DALLAS PA 18612-1403
717-674-5907

LYCOMING

ABDEL-MESSEIH, MD, ADEL A ON
1100 GRAMPIAN RD
WILLIAMSPORT PA 17701
717-326-8470
AHMED, MD, GALAL M PTH
2669 HAAS LN
MONTOURSVILLE PA 17754
AMBROSE, MD, DAVID N FP
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-321-2340
AMSLER JR, MD, FRED R ORS
416 RIVER AVE STE 208
WILLIAMSPORT PA 17701-3723
ANDERSON, MD, ELIZABETH E FP
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-322-3141
ANGLE, MD, WILLIAM D OPH
432 WYNDHAM CT
WILLIAMSPORT PA 17701-3932
717-326-2377

ANTONETTI, MD, THOMAS B FP
2107 W 4TH ST
WILLIAMSPORT PA 17701-4343
717-322-0400
BALDYS, MD, JAMES S FP
899 HASTINGS ST
S WILLIAMSPORT PA 17701-7606
717-326-4426
BALLENTINE, MD, GEORGE N OBG
RR 3
PO BOX 324
MUNCY PA 17756-9803
BARTLOW, MD, WILLIAM P FP
RR 3
BOX 214
MUNCY PA 17756-9803
717-546-2040
BASTIAN, MD, JAMES R OPH
985 SAINT DAVIDS RD
WILLIAMSPORT PA 17701-4065
BECKER, DO, JOHN C DR
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
BECKLEY, MD, ROBERT F R
46 INDIAN TRL
SANFORD NC 27330-8384
919-499-9146
BEDNARZ, MD, WALLACE W R
1527 HARDING AVE
WILLIAMSPORT PA 17701-2637
BELLES, MD, TERRY A FP
145 SHAFFER ST
WILLIAMSPORT PA 17701-6727
717-326-2447
BELTZ, MD, WILLIAM R GS
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-326-4007
BERGER, MD, GARY W *FP
430 S MAIN ST
HUGHESVILLE PA 17737-1618
717-584-5161
BERNSDORFF, MD, KURT R GE
777 RURAL AVE 3RD FL S
WILLIAMSPORT PA 17701
BLOISO, MD, GLENN T *U
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-326-8090
BLOM, MD, BOHEN M F PTH
2646 HAAS LN
MONTOURSVILLE PA 17754-9539
717-323-5549
BLOM, MD, JOHANNES ND
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701
717-326-8470
BOZIC, MD, ALBERT F OPH
609 ORCHARD PL
WILLIAMSPORT PA 17701-1827
717-322-1335
BRAUNEGG JR, MD, PAUL W *AN
1208 CRESTFIELD DR
WILLIAMSPORT PA 17701-9306
717-323-9763
BRESTICKER, MD, DAVID H FP
928 2ND AVE
WILLIAMSPORT PA 17701-3015
717-326-6752
BURKE, MD, THOMAS V PUD
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701
717-326-8345
BURKS, MD, JOHN M CD
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2801
BUTKIEWICZ, MD, BERNARD L DR
1505 RITCHEY ST
WILLIAMSPORT PA 17701-2642
717-323-3994
BYLER, MD, PHILIP R FP
1205 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1968
717-326-4118
CALCE, MD, JOHN V *NM
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
717-326-8175
CALDER JR, MD, JOSEPH R CD
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2811
CALLENBERGER, MD, GEORGE J EM
RR 1 BOX 207
HUGHESVILLE PA 17737-9741
717-584-2509
CAMPANA, MD, JOSEPH F *OTO
151 E 3RD ST
WILLIAMSPORT PA 17701-6622
717-323-7187
CAMPANA, MD, LOUIS F GYN
806 RURAL AVE
WILLIAMSPORT PA 17701-3036
717-323-4058
CAMPANA, MD, THOMAS J GS
699 RURAL AVE
WILLIAMSPORT PA 17701-3246
717-326-4007
CAREY, DO, PATRICK J ORS
699 RURAL AVE STE 101
WILLIAMSPORT PA 17701-3250
717-322-3640

CHANG, MD, MONA P FP
1205 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1968
717-326-4118
CICCARELLI, MD, LEE M *IM
138 W 4TH ST
WILLIAMSPORT PA 17701-6105
717-237-9480
CIPOLLA, MD, CHARLES F GS
300 ACADEMY ST
WILLIAMSPORT PA 17701-5205
717-322-7210
COFFMAN, MD, KAOHLIN M EM
RR 4 BOX 322
MONTOURSVILLE PA 17754-9437
717-435-5641
COLLINS, MD, LEONARD R OBG
777 RURAL AVE 6TH FL
WILLIAMSPORT PA 17701-3109
717-323-3671
CONWAY, MD, CYRIL F EM
1300 WOODMONT AVE
WILLIAMSPORT PA 17701-2052
717-322-7861
COOPER, MD, KENNETH L OBG
230 DUNBAR RD
WILLIAMSPORT PA 17701-1831
717-323-1149
COZINE, MD, RICHARD A OPH
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-323-6105
DILLMAN, MD, NICHOLAS J PTH
WILLIAMSPORT HOSP
777 RURAL AVE
WILLIAMSPORT PA 17701-1995
717-321-2354
DISIMONE, MD, RONALD E ORS
1811 CAMPBELL ST
WILLIAMSPORT PA 17701-1758
717-321-1960
DIXON, MD, MICHAEL J OTO
699 RURAL AVE
WILLIAMSPORT PA 17701
717-323-7000
DONATO, DO, ROBERT A OBG
810 VALLAMONT DR
WILLIAMSPORT PA 17701-3053
717-321-8694
DURRWACHTER, MD, KENNETH R FP
PARKVIEW CTR
999 N LOYALSOCK AVE STE B
MONTOURSVILLE PA 17754-1001
717-368-2002
DURRWACHTER, MD, ROBERT J GP
501 W 4TH ST
WILLIAMSPORT PA 17701-6022
717-323-2012
ECKER SR, MD, HERBERT A PS
115 RODERICK RD
WILLIAMSPORT PA 17701-1848
717-326-2049
ECKER JR, MD, HERBERT A *PS
420 W 4TH ST
WILLIAMSPORT PA 17701-6002
717-322-4779
EISTER, MD, RONALD N FP
1001 1ST AVE
WILLIAMSPORT PA 17701-3007
717-327-1707
ENGLISH, MD, JOSEPH G EM
RR 2 BOX 142A
GANOGA LAKE
BENTON PA 17814-9402
717-477-5837
ESAA, MD, DURRIYA S OPH
904 CAMPBELL ST STE 105
WILLIAMSPORT PA 17701-1842
717-322-9948
ESAA, MD, SHABBIR A DR
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-322-1161
FERNANDEZ, MD, EDUARDO I AN
2452 FULLER RD
MONTOURSVILLE PA 17754-9543
717-323-8335
FINN, MD, DAVID R PUD
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2821
FINN, MD, MARTHA J B *NEP
904 CAMPBELL ST
WILLIAMSPORT PA 17701-3154
717-326-0312
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910-295-2805
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1103 THOMPSON ST
JERSEY SHORE PA 17740-1730
FORD, MD, WILLIAM T D
38 MOORINGS UNIT A
KEY LARGO FL 33037
FORKER, MD, THOMAS S FP
RR 4 BOX 126B-7
JERSEY SHORE PA 17740
717-398-7214
FRAILEY, DO, GREGORY R EM
WILLIAMSPORT HOSP & MED CTR
777 RURAL AVE
WILLIAMSPORT PA 17701-3198
717-321-2185

FRANCE, MD, ROBERT O R
1805 CAMPBELL ST
WILLIAMSPORT PA 17701-1758
717-321-7481
FRIES, MD, GENE T PTH
RR 6 BOX 102
WILLIAMSPORT PA 17701-9542
FUNK JR, MD, F COLEMAN FP
1201 GRAMPIAN
SUITE 2B
WILLIAMSPORT PA 17701-1968
717-326-8261
GANDY, DO, DANIEL R *NEP
1201 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1900
717-326-8080
GARRITY, TIMOTHY F ADM
SUSQUEHANNA PHYS SERV
1201 GRAMPIAN BLVD
WILLIAMSPORT PA 17701
717-326-8214
GEHRON JR, MD, WILLIAM H U
747 ARCH ST
WILLIAMSPORT PA 17701-5659
717-326-4203
GEORGY, MD, FAROUK M OBG
113 W HILLS DR
WILLIAMSPORT PA 17701-1336
717-322-2072
GINTER JR, MD, GEORGE C AN
HC 64 BOX 625
TROUT RUN PA 17771-9803
GLASER, MD, KENNETH I RO
WILLIAMSPORT REG CTR
802 CAMPBELL STREET
WILLIAMSPORT PA 17701
717-321-0501
GLUNK, MD, DANIEL J *IM
818 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1826
717-323-8993
GO, MD, ALFONZO H L AN
1249 CRESTFIELD DR
WILLIAMSPORT PA 17701-9306
717-248-5411
GOODENOW, MD, ELIZABETH L OBG
7 S MAIN ST
MUNCY PA 17756-1306
717-546-3045
GOULD, MD, MARY JEAN R
777 RURAL AVE
WILLIAMSPORT PA 17701-3191
717-322-1161
GOULDIN, MD, JUDITH A NM
WILLIAMSPORT HOSP
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2400
GOUMAS, MD, WILLIAM M GS
699 RURAL AVE
WILLIAMSPORT PA 17701
717-326-4000
GREENE, MD, DONALD H US
RR 1 BOX 550
JERSEY SHORE PA 17740-9722
HAACK, MD, SUSAN M OBG
1205 GRAMPIAN BOULEVARD
WILLIAMSPORT PA 17701-1968
717-326-8595
HAMM, MD, WILLIAM G EM
2440 BLAIR ST
WILLIAMSPORT PA 17701-4010
717-326-5193
HAMOY, MD, ALICE G IM
116 KERR AVE
JERSEY SHORE PA 17740-1751
717-398-1991
HAMOY, MD, GEORGE L GS
116 KERR AVE
JERSEY SHORE PA 17740-1751
717-398-1991
HARTZ, MD, LEO M FP
RR 6 BOX 235
P O BOX 209
MUNCY PA 17756-9112
717-546-8255
HAYES, MD, WARREN H FP
1120 N SHORE DR NE APT 203
ST PETERSBURG FL 33701-1449
HEERE, MD, BARBARA A IM
SUITE 201
904 CAMPBELL ST
WILLIAMSPORT PA 17701-5804
717-326-6515
HEFLIN, MD, DANIEL W AN
ANES ASSOC OF WILLIAMSPORT
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-322-7092
HEILMANN, MD, TIMOTHY M FP
699 RURAL AVE
WILLIAMSPORT PA 17701-9303
HEISLER, MD, DAVID B AN
2444 VIEW POINT RD
MONTOURSVILLE PA 17754
HENDERSON, MD, K WAYNE IM
1205 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1968
717-326-8132
HERBST, MD, VINCENT P D
904 CAMPBELL ST STE 206
WILLIAMSPORT PA 17701
717-322-1600

HERRINGTON, MD, PAMELA J FP
699 HASTINGS ST
S WILLIAMSPORT PA 17701-7606
717-327-1335
HEYMAN, MD, DAVID C AN
ANESTHESIA ASSOC OF
WLLMSPRT
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-322-7092
HILL, MD, DANIEL E CLP
WILLIAMSPORT HOSP
WILLIAMSPORT PA 17701
717-321-2321
HIPPLE, MD, RANDALL F GYN
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-323-3671
HOFSTROM, MD, GLEN T FP
145 SHAFFER ST
WILLIAMSPORT PA 17701-6727
717-326-2447
HONG, MD, SOO W OTO
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-323-7000
HULL III, MD, DONALD F EM
1901 WALNUT BLVD
ASHTABULA OH 44004-2820
216-964-0442
ILLES, MD, RICHARD W CDS
777 RURAL AVE
WILLIAMSPORT PA 17701
717-321-2861
JENNINGS, MD, DAVID T OPH
1510 ELLIOTT STREET
WILLIAMSPORT PA 17701-2626
717-332-3184
JONES JR, MD, JOHN H *GS
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-326-4007
JONES, MD, MICHAEL W *FP
2034 LYCOMING CREEK RD
WILLIAMSPORT PA 17701-1243
717-322-3100
JUDSON, MD, WILLIAM W IM
904 W 4TH ST
WILLIAMSPORT PA 17701-5804
717-326-6515
KAAR, MD, RICHARD C GP
643 UPPER MARKET ST
MILTON PA 17847-2531
717-742-7820
KARP, MD, ERIC A RO
WILLIAMPSORT REGIONAL
ONCOLGY
802 CAMPBELL STREET
WILLIAMSPORT PA 17701-3120
717-321-0501
KEATING, MD, EDWARD C CD
777 RURAL AVENUE
WILLIAMSPORT PA 17701-3109
717-321-2831
KEENAN JR, MD, WILLIAM F FP
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-321-2345
KIM, MD, IL G GS
MED ARTS BUILDING
RR 1
HUGHESVILLE PA 17737-9801
717-584-2186
KIRK, MD, WILLIAM E P
1201 GRAMPIAN BLVD STE 3-H
WILLIAMSPORT PA 17701
717-326-8225
KIST JR, DO, KEVIN W PUD
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1995
717-326-8345
KOLB, MD, AARON J *FP
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2000
LALLI, MD, JOANNE M *IM
RR 3 BOX 447
WILLIAMSPORT PA 17701-8913
717-327-1481
LAMADE, MD, CHARLES D OBG
777 RURAL AVE 6TH FLR
WILLIAMSPORT PA 17701-3109
717-323-3671
LANTELME, MD, BRUCE E FP
1205 GRAMPIAN BLVD
WILLIAMSPORT PA 17701
717-326-4118
LAPP, MD, FREDERICK C EM
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2000
LARSON JR, MD, THEODORE S R
1200 CAMPBELL ST
WILLIAMSPORT PA 17701-3040
LATTIMER, MD, GARY L ID
904 CAMPBELL ST STE 204
WILLIAMSPORT PA 17701-3154
717-321-2181
LEATHERS, MD, DONALD J PTH
386 FACTORY RD
COGAN STATION PA 17728-9370
717-494-1274

LEBER, MD, PAUL E EM
1419 RITCHEY ST
WILLIAMSPORT PA 17701-2640
717-322-1001
LEWIS, DO, KATHLEEN C FP
R D 1 BOX 287
WILLIAMSPORT PA 17701-9328
717-323-1900
LIDDELL, MD, ALBERT G ORS
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-322-0609
LIGHTMAN, MD, DAVID A OPH
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-0880
LIPSON, MD, STEPHEN D *U
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-326-8090
LONGENBACH, MD, ERIC W *FP
RR 5 BOX 220
MONTOURSVILLE PA 17754-9716
717-368-8621
LOPATOFSKY, MD, DAVID J FP
RR 5 BOX 163
WILLIAMSPORT PA 17701-9660
717-322-6574
LUBBE, MD, WILLEM J PTH
777 RURAL AVE
WILLIAMSPORT PA 17701-1995
717-321-2321
LUKAS, MD, RAYMOND A AN
RR 2 BOX 540
MONTOURSVILLE PA 17754-9645
MAHONEY, BONITA C EXEC
668 5TH AVE
WILLIAMSPORT PA 17701-4750
717-326-0385
MANCHESTER, MD, GEORGE A FP
RR 2 BOX 149A
LINDEN PA 17744-9534
MANNING, MD, HARRY L N
919 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1904
717-326-5479
MARIANO JR, MD, TOMAS A GS
PO BOX 5107
JERSEY SHORE PA 17740-0707
MAYS, MD, RICHARD R P
RR 2 BOX 78
MUNCY PA 17756-9311
MC CLAIN, DO, JAMES B AN
1400 HARDING AVE
WILLIAMSPORT PA 17701-2636
717-320-7276
MCCAULEY, MD, WILLIAM C PUD
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2841
MCCLOSKEY, DO, TIMOTHY J PDA
204 CURTIN ST
S WILLIAMSPORT PA 17701-7262
717-322-2314
MEHTA, MD, PANKAJ *OBG
1205 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1968
717-323-1391
MELLENCAMP, MD, ERIC J DR
4396 BLOOMINGROVE RD
WILLIAMSPORT PA 17701-9778
717-321-0153
MIGLIORE, MD, JOSEPH J EM
PO BOX 40
DURHAM NH 03824-0040
717-321-2000
MILLER, MD, EARL R OS
900 S MARKET ST
S WILLIAMSPORT PA 17701-3414
717-323-5207
MILLER, MD, JAY K FP
777 RURAL AVE
WILLIAMSPORT PA 17701
717-321-2001
MILLS, MD, BETTY JO A NM
WILIAMSPORT HOSP & MED CTR
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2400
MINTZER, DO, HARRY D AN
125 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1811
717-323-1360
MIRZA, MD, MOHAMMAD R CD
410 LOCUST ST
WILLIAMSPORT PA 17701-4912
717-326-3333
MONTAGUE, MD, JAMES W *FP
1251 RURAL AVE
WILLIAMSPORT PA 17701-1697
717-547-2070
MORENO, MD, MANUEL V AN
2010 BENTLEY DRIVE
WILLIAMSPORT PA 17701-1958
MOSER, MD, EDWARD N GS
26930 WEDGEWOOD DR APT 306
BONITA SPRINGS FL 33923
MURPHY, MD, EDITH L GER
2609 WALDMAN DR
WILLIAMSPORT PA 17701-2945
717-323-3710

NAGEL, MD, DAVID B TR
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
717-326-8203
NAGPAL, MD, NARESH C GS
10 SHADY LANE
MUNCY PA 17756-1310
717-546-4185
NARDONE, MD, DONALD T CD
1804 CAMPBELL ST
WILLIAMSPORT PA 17701-1716
717-321-8272
NELSON, MD, PHILIP K OBG
4930 WINDSOR PK
SARASOTA FL 34235-2609
NESBITT, MD, ALEXANDER R FP
1201 GRAMPIAN BLVD STE 3B
WILLIAMSPORT PA 17701-1900
717-326-8040
NIDITCH, MD, A SCOTT *U
1705 WARREN AVE STE 206
WILLIAMSPORT PA 17701-2664
717-326-8090
NIELSEN, MD, R CRAIG FP
736 HIGH ST
WILLIAMSPORT PA 17701-3136
717-326-6586
NIX, MD, COLLIER B *FP
RR 2
P O BOX 130
MONTOURSVILLE PA 17754-9802
717-433-4641
O'BRAONAIN, MD, PAUL J FP
613 RURAL AVE
WILLIAMSPORT PA 17701
717-323-0056
OLENGINSKI, MD, THOMAS P *RHU
904 CAMPBELL ST
WILLIAMSPORT PA 17701-3154
717-321-2211
OLINSKY, MD, STUART M N
425 MARKET ST
WILLIAMSPORT PA 17701-6345
717-322-0990
PAGANA, MD, TIMOTHY J ON
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-326-4007
PAGANA, MD, WILLIAM J IM
1204 CRESTVIEW DR
WILLIAMSPORT PA 17701
717-321-3110
PARK, MD, YOUNG W *PM
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2616
PASTORE, MD, TIMOTHY P AN
777 RURAL AVE
WILLIAMSPORT PA 17701
717-322-7092
PATEL, MD, HARSHAD R R
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
717-326-8171
PATEL, MD, RAJ J IM
116 KERR AVE
JERSEY SHORE PA 17740-1751
717-398-1800
PECK, MD, WILLIAM J *FP
2255 ROOSEVELT AVE
WILLIAMSPORT PA 17701-1435
717-323-3304
PEPPERMAN, MD, LARUE E EM
807 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1825
PFEIL, MD, RUSSELL W GP
264 BROAD ST
MONTOURSVILLE PA 17754-2204
PICCUTA, MD, MICHAEL J D
699 RURAL AVE
WILLIAMSPORT PA 17701
717-322-2551
POLIS, MD, MARK J *U
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-326-8090
POPHAL, MD, MAHLON J PTH
1495 PRINCETON AVE
WILLIAMSPORT PA 17701-1369
POULIS, MD, DEMETRI T *GS
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-326-4007
POWERS JR, MD, FRANCIS M TR
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
717-326-8203
PURCELL JR, MD, ROBERT E GE
777 RURAL AVE 3RD FL S
WILLIAMSPORT PA 17701-3109
717-322-2567
RACKISH, MD, MARK A *ORS
W BRANCH ORS
699 RURAL AVE STE 101
WILLIAMSPORT PA 17701-3251
717-322-3640
RAJJOUB, MD, RODWAN K NS
904 CAMPBELL ST
WILLIAMSPORT PA 17701-3154
717-326-2035
RANNELS, MD, HERMAN W OS
9 MAIN STREET ROWENNA
MARIETTA PA 17547-9513

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831 HEPBURN ST
WILLIAMSPORT PA 17701-5010
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PO BOX 335
MUNCY PA 17756-1310
717-546-4257
REDKA, MD, JAMES W *FP
1205 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1968
717-326-4118
REIS, MD, PAUL B TS
211 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1813
RIGAL-LIZARDI, MD, RENE R AN
215 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1813
717-326-1482
ROBINSON JR, MD, WARREN L *ON
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
717-326-8470
ROCKOFF, MD, STEVEN D U
904 CAMPBELL ST
WILLIAMSPORT PA 17701-9302
717-322-5975
RODGERS, MD, CHARLES J GP
1434 KELLER AVE
WILLIAMSPORT PA 17701-2718
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ROELTGEN, MD, DAVID P N
425 MARKET ST
WILLIAMSPORT PA 17701
717-322-0990
ROSENBAUM, MD, JOEL N *PM
WILLIAMSPORT HOSP
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2618
RUTKOSKI, MD, PAMELA H FP
43 SOUTH MAIN ST
MONTGOMERY PA 17752-1120
717-547-2273
SCHOPFER, MD, RALPH E AN
2650 HAAS LN
MONTOURSVILLE PA 17754-9539
SCHRACK, DO, SAMUEL E FP
701 NORTHWAY RD
WILLIAMSPORT PA 17701
717-327-9110
SCHWARTZ, MD, SHELDON M PTH
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2328
SCHWEIKLE, MD, MARY R GE
1201 GRAMPIAN BLVD STE 2A
WILLIAMSPORT PA 17701-1968
717-326-7066
SERWINT, MD, MICHAEL S ON
1100 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1909
717-326-8470
SHAFIQUE, MD, MOHAMMAD CD
410 LOCUST ST
WILLIAMSPORT PA 17701-4912
717-326-3333
SHANER, DO, THOMAS N IM
172 N SECOND ST
HUGHESVILLE PA 17737-1504
717-584-5322
SHATZ, MD, RICHARD N *PS
425 MARKET ST
WILLIAMSPORT PA 17701-6345
717-326-1969
SHAW, MD, GORDON A DF
WILLIAMSPORT HOSP
WILLIAMSPORT PA 17701
717-321-2500
SHEARER, MD, DONALD E GF
217 BROAD ST
MONTOURSVILLE PA 17754-2203
717-368-8188
SHENBERGER, MD, KEITH N *RHU
904 CAMPBELL ST
WILLIAMSPORT PA 17701-3154
717-321-2211
SHOEMAKER, MD, MARGRIT M END
818 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1826
717-323-8993
SILBERG, MD, ROBERT D AN
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-322-7092
SMITH, MD, THOMAS C IM
1251 RURAL AVE
WILLIAMSPORT PA 17701-1697
717-327-8682
SOMERS, MD, WILLIAM R GE
777 RURAL AVE 3RD FL S
WILLIAMSPORT PA 17701-3109
717-322-2567
SOUNDARARAJAN, MD,
RANGANATHA U
904 CAMPBELL ST
WILLIAMSPORT PA 17701-3154
717-322-5975
SPEICHINGER, MD, JAMES P OBG
1205 GRAMPIAN BLVD STE 1A
WILLIAMSPORT PA 17701-1971
717-326-8595

SPINNEY, MD, CARMEN E *IM
PO BOX A
ROUTE 150
AVIS PA 17721-0130
717-398-4809
STABLER, MD, CRAIG L ORS
699 RURAL AVE STE 101
WILLIAMSPORT PA 17701-3251
717-322-3640
STONE, MD, WALKER H GS
949 WESTMINSTER DR
WILLIAMSPORT PA 17701-3909
717-327-1930
STORY, MD, NANCY S FP
1445 SYCAMORE RD RR 3
MONTOURSVILLE PA 17754-9519
717-326-2037
STRALEY, MD, RICHARD K ORS
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-323-5000
STRYKER, MD, ALLAN K PS
425 MARKET ST
WILLIAMSPORT PA 17701-6345
717-326-1969
SUTER, MD, HARRY J CD
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-326-6271
SWARTZ, MD, STAN H FP
24 COUNTRY RD
LEWISBURG PA 17837-8896
717-524-2764
TEGTMEIER, MD, TODD A FP
699 RURAL AVE
WILLIAMSPORT PA 17701
717-321-2345
THOMAS, MD, RALPH E AN
777 RURAL AVE
WILLIAMSPORT PA 17701
717-322-7092
TIGNOR, MD, RICHARD F OPH
699 RURAL AVE
WILLIAMSPORT PA 17701-3250
717-323-3674
TOBIAS, MD, RICHARD B GER
1615 RIVERSIDE DR
WILLIAMSPORT PA 17701-7098
717-323-2009
TOBIASZ, MD, CHRISTOPHER *CD
777 RURAL AVE
WILLIAMSPORT PA 17701
717-326-8265
TODHUNTER, MD, WILLIAM J *GS
699 RURAL AVE #108
WILLIAMSPORT PA 17701-3250
717-326-4007
TOMACK, MD, LAWRENCE S PM
WILLIAMSPORT HOSP
777 RURAL AVE
WILLIAMSPORT PA 17701-1995
717-321-2604
TRAUTWEIN, MD, ROBERT C *CD
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2901
TUFFAHA, MD, HANI J *NS
904 CAMPBELL STREET
WILLIAMSPORT PA 17701-3154
717-323-5352
UPDEGROVE, MD, ROBERT A OTO
240 DUNBAR RD
WILLIAMSPORT PA 17701-1831
717-323-4902
VANDERLIN, MD, ROBERT L PD
2450 BLAIR ST
WILLIAMSPORT PA 17701-4010
717-322-4264
VASUDEVAN, MD, RAGHAVAN *CD
1705 WARREN AVE
SUITE 207
WILLIAMSPORT PA 17701
717-322-4601
VERZELLA, MD, JEFFREY N FP
112 W HILLS DR
WILLIAMSPORT PA 17701-1337
717-323-2503
WADE, MD, FRANKLIN G GS
1305 CAMPBELL ST
WILLIAMSPORT PA 17701-3074
717-322-5245
WAGNER, MD, W JOHN GP
531 BROAD ST
MONTOURSVILLE PA 17754-2316
717-368-2235
WALTER, MD, RICHARD D DR
100 GRAMPIAN BLVD
RADIOLOGY DEPT
WILLIAMSPORT PA 17701-1909
717-326-8171
WASILEWSKI JR, MD, CHARLES L D
201 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1900
717-326-7059
WATSON, MD, MICHAEL R RO
650 WALDMAN DR STE 4
WILLIAMSPORT PA 17701
WAY JR, DO, JAMES F FP
RR 6 BOX 235
PO BOX 209
MUNCY PA 17756-0209
717-546-8255

WEAVER, MD, DON K PTH
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-321-2321
WEBER, MD, STEPHEN F ID
904 CAMPBELL ST STE 204
WILLIAMSPORT PA 17701
717-321-2181
WENDEL, MD, MICHAEL J DR
2555 FOUR MILE DR
MONTOURSVILLE PA 17754-9541
WILLIAMSON, MD, NEIHL J FP
RR 4 BOX 106B
JERSEY SHORE PA 17740-9214
WINTER II, MD, JOHN C A
17 LINDA LN
WILLIAMSPORT PA 17701-9611
717-326-0169
WITTHOFF JR, MD, ELMER M FP
990 THOMPSON ST
JERSEY SHORE PA 17740-1727
717-398-1021
WOLFE, MD, DANIEL E R
800 GRAMPIAN BLVD
WILLIAMSPORT PA 17701-1826
717-321-2500
WOLFSON, MD, STEVEN J GE
1201 GRAMPIAN BLVD
WILLIAMSPORT PA 17701
717-323-4010
WOROBEC, MD, RUSSELL N ORS
1705 WARREN AVE
WILLIAMSPORT PA 17701-2664
717-323-0000
WYSHOCK, MD, EDWARD G HEM
1100 GRAMPIAN RD
WILLIAMSPORT PA 17701-1995
717-326-8470
YARTZ, DO, FRANK C GYN
LYCOMING OB/GYN ASSOC
777 RURAL AVE
WILLIAMSPORT PA 17701-3109
717-323-3671
YASUI, MD, ROBERT S GS
2049 WINDFIELD DR
WILLIAMSPORT PA 17701
717-326-5878
YEALY, MD, W HOLMES DR
RR 4 BOX 610
MUNCY PA 17756-8754
717-546-2421
YOON, MD, CHAN R
1000 SAINT DAVIDS RD
WILLIAMSPORT PA 17701-4036

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199 PLEASANT ST STE 34
BRADFORD PA 16701-1080
814-362-5503
ARETZ, MD, THOMAS E R
1326 SPRUCE ST APT 2905
PHILADELPHIA PA 19107-5832
ARTHUR, MD, JAMES B OPH
49 NOOKSIDE LN
BRADFORD PA 16701-2762
814-362-4654
BAZZOUI, MD, WIDAD *P
199 PLEASANT ST STE 16
BRADFORD PA 16701-1078
814-362-6535
BHAYANI, MD, SHABIR A ORS
195 PLEASANT ST
BRADFORD PA 16701-1081
814-368-1020
BOWMAN JR, MD, DOUGLAS F GP
PO BOX 457
133 MARVIN ST
SMETHPORT PA 16749-0457
814-887-5395
CAMAS, MD, JOHN M GS
125 MAIN ST
BRADFORD PA 16701-2025
814-368-7125
COUSINS, DO, TODD B AN
4 SANFORD ST
BRADFORD PA 16701-1339
814-362-9774
DEE, MD, CECILIO C PTH
BRADFORD HOSP
116-156 INTERSTATE PKY
BRADFORD PA 16701-1036
814-368-4143
DEFORNO, MD, DONALD J ORS
BOX 2392
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814-362-9762
GODFREY, MD, DAVID K U
124 JACKSON AVE
BRADFORD PA 16701-1310
814-362-7797
GRAHAM, MD, NATHANIEL L GS
300 HOOKER-FULTON BLDG
BRADFORD PA 16701
814-368-7125
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199 PLEASANT ST STE 21
BRADFORD PA 16701-1079
814-362-4687
HERBERT, MD, ANITA J IM
PO BOX 177
BRADFORD PA 16701-0177
814-362-7407

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13 UPLAND TER
ALLEGANY NY 14706-1128
716-372-9185
IBANEZ, MD, MELCHISEDEC GS
35 HEMLOCK AVE
KANE PA 16735-1612
814-837-7511
JAMIL, MD, OAZI A US
MED ARTS BLDG
SUITE 22
BRADFORD PA 16701
814-362-6911
JUNG, MD, TINLIUNG OBG
199 PLEASANT ST
MED ARTS BLDG
BRADFORD PA 16701-1098
814-368-5080
KIRSCH, MD, PAUL B IM
1223 E MAIN ST
BRADFORD PA 16701-3223
814-368-5402
LANGILLE, MD, KENNETH R US
KANE COMMUNITY HOSP
N FRALEY ST
PO BOX 836
KANE PA 16735
814-837-1233
LAROCHE, MD, ROGER R P
199 PLEASANT AVE STE 12
BRADFORD PA 16701-1078
814-362-2287
MARRERO, MD, LUIS B *GE
SENECA BLDG
SUITE 304
BRADFORD PA 16701
814-362-9804
NAYAK, MD, NARAYAN P PD
MED ARTS BLDG
199 PLEASANT ST
BRADFORD PA 16701-1098
814-368-5615
OCAMPO, MD, RENATO G GS
11 S TIONESTA AVE
KANE PA 16735-1242
814-837-6202
OSBORNE, MD, DAVID P GS
159 QUEENS CT
SATELLITE BEACH FL 32937
PRADHAN, MD, ANIL G PD
199 PLEASANT ST
MED BLDG
BRADFORD PA 16701-1098
814-362-7461
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THE COMMUNITY HOSP
30 LAUREL AVE
KANE PA 16735-1620
814-837-8585
SARAJEDINI, MD, HOSSAIN U
195 PLEASANT STREET
PO BOX 335
BRADFORD PA 16701-2770
814-368-1700
SICHER, MD, BRUNO P FP
133 BIDDLE ST
KANE PA 16735-1303
814-837-6610
TIECHE, MD, STEVEN C AN
119 JACKSON AVE
BRADFORD PA 16701-1311
814-368-3352
VACCARO, MD, PETER IM
PO BOX 797
BRADFORD PA 16701
814-368-1000
WEINTRAUB, MD, RUSSELL IM
PO BOX 797
BRADFORD PA 16701-0797
814-368-1000
WELCH, MD, MARK J DR
35 ELM ST BOX 425
ELDRED PA 16731
814-225-3233

MERCER

ABDUL-MALAK, MD, MICHAEL E OBG
2627 ROMAR DR
HERMITAGE PA 16148-2895
412-342-1516
ALLEN, MD, JANET K PD
2501 SHENANGO VALL FWY
HERMITAGE PA 16148
412-981-0459
ALLEN, MD, ROBERT W R
MED ARTS BLDG
SHARON PA 16146
412-981-6732
ARMOUR, DO, THOMAS F FP
2000 MEMORIAL DR
FARRELL PA 16121-1397
412-981-8070
BAKER, MD, ROBERT H ORS
1 GREENVILLE ORTHO CTR
GREENVILLE PA 16125-1210
412-588-7250
BANIEWICZ JR, MD, FRANK J OM
103 N MAIN ST
GREENVILLE PA 16125-1779
412-588-3292
BEH, MD, WALTER P *U
81 N MAIN ST
GREENVILLE PA 16125-1781
412-588-1444

BOLOTIN, MD, JOSEPH H IM
196 JONATHAN PLACE
HERMITAGE PA 16148-1770
412-342-5821
BREVETTA, MD, RICHARD J OPH
719 E STATE ST
SHARON PA 16146-3327
412-981-6640
BROWN, MD, MATTHEW G FP
MED ARTS BLDG
32 JEFFERSON AVE
SHARON PA 16146-3354
412-342-0660
BROWN, MD, WILLIAM E *OTO
1260 E STATE ST
SHARON PA 16146-3242
412-981-2535
BUTCHKO, MD, ANDREW W IM
1499 MCDOWELL ST
SHARON PA 16146-3812
412-981-2149
CHANDLER, MD, BRUCE R *AN
322 STATE ST
GROVE CITY PA 16127-1629
412-458-6187
CHATHA, MD, IFTIKHAR A FP
KERRWOOD PLACE
2500 HIGHLAND RD STE 102
HERMITAGE PA 16148-4602
412-981-7003
CICUTO, DO, ROBERT A FP
2213 SHENANGO VALL FWY
HERMITAGE PA 16148-2544
412-346-1234
COCCO, MD, ALEX M GS
HILLCREST MEDICA CTR
GROVE CITY PA 16127-9306
412-458-0770
COHEN, MD, DONALD L PTH
SHARON REG
HEALTH SYSTEM
740 E STATE ST
SHARON PA 16146-3328
412-983-3950
CONLIN, MD, EDWARD F IM
486 FORKER BLVD
PO BOX 726
SHARON PA 16146-3630
412-981-0195
CONNELLY, MD, MICHAEL E CRS
902 LINDEN STREET
SHARON PA 16146-3449
412-346-4821
CRAGO, MD, H ROBERT GS
2213 SHENANGO VALL FWY
HERMITAGE PA 16148-2544
412-981-2394
D'AMORE, MD, DAVID L IM
PO BOX 269
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DALONI, MD, PETER M U
MED ARTS BLDG
32 JEFFERSON AVE
SHARON PA 16146-3354
412-983-1611
DAVILA, MD, RAMON A ORS
45 VILLAGE PARK DR
GROVE CITY PA 16127
412-458-5066
DE JULIA, MD, JEROME J IM
942 PIERCE AVE
SHARPSVILLE PA 16150
412-962-5012
DONAN, MD, ANDERSON W FP
524 WOODLAND AVE
GROVE CITY PA 16127-1826
412-458-8076
DOUGHERTY, MD, MARY C *IM
923 HIGHLAND RD
SHARON PA 16146-3442
412-346-4950
DOWDELL, MD, PAUL J IM
90 SHENANGO ST
GREENVILLE PA 16125-2060
412-588-4240
DUFFY, MD, CHERYL A PD
2501 SHENANGO
VALL FWY
HERMITAGE PA 16148-2536
412-981-0454
DUNDORE JR, MD, WILLIAM C OBG
647 N BROAD ST EXT
GROVE CITY PA 16127-9761
412-458-7737
FALK, MD, EDWARD C GS
436 HAZEN RD
SHARPSVILLE PA 16150
412-962-7177
FELDER, MD, MITCHELL S N
87 STAMBAUGH AVE STE 2
SHARON PA 16146-2754
412-346-0858
FILE, MD, JAMES C GP
LINDEN AND LAKE STS
STONEBORO PA 16153
412-376-2060
FLAMBERG, MD, IRA W AN
950 FOREST LN
SHARPSVILLE PA 16150-1725
GADEA, MD, RAMON A ID
149 N MAIN ST
MEADVILLE PA 16335
814-337-8118

GALLAGHER, MD, JOHN P OBS
2400 HIGHLAND RD
HERMITAGE PA 16148
412-981-4434
GARRIOTT, MD, JOHN C DR
108 MED ARTS BLDG
32 JEFFERSON AVE
SHARON PA 16146-3346
412-981-6732
GEBHART, DO, JAMES R VS
689 N HERMITAGE RD
HERMITAGE PA 16148
412-981-4190
GIORDANO, MD, JOSEPH A IM
32 JEFFERSON AVE
SHARON PA 16146-3354
412-981-7770
GONZALEZ, MD, LORENZO CHP
1290 FOXWOOD DR
HERMITAGE PA 16148-3164
412-962-0245
GREENBURG, MD, MORREN J FP
195 JONATHAN PL
HERMITAGE PA 16148-1769
412-342-7987
HAM, MD, TONG H FP
197 SILVER ST
SHARON PA 16146-2167
412-342-4052
HARRER JR, MD, WILLIAM J EM
1109 HIGHLAND RD
SHARON PA 16146-3612
412-347-5249
HAWKINS, MD, ROGER A PTH
110 N MAIN ST
GREENVILLE PA 16125-1726
412-588-2100
HENWOOD, DO, WILLIAM R US
87 STAMBAUGH AVE STE 5
SHARON PA 16146
412-981-7140
HERBERT, DO, WILLIAM J FP
3910 E STATE ST
HERMITAGE PA 16148-3405
412-981-1911
HIMES, DO, RAND S OBG
647 N BROAD ST EXT
GROVE CITY PA 16127-9761
412-458-7737
HOLT, MD, ALLEN H R
14 WESTPORT ST
MANHATTAN BEACH CA 90266
412-342-0152
HOYT, DO, DAVID G GP
420 HILLCREST AVE
GROVE CITY PA 16127
412-662-3530
JAMA, DO, ROBERT H TRS
691 METHODIST RD
GREENVILLE PA 16125-8006
717-343-1115
JOSEPH, MD, ALFRED J IM
2151 SHENANGO VALL FWY
HERMITAGE PA 16148-2586
412-981-5613
JURENOVICH, DO, MICHAEL J *ORS
160 MAIN ST
GREENVILLE PA 16125-2173
412-588-1860
KALIK, DO, JOSEPH R FP
295 N KERRWOOD RD
HERMITAGE PA 16148
412-347-5507
KERRY, MD, ROY E OTO
17 6TH AVE
GREENVILLE PA 16125-1237
412-588-2600
KO, MD, YIH-SONG FP
675 N BROAD ST EXT
GROVE CITY PA 16127-9741
412-458-7220
KOLENICH, MD, JAMES J GS
111 N MAIN ST
GREENVILLE PA 16125
412-588-5600
KRAFFT, MD, RUDOLPH M FP
480 N KERRWOOD
HERMITAGE PA 16148
412-981-0825
LAZAR, MD, JEFFREY C PUD
740 E STATE ST
SHARON PA 16146
412-983-1980
LIM, MD, LOURDES T *OBG
675 N BROAD ST EXT
PINE MED CTR
GROVE CITY PA 16127
412-458-5550
LIMKAKENG, MD, ALEXANDER D U
675 N BROAD ST EXT
GROVE CITY PA 16127
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706 HAMILTON AVE
FARRELL PA 16121-1910
412-347-2241
MAIDEN, MD, PHILLIP G *CHP
1961 SHENAGO VLY FWY
HERMITAGE PA 16148-2501
412-983-1191

MARCELLI, MD, GENE A GS
32 JEFFERSON AVE
SHARON PA 16146
412-342-5542
MARTSOLF, MD, ROBERT H FP
197 SILVER ST
SHARON PA 16146
412-347-6604
MCELREE JR, MD, FRANK E EM
106 WOODSHIRE RD
GREENVILLE PA 16125-1227
412-588-4140
MCELREE, MD, JAMES C OPH
98 CLINTON ST
GREENVILLE PA 16125-2067
412-588-4360
MEHTA, MD, SUNIL K IM
PINE MED CTR
675 NORTH BROAD ST
GROVE CITY PA 16127
412-458-7101
MENZIES JR, MD, WILLIAM C FP
420 HILLCREST AVE
GROVE CITY PA 16127
412-458-9540
MESSINA, DO, MICHAEL P PD
132 BUHL BLVD
SHARON PA 16146-3708
412-347-0757
MILLER, MD, JOHN L DR
GREENVILLE REG HOSP
110 NORTH MAIN STREET
GREENVILLE PA 16125
412-589-6173
MOONDA, MD, GULAMHUSAIN U
2151 SHENANGO VALL FWY
HERMITAGE PA 16148-2586
412-981-3336
MORELLI, DO, JOSEPH T FP
25 LINDEN ST
STONEBORO PA 16153
412-376-3175
MORGENSTERN, MD, ROBERT B IM
32 JEFFERSON AVE STE 214
SHARON PA 16146
412-346-9300
MORRIS, DO, MATILDA J GP
2000 MEMORIAL DR
FARRELL PA 16121-1356
412-981-8070
MUELLER, MD, HENRY M OBG
266 CLINTON STREET
GREENVILLE PA 16125-1801
412-588-2509
NAMEY, MD, JOHN T GP
1405 ROEMER BLVD
FARRELL PA 16121-1749
412-346-3639
OGUNRO, MD, CHARLES O P
PO BOX 588
GREENVILLE PA 16125-0588
412-588-4600
PAXSON, DO, STEPHEN G PM
198 SCOTT RD
JAMESTOWN PA 16134-9330
412-927-6381
PERFETT, MD, ALFRED A US
2400 HIGHLAND RD
HERMITAGE PA 16148-2868
412-981-4434
PISTON, MD, ROBERT W ORS
3120 HIGHLAND RD
HERMITAGE PA 16148-4504
412-342-2663
POKORNEY, MD, DALE R *D
2501 SHENANGO VALL FWY
HERMITAGE PA 16148-2536
412-983-1820
OUAGLIO, MD, NANNETTE D OPH
719 E STATE ST
SHARON PA 16146-3327
RAISCH, MD, FREDERICK J PTH
529 N KEEL RIDGE RD
SHARON PA 16148-3153
412-347-1184
RAU, MD, RAMNATH S IM
2213 SHENANGO VALL FWY
HERMITAGE PA 16148-2544
412-981-5721
RAUCH, MD, DOUGLAS OBG
2151 SHENANGO VALL FWY
HERMITAGE PA 16148-2586
412-981-5440
RAYNAK, MD, FRANK R R
2518 N JEFFERSON ST
NEW CASTLE PA 16105
RIGGALL, MD, STEVEN O *CHP
490-N KERRWOOD DR STE 203
HERMITAGE PA 16142
412-983-5528
ROTH, DO, MICHAEL A *GP
1636 W RIDGE AVE
SHARPSVILLE PA 16150-1069
412-962-7868
ROTHMAN, MD, DAVID L *VS
647 N. BROAD ST EXT
GROVE CITY PA 16127
412-458-5730
RYAN, MD, JAMES G CD
740 E STATE ST
SHARON PA 16146
412-983-3881

SACHDEVA, MD, RAVINDRA K GS
2213 SHENANGO VALL FWY #B
HERMITAGE PA 16148-2544
412-981-0630
SAKKAL, MD, SAAD *END
10 MEADOW LN
GREENVILLE PA 16125-1205
412-588-1925
SANDERSON, MD, VINCENT A US
955 FOREST LN
SHARPSVILLE PA 16150-1724
SANTIAGO, MD, JOSE W P
295 N KERRWOOD DR
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412-981-2773
SAWARDEKAR, MD, ARUN S PD
635 W MAIN ST
GROVE CITY PA 16127-1156
412-458-8044
SCULLIN III, MD, JOHN P ORS
1 GREENVILLE ORTHO CTR
GREENVILLE PA 16125-1210
412-588-7250
SEGARRA, MD, SERGIO EM
740 E STATE ST
SHARON PA 16146-3328
412-983-3870
SHAFFER, MD, LAWRENCE A PD
2501 SHENANGO VALL FWY
MED SPEC CTR
HERMITAGE PA 16148-2536
412-981-0454
SHAH, MD, ROSY PD
320 REXFORD DR APT 13
HERMITAGE PA 16148-2616
412-342-1312
SHAUGHNESSY, MD, PATRICK J *PM
3135 HIGHLAND RD
STE B
HERMITAGE PA 16148
412-342-6522
SMART, MD, PAUL E R
310 REXFORD DR APT 8
HERMITAGE PA 16148-2617
412-346-4247
SOTUS, MD, PETER C PTH
GREENVILLE REG HOSP
DEPT OF PATHOLOGY
GREENVILLE PA 16125
412-589-6201
STEELE, MD, JOHN F ORS
160 MAIN ST
GREENVILLE PA 16125-2173
412-588-1860
STEINFELD, MD, RICHARD I IM
1126 E STATE ST
SHARON PA 16146-3338
412-981-8622
STITT, MD, DONALD G *PD
42 COLUMBIA AVE
GREENVILLE PA 16125-1830
412-588-5545
STOUDT, MD, K DONALD GP
89 ELM AVE
SHARON PA 16146-2338
STYPULA, MD, RICHARD W PD
89 ELM AVE
SHARON PA 16146-2338
412-981-1940
SYBING, MD, EUGENIO A ORS
675 N BROAD STREET EXT
GROVE CITY PA 16127
412-458-5550
SYBING, MD, MELITA M A
625 N BROAD STREET EXT
GROVE CITY PA 16127-9741
412-458-5550
TAN, MD, ISABEL G R
675 N BROAD STREET
GROVE CITY PA 16127
412-458-5550
THOMAS, MD, WILLIAM E *OBG
37 HADLEY RD
GREENVILLE PA 16125-1239
412-588-1800
TRACHTMAN, MD, WILLIAM M PM
490 N KERRWOOD DR STE 202
HERMITAGE PA 16148
412-342-5922
UBERTI, MD, ANTHONY F FP
2000 GREEN ST
FARRELL PA 16121
412-981-8990
UBERTI, DO, FREDERICK G *IM
2000 GREEN ST
FARRELL PA 16121-1307
412-981-3070
VALENA, MD, ELENA V IM
4589 ANGUS RD
POLK CITY FL 33868-9551
VALLABH, MD, SAGAR V GE
2501 SHENANGO VALL FWY
HERMITAGE PA 16148-2536
412-983-0223
VERMEIRE, MD, DAVID A ORS
2151 SHENANGO VALL FWY
HERMITAGE PA 16148-2586
412-342-6200
VOGAN, MD, WILLIAM R OS
355 VOGAN DRIVE
MERCER PA 16137-9105
412-662-3944

WANG, MD, SHEN-CHI PTH
SHARON REG HLTH
SYSTEM
SHARON PA 16146
412-983-3950
WASSIL JR, MD, JOHN G OTO
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SHARON PA 16146-3336
412-346-6507
WEE, MD, ENG C OPH
514 E PINE STREET
GROVE CITY PA 16127-1924
412-458-7725
WEINER, MD, ROBERT A AN
655 BRIARWOOD RD
HERMITAGE PA 16148-3818
412-981-4751
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SUSAN L GS
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412-528-1549
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SLIPPERY ROCK PA 16057-0309
412-794-2592
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FARRELL PA 16121-1397
412-981-8070
WONSETTLER, MD, DONALD E GP
430 SHADY DRIVE
GROVE CITY PA 16127-1998
412-458-9674
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89 ELM AVE
SHARON PA 16146-2338
412-347-7749
WORKS, MD, KIRK L GE
41 HADLEY RD
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412-588-8089
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LEWISTOWN PA 17044-1207
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BRAHMAKULAM, MD, PAUL M PD
130 HIGHLAND AVE
LEWISTOWN PA 17044-1331
717-242-1174
BROWN JR, MD, JOSEPH S IM
14 S WAYNE ST
LEWISTOWN PA 17044-2187
717-248-9626
CARTER, MD, RICARDO T D D ON
29 SOMAR DR
LEWISTOWN PA 17044-9238
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LEWISTOWN PA 17044
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LEONARD M DR
19 VALL RD
S HILLS
LEWISTOWN PA 17044-2634
717-248-1883
DETHOMAS, MD, RONALD S ORS
13 PEACE DR
LEWISTOWN PA 17044-9401
717-242-1199
DEVITA, MD, DENNIS M ORS
305 4TH ST
LEWISTOWN PA 17044-1316
717-242-0367
DEVITA, MD, MICHAEL L FP
61 CHESTNUT ST
LEWISTOWN PA 17044-2217
DIXON, MD, ROBERT E OBG
539 LINDBERGH WAY
LEWISTOWN PA 17044-2524

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1 MAIN ST
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27 SANDY LN
LEWISTOWN PA 17044-1310
717-242-2525
FOWLER, MD, ERIC K FP
4752 SR 655 ST
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717-242-4247
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LEWISTOWN PA 17044-1310
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LEWISTOWN PA 17044-9315
717-242-2412
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FHA OF LEWISTOWN HOSP
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717-242-7104
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3 N DORCAS ST
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18 N MAIN ST
LEWISTOWN PA 17044-1745
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LEWISTOWN PA 17044
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MEHTA, MD, YOGIN P U
110 FARM LN
LEWISTOWN PA 17044-2627
717-248-4464
PAI, MD, SUJATA M RO
911 WESTMINSTER DR
WILLIAMSPORT PA 17701
717-322-4138
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PARMAR, MD, RASIK B N
9 KRISTI LN
LEWISTOWN PA 17044-9709
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RIZVI, MD, ALI A END
105 TWIG LN
LEWISTOWN PA 17044
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ANESTH DEP
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223 CORNFIELD CIR
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SPEASE, DO, CARL R GS
10 STRAWBERRY LN
LEWISTOWN PA 17044-2629
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14 TAYLOR PK TWNHS
REEDSVILLE PA 17084-9739
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JUNIATA VALL
GASTROENTER ASSOC
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52 OLDE MILL RUN RD
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RR 7
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616 MANOR RD
PENN VALL PA 19072-1617
610-664-8851
ADOLFO, MD, GRACE L OBG
1728 DEVONSHIRE RD
DRESHER PA 19025
215-830-9894
AINSWORTH, MD, ANN M PTH
BRYN MAWR HOSP
BRYN MAWR AVE
BRYN MAWR PA 19010-3555
610-526-3555
ALBERT, MD, LAWRENCE EM
454 ROCKLAND RD
MERION STA PA 19066-1363
ALBERTSON, MD, RICHARD P *AN
LANKENAU HOSP
CITY LINE & LANCASTER AVE
STE 416
WYNNEWOOD PA 19096
610-645-2645
ALDEN, MD, JAMES C IM
909 SUNNEYTOWN PK STE 205
SPRING HOUSE PA 19477-1011
215-643-2119
ALGAZY, MD, KENNETH M HEM
304 CONSHOHOCKEN ST RD
NARBERTH PA 19072-1343
610-667-4417
ALPERT, MO, NORMAN P IM
149 GYPSY RD
KING OF PRUSSIA PA 19406-3720
ALTMAN, MD, BRIAN D OPH
2344 PHILMONT AVE
HUNTINGDON VLY PA 19006-6228
610-834-5555
AMADIO, MD, JULIO J CD
9 MEADOWS LN
HAVERFORD PA 19041-1123
610-525-1572

AMSTER, DO, NORMAN H AN
251 W DEKALB PIKE APT C805
KING OF PRUSSIA PA 19406-2465
610-337-8147
ANDERSEN, MD, EDWIN IM
933 N CHARLOTTE ST
POTTSTOWN PA 19464-3974
610-323-9052
ANOERSEN, MD, JOHN M FP
933 N CHARLOTTE ST
POTTSTOWN PA 19464-3974
610-323-9052
ANOERSON, MD, ARLO C ORS
1660 WILLIAMS WAY
NORRISTOWN PA 19403-3372
ANDREWS III, MD, WILLARD G ON
1235 OLD YORK RD STE 110
ABINGTON PA 19001
215-517-1122
ANDRIES, MD, RAYMOND M GP
1817 HALLOWELL RD
NORRISTOWN PA 19401-2535
610-275-9880
ANGSTADT, MD, JOHN D GS
101 BRYN MAWR AVE
BRYN MAWR PA 19010
610-520-0700
ANTHONY, MD, JOHN A GP
1133 E HIGH ST
POTTSTOWN PA 19464-4968
610-326-0205
ANTONUCCI, MO, DONNA L PD
722 BRIDLE RD
GLENSIDE PA 19038-2006
215-885-1380
ARANO, MD, LEONARDO V IM
232 LENAPE DR
NORTH WALES PA 19454-2311
215-368-8227
ARMSTRONG, MD, THOMAS A OPH
331 N YORK RD
HATBORO PA 19040-2033
215-672-0777
ARNOLD, DO, WAYNE V *CD
15 PRES BLVD STE 100
BALA CYNWYD PA 19004-1006
610-667-2746
ASH, MO, S RUSSELL US
740 HIGH STREET
POTTSTOWN PA 19464
610-323-2288
ASSARSSON, MD, ERIK D RO
BRYN MAWR HOSP
DEPT OF RAD ONC
BRYN MAWR PA 19010
610-526-3370
ATKINS, MD, ROBERT F AN
1050 WELLINGTON RD
JENKINTOWN PA 19046-3833
215-572-7012
ATKINSON, MD, NOLAN N FP
600 E CATH RD APT I-303
PHILADELPHIA PA 19128-1932
AURITT, MD, WILLIAM A A
40 W EVERGREEN AVE
PHILADELPHIA PA 19118-3315
215-247-2292
AVANCENA, MD, EDGARDO P OM
1627 OEKALB ST
NORRISTOWN PA 19401-5414
610-279-8691
AXELROD, MD, LAWRENCE S FP
3213 ELLINGTON CT
BENSALEM PA 19020
215-393-7906
BACH, DO, GREGORY P FP
2415 N BROAD ST
COLMAR PA 18915
215-997-9421
BADOLATO, MD, DAVID J FP
1244 FT WASHINGTON AVE
FT WASHINGTON PA 19034-1743
215-646-1686
BAILER, DO, ALAN S IM
PO BOX 230
CHELTENHAM PA 19012-0230
215-228-4400
BAILEY JR, MO, ROBERT S OPH
912 E WILLOW GROVE AVE
WYNDMOOR PA 19038-7987
215-836-1290
BALISTOCKY, MD, MARVIN H OPH
491 ALLENDALE RD STE 321
KING OF PRUSSIA PA 19406-1426
610-265-8132
BALLARD, MD, IAN M IM
529 COUNTY LINE RD
RADNOR PA 19087-3718
610-688-2004
BALLS, MO, KENT F END
945 HAVERFORD ROAD
BRYN MAWR PA 19010
610-525-8035
BANMILLER, MO, JAMES D OBG
1437 DEKALB ST STE 101
NORRISTOWN PA 19401-3405
610-279-6621
BANNER, MD, RICHARD N AN
814 CALDWELL LN
WAYNE PA 19087-2059
215-843-7512

BARAN, MD, ERNEST M PM
466 GERMANTOWN PIKE
LAFAYETTE HILL PA 19444-1805
610-834-6000
BARD, MD, JOSEPH L *FP
600 WAYLAND RD
PLYMOUTH MTNG PA 19462-2120
610-828-4351
BARR, MD, HARRY J R
724 GREAT SPRINGS RD
BRYN MAWR PA 19010-1704
610-527-1737
BARTLE JR, MD, HARVEY P
74 PASTURE LN APT 224
BRYN MAWR PA 19010-1766
610-525-2252
BARTLETT JR, MD,
FREDERICK H OBG
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-2288
BARUSEWYCZ, MD, SR MARIA N CHP
710 FOX CHASE RD
FOX CHASE MANOR PA 19046
215-342-4222
BATUNKYI, MD, SAW *PM
4010 JOSHUA RD
LAFAYETTE HILL PA 19444-1412
610-825-7948
BAYUK, MD, JULIAN M U
284 COPPER BEECH DR
BLUE BELL PA 19422-2821
BEARDWOOD, MD, DONALD M END
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-884-5744
BEASTON-WIMMER, MD,
PATRICIA R IM
1753 W MAIN ST
JEFFERSONVILLE PA 19403-3264
610-539-3939
BECK, DO, JONATHAN E FP
1006 HAWTHORNE LN
FT WASHINGTON PA 19034-1735
215-628-2282
BECKER, MD, ANDREA J CD
1544 DEKALB ST
NORRISTOWN PA 19401-3444
610-279-7696
BEERS, MD, MARK H GER
MERCK & CO
PO BOX 4
WEST POINT PA 19486-0004
610-397-2345
BEHAR, MD, DAVID P
700 HAGYS FORD RD
PENN VALL PA 19072-1348
610-664-5018
BEHR, MD, EDITH D M GS
1590 MED DR STE A
POTTSTOWN PA 19464
610-326-8400
BELASCO, MD, ROBERT N CD
1330 POWELL ST
NORRISTOWN PA 19401-3353
610-272-3253
BELBER, MD, ARTHUR D CD
1330 POWELL ST STE 301
NORRISTOWN PA 19401-3350
610-272-3253
BELICENA, MD, MARICAR G IM
1200 OLD YORK RD
ABINGTON PA 19001
215-576-2000
BELL, MD, H CRAIG P
1335 HIGHLAND AVE
ABINGTON PA 19001-3310
215-886-4000
BELL, MD, RANDALL W OPH
124 BLOOMINGDALE AVE
WAYNE PA 19087-3929
610-688-3012
BELLUS, MD, JOHN J PTH
HIGH ST & FIRESTONE BLVD
POTTSTOWN PA 19464
610-327-7117
BELMONT, MD, JONATHAN B OPH
124 DEKALB PIKE
NORTH WALES PA 19454-1803
215-699-7600
BENDER, MD, JOSEPH IM
1544 DEKALB ST
NORRISTOWN PA 19401-3425
610-279-7696
BENEDICT, MD, CATHERINE R PTH
1915 HUNTINGDON RD
HUNTINGDON VLY PA 19006-4301
215-657-2963
BENNETT, MD, MARK A AN
2922 ARCH RD
NORRISTOWN PA 19401-2264
610-239-9461
BENZ, MD, ROBERT L IM
NEPH ASSOC STE 130 LANKENAU
MED BLDG W 100 LANCASTER AVE
WYNNEWOOD PA 19096
610-649-1175
BERGELSON, MD, VICTOR D R
507 AUBURN AVE
GLENSIDE PA 19038
215-233-1782
BERGNES, MD, MANUEL A PTH
1735 W MAIN ST
NORRISTOWN PA 19403-3264
610-539-1348

BERK, MD, HENRY M FP
CORNER BERGAN RD
2000 PAPER MILL RD
ORELAND PA 19075-2540
215-233-3600
BERKOW, MD, ROBERT IM
MERCH RESEARCH LAB
WEST POINT PA 19486
610-397-2340
BERMAN, MD, GAIL O CD
58 ALLENDALE ROAD
WYNNEWOOD PA 19096-3645
610-649-2303
BERNSTEIN, MD, GUY T U
245 S BRYN MAWR AVE
BRYN MAWR PA 19010-2221
610-525-2515
BINNICK, MD, STEVEN A D
531 W GERMANTOWN PIKE
PLYMOUTH MTNG PA 19462
610-828-0400
BISHOP, MD, ROBERT P OM
1426 TANGLEWOOD DR
N WALES PA 19454-3673
BIX, MD, BARBARA C IM
7709 ORCHARD WAY
WYNDMOOR PA 19118
215-233-1195
BLUESTEIN, MD, HAZEL M FP
1330 POWELL ST
NORRISTOWN PA 19401-3353
610-277-0964
BLUM, MD, MICHAEL D PD
1512 KNOX RD
WYNNEWOOD PA 19096
610-649-4415
BLUMENTHAL, MD, ANDREW R FP
653 SKIPPACK PK STE 132
BLUE BELL PA 19422
215-643-0707
BLUMSTEIN, MD, CHARLES G A
BENSON E APT 210
100 OLD YORK RD
JENKINTOWN PA 19046-2895
215-884-7400
BOELLNER-KAHN, MD, ALICIA A PD
48 WHITE PINE CT
LAFAYETTE HILL PA 19444-2514
610-825-0749
BOLMANN, MD, ANDREW R P
2195 E HIGH ST
POTTSTOWN PA 19464-3235
610-323-6077
BOMZE, MD, JEFFREY P *PD
1201 COUNTY LINE RD
BRYN MAWR PA 19010
610-525-3335
BOND, MD, JEFFREY B OPH
256 W MONTGOMERY AVE
APT 11
HAVERFORD PA 19041-1556
610-649-8403
BONNER JR, MD, FRANCIS J PM
553 COUNTY LINE RD
RADNOR PA 19087-3718
610-293-1761
BONONI, MD, PAULA A IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046-2852
215-886-8017
BOSSE, MD, MYHANH T GE
GASTROINTESTINAL ASSOCS
1235 OLD YORK RD STE 123
ABINGTON PA 19001
215-517-1150
BOTHWELL, MD, WILLIAM N GS
23 BARK HOLLOW LN
HORSHAM PA 19044-1969
215-957-5323
BOTNICK, MD, MARC I IM
415 CITY AVE APT B2
MERION PA 19066
610-664-4747
BOWEN JR, MD, THALES AN
255 KENT RD
WYNNEWOOD PA 19096-1820
610-642-5919
BOXER, MD, ARTHUR D P
931 HOLLOW RD
RADNOR PA 19087-2807
610-688-7879
BRADFORD, MD, PAUL L GP
VALL STREAM APTS A101
2100 N LINE ST
LANSDALE PA 19446-1043
215-368-9041
BRADLEY, MD, ELIZABETH A FP
17 PARKVIEW CIR
HOLLAND PA 18966
215-579-2783
BRADLEY, DO, JOSEPH J AN
712 VALL GLEN RD
ELKINS PARK PA 19027
215-663-8448
BRAY, MD, JOSHUA C FP
213 MAIN STREET
PO BOX 98
GREEN LN PA 18054-0098
215-234-4575
BRECKENRIDGE, MD, JOHN W DR
ABINGTON MEM HOSP
ABINGTON PA 19001
215-576-2050

BROOCKER, DO, BERNHARD L FP
2000 W VALL FORGE CIR #935
KING OF PRUSSIA PA 19406-1119
BROOKS, MD, RONALD J IM
980 JOLLY ROAD
P.O. BOX 207
BLUE BELL PA 19422
215-654-5686
BROSIUS, DO, WADE A FP
SPRINGFORD FAM PRAC
307 S LEWIS RD
ROYERSFORD PA 19468
610-792-0300
BROSMAN, MD, MICHAEL K IM
409 BERKLEY RD
HAVERFORD PA 19041
BROWN, MD, GARY C *OPH
910 E WILLOW GROVE AVE
WYNDMOOR PA 19038
215-233-4300
BROWN, MD, GEORGE L D
3001 LITITZ PIKE
PO BOX 5093
LANCASTER PA 17606
BROWN JR, MD, M EVANS IM
DEPT REHAB MEDICINE
VAMC 613-117
MARTINSBURG WV 25401
304-263-0011
BROWN, MD, MELISSA M OPH
1107 BETHLEHEM PK STE 209
FLOURTOWN PA 19031-1919
215-233-1964
BROWN, MD, SYLVAN RHU
1544 DEKALB ST
NORRISTOWN PA 19401
610-279-7696
BROWN, MD, WILLIAM E GP
107 GLENVIEW AVE
WYNCOTE PA 19095-1307
BUCH, MD, DAVID L P
306 WYNCOTE RD
JENKINTOWN PA 19046-3121
215-576-6976
BUCK, MD, RUTH E R
338 DRESHERTOWN RD
FT WASHINGTON PA 19034-3009
BUCKO JR, MD, MATTHEW I *OTO
70 HEATHER LN
NORRISTOWN PA 19401-1537
610-279-7182
BUCKWALTER, MD, RICHARD A *GP
WELSH RD AT IVERNESS DR
HORSHAM PA 19044
215-659-1113
BUERK, MD, MINERVA S D
QUADRANGLE 4207
3300 DARBY ROAD
HAVERFORD PA 19041-1061
610-642-6040
BUONOCORE, MD, BONNITA K IM
2009 SPRING VALL RD
LANSDALE PA 19446-5113
610-584-4716
BURDEN, MD, SAMUEL S A
8500 SUNRISE BLVD APT 401
PLANTATION FL 33322
305-370-2384
BURKE, MD, M SUSAN GPM
915 CEDAR GROVE ROAD
WYNNEWOOD PA 19096-1629
610-642-9236
BURKE, MD, MARY D ON
241 BRYDON RD
WYNNEWOOD PA 19096-3306
610-649-0863
BURNETT, DO, CARL D FP
555 GLASGOW ST
STOWE PA 19464-6557
610-323-4510
BUYERS, MD, ROBERT A GS
PO BOX 205
GWYNEDD VLY PA 19437
BYRON, MD, HAROLD J P
322 W JOHNSON HWY
NORRISTOWN PA 19401-1960
610-277-5600
CAMP, MD, ANTHONY M FP
170 N HENDERSON RD STE 206
KNG OF PRUSSA PA 19406-2123
610-337-3350
CANALS, MD, JOAQUIN P
117 S SCHUYLKILL AVE
NORRISTOWN PA 19403-3143
610-539-4526
CARELLA, MD, RICHARD J RO
BRYN MAWR HOSP
130 S BRYN MAWR AVE
BRYN MAWR PA 19010-3143
610-526-3370
CARLIN, MD, ELWIN S OBG
960 CROSS LN
BLUE BELL PA 19422-1574
CARSON, MD, JOHN S AN
825 GREAT SPRINGS RD
ROSEMONT PA 19010-1719
CARSON, MD, TERESA C *PD
7652 BRANDYWINE CIRLCE
TREXLERTOWN PA 18087
610-278-9626
CARTY JR, MD, JAMES B OPH
BRYN MAWR MED
BLDG
NORTH STE 100
BRYN MAWR PA 19010
610-527-0990

CASELLA, MD, SALVATORE R AI
1650 HUNTINGDON PIKE
MEADOWBROOK PA 19046-8094
215-947-6690
CASTELLI JR, DO, JOSEPH L OBG
170 N HENDERSON RD
STE 204
KING OF PRUSSIA PA 19406-2123
610-265-0184
CAUTILLI, MD, RICHARD A *ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
CAVANAUGH, MD, MICHAEL F ORS
1401 BETHLEHEM PK
FLOURTOWN PA 19031
215-233-1001
CAVOTO, MD, FRANCIS V U
704 FITZWATERTOWN RD
GLENSIDE PA 19038-1306
215-884-2187
CHANG, MD, CLAYTON W IM
933 N CHARLOTTE ST
POTTSTOWN PA 19464-3974
610-323-6566
CHAPIS, MD, GREGORY J PM
516 TOLL RD
ORLAND PA 19075
215-885-5993
CHAPIS, MD, NICHOLAS J OBG
1597 MED DR
POTTSTOWN PA 19464-3246
610-326-6732
CHARLES, MD, ROBERT S *U
1235 OLD YORK RD STE 210
ABINGTON PA 19001
215-517-1100
CHASE, MD, JEFFREY S OBG
JENKINTOWN REPRO ASSOC
500 OLD YORK RD RYDAL SO 103
JENKINTOWN PA 19046
215-576-7100
CHATZINOFF, MD, MARTIN GE
1138 N BETHLEHEM PK
LOWER GWYNEDD PA 19002-1418
215-643-9617
CHECCHIO, MD, LEONARD M EM
805 GALER DR
NEWTOWN SQUARE PA 19073-3502
610-353-3165
CHECK, MD, JEROME H END
7447 OLD YORK RD
MELROSE PARK PA 19027
215-635-6621
CHEIKIN, MD, MICHAEL I PM
112 GRANDVIEW RD
ARDMORE PA 19003-3113
CHERNYK, DO, ZENIA A NEP
101 SMITH RD
SCHWENKSVILLE PA 19473
610-489-6332
CHESNICK, MD, STEVEN R OTO
306 W LOGAN ST
NORRISTOWN PA 19401-2973
610-275-6153
CHINTA, MD, JYOTHI PM
171 SPRINGFIELD AVE
BALA CYNWYD PA 19004-1909
610-668-8651
CHOI, MD, TOHSHIK GP
3020 OLD ARCH RD
NORRISTOWN PA 19401-2266
610-272-1922
CHRISTENSEN, DO, G CHRIS PUD
1235 OLD YORK RD STE 121
ABINGTON PA 19001
215-517-1200
CHRISTIANSEN, MD, KJELL H TS
1541 FARMERS LN
GLEN MILLS PA 19342-1903
610-459-0913
CHUA, MD, CHONG V AN
1600 E HIGH ST
POTTSTOWN PA 19464-5008
610-327-7186
CHUNG, MD, HACK R P
273 WOODCOCK LN
AMBLER PA 19002-5415
215-641-0611
CIROTTI, MD, JOSEPH J PD
2701 BLAIR MILL RD
WILLOW GR PA 19090-1041
215-672-6622
CLADER, MD, STANLEY C OBG
449 S ITHAN AVE
ROSEMONT PA 19010-1226
610-525-5430
CLARK, MD, FRANCIS J OPH
OPHTH ASSOC
331 NORTH YORK ROAD
HATBORO PA 19040-2033
215-672-0777
CLASSEN, MD, CHARLES H PD
310 COUNTRYVIEW DR
BRYN MAWR PA 19010-2035
610-525-2898
CLEAVER, MD, DOROTHY M P
182 LEVEL RD
COLLEGEVILLE PA 19426-3316
CLEAVER, MD, E EUGENE GP
27 VIRGINIA AVE
BEACH HAVEN NJ 08008-3068

CLEMENTS, MD, WILLIAM W FP
517 TORY HILL RD
DEVON PA 19333-1236
610-687-1947
CLOSKEY, MD, GREGORY M NEP
BRYN MAWR HOSP
CLOTHIER DIALYSIS UNIT
BRYN MAWR PA 19010
610-525-8110
COATS, MD, THOMAS D OPH
1115 CUMBERLAND RD
ABINGTON PA 19001
215-884-5672
COCHRAN, MD, WILLIAM C GS
124 SUMMIT AVE
JENKINTOWN PA 19046-3136
COGEN, MD, FREDERICK C AI
1650 HUNTINGDON PK STE 101
MEADOWBROOK PA 19046-8095
215-947-6690
COHEN, MD, MARC C CD
ABINGTON MED SPEC
222-1235 OLD YORK RD
ABINGTON PA 19001
215-517-1000
COHEN, MD, SAMUEL F GP
21024 VALL FORGE CIR
KING OF PRUSSIA PA 19406
610-783-7422
COLA, DO, CAROL D D
933 N CHARLOTTE ST
SUITE 3B
POTTSTOWN PA 19464
610-327-1220
COLCHER, MD, IRVING S PD
2795 EGYPT RD
AUDUBON PA 19403-2254
610-666-7078
COLCHER, MD, ROBERT E GS
1033 E GERMANTOWN PK
NORRISTOWN PA 19403-2311
610-539-8500
COLETTA, MD, ANTHONY V GS
BRYN MAWR MED BLDG N
STE 306
BRYN MAWR PA 19010
610-527-1185
COLT, MD, CATHY A OPH
711 HARVEST HILL ROAD
CHALFONT PA 18914-1526
215-997-1461
COOK, MD, JAMES H IM
425 CARLTON AVE
WYNCOTE PA 19095-2015
215-885-2096
COOPER, MD, MURRAY S OBG
2300 COMP AVE BLDG E-25
WILLOW GROVE PA 19090
215-659-8080
CORKHILL JR, MD, ERIC A OBG
1280 ARGYLE ROAD
BERWYN PA 19312-2052
CORNMAN III, MD, HENRY D DIA
229 CONSHOHOCKEN ST RD
GLADWYNE PA 19035-1331
610-642-7736
CORRATO, MD, ROBERT R IM
ABINGTON MEM HOSP
1200 YORK RD
ABINGTON PA 19001-3788
215-576-2000
CORRIGAN, MD, DOMINIC F END
2300 COMPUTER AVENUE
SUITE H-39
WILLOW GROVE PA 19090
215-657-5000
COSCIA JR, DO, JOHN R
119 SCHOOL ST
BALA CYNWYD PA 19004
610-660-9516
COZEN, MD, BENNETT H IM
1125 DUNDEE DR
DRESHER PA 19025-1615
215-659-4228
COZZARELLI, MD, JAMES D GS
S BROAD ST AND
ALLENTOWN RD
LANSDALE PA 19446-5374
215-855-9501
CRAPARO, MD, FRANK J *MFM
1235 OLD YORK ROAD
SUITE 110 LEVY
ABINGTON PA 19001-3788
215-576-4575
CRAVETZ, MD, HOWARD FP
5TH AND FORD STS
BRIDGEPORT PA 19405
610-279-4977
CRAWFORD, MD, DAVID L GS
ABINGTON MEM HOSP
1200 OLD YORK RD
ABINGTON PA 19001
215-576-7460
CRITS, MD, HARRY J IM
777 GERMANTOWN PIKE
LAFAYETTE HILL PA 19444-1620
215-233-5970
CRIVARO, MD, MICHAEL A GS
71 QUAKER DR
NEWTOWN PA 18940-1164
215-968-4194

CULP, MD, BRUCE R FP
PO BOX 1278
LANSDALE PA 19446-0727
CURRAN, MD, MARILYN R P
1124 INDIAN CRK RD
WYNNEWOOD PA 19096-3409
610-642-3255
CURTIN, MD, ANDREW J *R
LANKENAU HOSP
100 LANCASTER AV
WYNNEWOOD PA 19096-3498
610-645-2802
CUTLER, MD, CHARLES *IM
1411 POWELL ST
NORRISTOWN PA 19401-3356
610-279-8300
CZUBAROFF, MD, VALENTINE B P
14 WISTAR RD
VILLANOVA PA 19085
610-527-4366
DALY, MD, CHRISTOPHER X *EM
298 S ROBERTS RD
ROSEMONT PA 19010-1351
215-525-1901
DANNY, DO, MADELINE A IM
PO BOX 721
WAYNE PA 19087-0721
610-688-8240
DANOFF, MD, DAVID M DR
842 MOUNT PLEASANT RD
BRYN MAWR PA 19010-1824
610-527-3626
DASCHER JR, MD, JOHN J DR
1916 YORKSHIRE DR
BLUE BELL PA 19422
215-699-7272
DAVIS, MD, EDWARD W GP
137 ORCHARD CT
BLUE BELL PA 19422-2834
215-646-8366
DAY, MD, H JAMES *HEM
1124 SHAW DR
FT WASHINGTON PA 19034-1727
215-342-9947
DE RIVAS, MD, CARMELA F P
700 JOSEPH DR
WAYNE PA 19087-1021
610-783-5025
DEFRANCISCO, MD, MARY E OPH
6409 RISING SUN AVE
PHILADELPHIA PA 19111
215-725-9700
DEGLIN, MD, EDWARD A OPH
780 PERIWINKLE LN
WYNNEWOOD PA 19096-1653
610-667-4289
DEIN, MD, ROBERT A OBG
1030 E LANCASTER AVE
ROSEMONT PA 19010-1451
610-525-3225
DEITZ III, MD, GEORGE W CD
23477 WATER CIR
BOCA RATON FL 33486-8550
407-368-2741
DEL GROSSO, MD, EDWARD A DR
100 POPLAR CT
COLLEGEVILLE PA 19426
610-454-7395
DENT, MD, THOMAS L *GS
1245 HIGHLAND AVE STE 604
MED OFFICE BLDG
ABINGTON PA 19001-3714
215-576-7464
DERSTINE, MD, RALPH L FP
PO BOX 227
484 MAPLE AVE
HARLEYSVILLE PA 19438-0227
215-256-8040
DESAI, MD, ANSUYA M OBG
662 DODDS LN
GLADWYNE PA 19035-1515
610-649-3268
DEVENNEY, MD, JOHN E NM
9501 WHEELPUMP LN
PHILADELPHIA PA 19118-2627
DEVINE, MD, JEAN K PD
600 GAWAIN RD
PLYM MTNG PA 19462-2108
610-828-9081
DEVINE, MD, MICHAEL F *IM
100 CHURCH RD
ARDMORE PA 19003-2316
610-649-6481
DEWEER-AVILES, MD, ANN M PD
602 S BETHLEHEM PIKE
AMBLER PA 19002-5800
215-643-7771
DI RISIO, MD, DARRYL J NS
CHESTMONT NEUROSURGICAL INC
17 INDUSTRIAL BLVD STE B101
PAOLI PA 19301
610-647-1881
DIAMOND, MD, B FRANKLIN *N
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-7000
DIENER, MD, IAN L FP
310 CONESTOGA RD
WAYNE PA 19087-4701
DIGIACOMO JR, MD, PHILIP J GE
1330 POWELL ST
SUITE 310
NORRISTOWN PA 19401-3350
610-277-2635

DILLON, MD, RICHARD S DIA
BRYN MAWR MED
BLDG NORTH
BRYN MAWR PA 19010
610-527-1604
DOHERTY JR, MD, HENRY J AN
LANKENAU ANES ASSOC
416 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-645-2141
DOLSKY, MD, RICHARD L *PS
191 PRESIDENTIAL BLVD
APT 105
BALA CYNWYD PA 19004-1208
610-667-3341
DOMERACKI, MD, FRANK R DR
223 POLO DR
N WALES PA 19454-4245
215-855-6994
DOMERACKI, MD GARY F OPH
1220 JUNE RD
WARMINSTER PA 18974
215-672-7181
DON, MD, SIDNEY H PD
167 YEW RD
CHELTENHAM PA 19012-1219
215-663-0643
DONAHUE, MD, JOHN R ORS
1603 E HIGH ST
POTTSTOWN PA 19464-5061
610-327-2400
DONNER, MD, WILLIAM T P
314 WELLINGTON TER
JENKINTOWN PA 19046-3832
215-887-3733
DORFMAN, MD, ALAN M *OPH
510 WEST AVE
PO BOX 2099
JENKINTOWN PA 19046-0699
215-884-8419
DORIAN, MD, ALAN L GS
BOX 399
MELVIN VILLAGE NH 03850
305-743-5767
DORNSTEIN, MD, PERRY I IM
7703 SEMINOLE AVE
PHILADELPHIA PA 19126-1425
DRISCOLL, MD, GENEVRA Z P
1333 HAGYS FORD RD
NARBERTH PA 19072-1104
DRIVER, MD, PAUL J OPH
915 MELROSE AVE
ELKINS PARK PA 19027
215-635-7006
DUMARAN, MD, DELFA G *IM
308 HUNTINGDON PIKE
2ND FL STE
JENKINTOWN PA 19046
215-663-8880
DUNN, MD, LINDA K *MFM
320 MELROSE AVE
MERION STA PA 19066-1717
610-667-8184
DURKIN, MD, MARTIN J P
1650 HUNTINGDON PK
STE 223
MEADOWBROOK PA 19046-8801
215-947-6230
DYNAN, MD, JAMES E GS
S BROAD ST AND
ALLENTOWN RD
LANSDALE PA 19446-5374
215-855-9501
DZEDA, MD, MICHAEL F RO
404 MIDDLETOWN BLVD
SUITE 306
LANGHORNE PA 19047
ECHIKSON, MD, EDWARD H *IM
70 BRISTOL COURT
NORRISTOWN PA 19403
610-539-4955
ECKER, MD, ANDREW M PM
860 FIRST AVE SUITE 870
KING OF PRUSSIA PA 19406
610-265-2240
EDELMAN, MD, ANDREW S PTH
SBCL
400 EGYPT RD
NORRISTOWN PA 19403
610-631-4388
EHRLICH, MD, LEONARD D GE
PO BOX 423
GWYNEDD VALL PA 19437-0423
215-628-0138
EINHORN, MD, KENNETH H OTO
1245 HIGHLAND AVE STE 502
ABINGTON PA 19001-3714
215-886-1482
EISENBERG, MD, FLOYD P ID
3 SHALIMAR LN
MAPLE GLEN PA 19002-3054
215-628-8261
ELDAIEF, MD, DAISY S PD
900 WHARTON CIRCLE
PO BOX 285
GWYNEDD VALL PA 19437-0285
215-643-4029
ELLIS, MD, DAVID M CHP
240 MERION RD
MERION STA PA 19066-1751
610-664-3211

ELLISON, MD, NORIG *AN
332 ARDMORE AVE
ARDMORE PA 19003-1012
215-896-6034
ELLISON JR, MD, RICHARD T PD
669 PINETREE RD
JENKINTOWN PA 19046-2229
215-887-2253
EMPER, MD, WILLIAM D ORS
27 S BRYN MAWR AVE
BRYN MAWR PA 19010-3406
610-527-1762
ERHARD, MD, DANIEL T AN
492 EASTON WY HERSH ML
WEST CHESTER PA 19380
ESKIN, MD, DAVID J CD
MED PLAZA BLDG 222
1235 OLD YORK RD
ABINGTON PA 19001
215-517-1000
ESKREIS, MD, BEVERLY D *D
840 COUNTY LINE RD
BRYN MAWR PA 19010-2501
610-527-1510
EVANGELISTA, MD, SIMPLICIO E DR
BRYN MAWR HOSP
130 S BRYN MAWR AVE
BRYN MAWR PA 19010-3143
610-526-3453
EVANS, MD, HAYDEN O GP
317 OAKTREE COURT
PO BOX 548
FREDERICK PA 19435-0548
610-326-1524
EVANS, MD, JOHN B PD
RED ROWEN LN
PLYMOUTH MTNG PA 19462
215-825-3500
EWING, MD, CHARLES H FP
RYDAL PARK
RYDAL PA 19046
215-885-6800
FAIRFIELD, MD, JAMES C D
LANSDALE MED GROUP
BOX 508
LANSDALE PA 19446-0508
215-855-9501
FALCO, MD, FRANK J E PM
1600 SANDY HILL RD
NORRISTOWN PA 19401
610-279-5953
FALK, MD, ARTHUR E OBG
8880 S OCEAN DR #301
JENSEN BEACH FL 34957
407-229-0012
FALKER, MD, JOHN M *DR
1648 HUNTINGDON PK
MEADOWBROOK PA 19046-8001
215-947-3000
FANG, MD, JOHN Y N
719 MONROE ST APT 202
ROCKVILLE MD 20850-2710
FARANO, MD, PETER J PTH
HOLY REDEEMER HOSP
1648 HUNTINGDON PK
MEADOWBROOK PA 19046-8094
215-938-3655
FARB, MD, STANLEY N OTO
306 W LOGAN ST
NORRISTOWN PA 19401-2973
610-275-6153
FARRELL, DO, ELENA R OPH
525 E OAK ST
NORRISTOWN PA 19401-4013
610-292-9762
FEIN, DO, HOWARD K GP
922 FAYETTE ST
CONSHOHOCKEN PA 19428-1565
610-825-3464
FENN, MD, PATRICIA A *RHU
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
610-525-4463
FENSTEMACHER, MD, PAMELA A FP
817 OLD YORK ROAD
JENKINTOWN PA 19046-1601
215-576-2725
FILIP, MD, JOHN R *IM
1073 MONTGOMERY AVE
PENN VALL PA 19072-1605
215-482-0900
FILOSA, MD, ROBERT J OBG
LANSDALE MED
GROUP S
BROAD ST & ALLENTOWN BLVD
LANSDALE PA 19446-2408
215-855-9501
FINGERUT, MD, JERALD C GE
1330 POWELL ST STE 310
NORRISTOWN PA 19401
610-277-2635
FINGO, MD, ALBERT J FP
300 BEACH RD APT 208
TEQUESTA FL 33458
FINK, MD, JACK W GYN
2303 N BROAD ST
COLMAR PA 18915-9786
215-997-8969
FISHER, MD, NORMAN J FP
197 E MILL RD
HATBORO PA 19040-4009

FISHER, MD, ROBERT M FP
447 GREAT SPRINGS RD
BRYN MAWR PA 19010-1715
FITZGERALD, DO, ELIZABETH A D
403 OLD FARM RD
WYNCOTE PA 19095
215-884-1547
FITZGERALD, DO, JOHN J OBG
760 JOHNS LN
AMBLER PA 19002-2616
215-643-2822
FLEISCHER, MD, DEBORAH E GE
1591 MED DR
POTTSTOWN PA 19464-9228
609-858-5888
FORNACE, DO, ALBERT J CD
601 BRIAR LN
NORRISTOWN PA 19401-1701
FOSTER, MD, SYLVIA L *P
1021 W UPSAL ST
PHILADELPHIA PA 19119-3716
215-844-4240
FOX, MD, DAVID S FP
1330 POWRLL ST STE 409
NORRISTOWN PA 19401
610-277-0964
FOX, MD, MICHAEL L IM
45 OAK AVE
LANSDOWNE PA 19050-2746
610-623-6442
FRANK, MD, LEONARD A U
1313 DEKALB ST
NORRISTOWN PA 19401-3443
610-272-1881
FRANK, MD, MARTIN N CD
ABINGTON CARD ASSOC
1235 OLD YORK RD SUITE G10
ABINGTON PA 19001-3714
215-517-1234
FRANK, MD, PAUL E OPH
331 N YORK RD
HATBORO PA 19040-2033
215-672-0777
FRANKEL, MD, ARTHUR M GS
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-1020
FRANKEL, MD, LESLIE B OBG
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-1234
FRAZIER, MD, THOMAS G ON
THE FOUNDERS BANK BLDG
STE 201
BRYN MAWR PA 19010
610-520-0700
FREEBERG, MD, JOHN R AN
210 CHURCH RD
ARDMORE PA 19003
610-667-5193
FREEDMAN, MD, LAWRENCE T OBG
12 FARRIER LN
BLUE BELL PA 19422-2465
215-643-6485
FREEMAN, MD, DANIEL M A CHP
721 UPSAL RD
JENKINTOWN PA 19046-3329
215-884-3568
FREID, MD, JEFFREY D CD
17 TURNER CT
LOWER GWYNEDD PA 19002-2042
215-641-9699
FREIMUTH, MD, ERICH J *N
830 OLD LANCASTER RD
SUITE 305 N
BRYN MAWR PA 19010
610-527-8140
FREUDENBERG, MD, DORIS T *PM
287 ANDERSON RD
KING OF PRUSSIA PA 19406-1940
610-265-2320
FRIEDMAN, MD, PAUL A IM
DUPONT MERCK CO
PO BOX 80400
WILMINGTON DE 19880-0400
302-695-7008
FROST, MD, ALBERT G CRS
21 W FORNANCE ST
NORRISTOWN PA 19401-3300
610-272-3030
FTAIHA, MD, ZAKI *PS
15 N PRES BLVD # 200
BALA CYNWYD PA 19004
610-664-5500
FUGARO, DO, ANTHONY J AN
LANKENAU MED BLD STE 416
LANCASTER & CITY LINE AVE
WYNNEWOOD PA 19096
610-645-2141
FURGIUELE, MD, FRANCIS P OPH
725 SKIPPACK PIKE STE 3A1
BLUE BELL PA 19422
215-542-0500
GABRIEL, MD, VERONICA FP
6017 W VALL GREEN RD
FLOURTOWN PA 19031-1214
215-233-1640
GALASSI JR, MD, JOSEPH W AN
2709 ASPEN CIR
BLUE BELL PA 19422-3401
610-277-9161

GALELLA, MD, NANCY M OBG
308 HEMLOCK DR
HATBORO PA 19040-1630
215-674-1814
GALINSKY, MD, DAVID E *IM
3900 CITY AVE STE D-103
PHILADELPHIA PA 19131
215-879-8786
GALLAGHER, MD, DORIS B AN
317 AUBREY RD
WYNNEWOOD PA 19096-1812
GANIME, MD, PETER D P
322 W JOHNSON HWY
NORRISTOWN PA 19401-1960
610-277-5600
GARBELY, DO, JOSEPH M IM
1235 OLD YORK RD STE 113
ABINGTON PA 19001
215-517-1180
GATTI, MD, DOMINIC L GP
142 SOMERSET RD
HUNTINGDON VLY PA 19006-6723
215-947-0764
GAZDICK, MD, MARY ANNE PD
1 RED ROWAN LN
PLYM MTNG PA 19462-2135
610-825-3500
GEHMAN, DO, MICHAEL J US
1132 MYRTLEWOOD AVE
HAVERTOWN PA 19083-5203
610-446-0584
GEIGER, MD, LEONARD R N
875 COUNTY LN RD STE 106
BRYN MAWR PA 19010
610-527-3366
GERMAN, MD, TERRY M OBG
9150 MARSHALL RD STE 18
PHILADELPHIA PA 19114
215-464-3535
GERSON, MD, ANDREW G OBG
353 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-649-9021
GILL, MD, ROY A FP
919 E GERMANTOWN PIKE
SUITE 3
NORRISTOWN PA 19401
610-279-1500
GILLIS, MD, ANGUS T *AN
5 MARTINS RD
NEWTOWN SQUARE PA 19073-1915
610-325-9069
GLANZBERG, MD, PAULINE FP
814 DEKALB ST
NORRISTOWN PA 19401-3991
610-272-3008
GLASER, MD, BARRY L GS
1521 AMITY RD
RYDAL PA 19046-1203
GLASSNER, MD, MICHAEL J *OBG
LANKENAU MED BLDG E STE 563
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-649-0500
GLAUSER, MD, TERRY A EM
103 N WOODBINE AVE
NARBERTH PA 19072-1815
610-664-6293
GLUNK, MD, RICHARD P PS
LANKENAU MED BLDG STE 342
WYNNEWOOD PA 19096
610-649-9990
GOLDBERG, MD, LOUIS OPH
2000 W VALL FORGE CIR
APT 1506
KING OF PRUSSIA PA 19406-1109
610-783-5835
GOLDBERG, DO, RICHARD A FP
2400 MARYLAND RD
WILLOW GROVE PA 19090
215-830-8700
GOLDEN, MD, MANO R U
6022 SHEAFF LN
FT WASHINGTON PA 19034-1815
215-646-0815
GOLDMAN, MD, WILLIAM J US
855 LEWIS LN
AMBLER PA 19002-5118
215-542-7636
GOLDSCHMIDT, MD, HERBERT D
520 SCOTT RD
GLADWYNE PA 19035-1442
610-896-8120
GOLDSTEIN, MD, LARRY E U
2501 S BROAD ST
PHILADELPHIA PA 19148-4309
215-465-2475
GOLDSTEIN, MD, PHILIP D PD
1511 GLEN DR
MAPLE GLEN PA 19002-3106
215-643-1674
GOOD, MD, ROBERT P ORS
830 OLD LANCASTER RD
BLDG 300
BRYN MAWR PA 19010-3118
610-527-6800
GOODMAN, MD, CARL R PM
231 LINDEN DR
ELKINS PARK PA 19027
215-576-6575

GOODMAN, MD, DAVID A AN
1200 OLD YORK RD
DEPT OF ANES
ABINGTON PA 19001-3788
215-576-2336
GOODMAN, MD, SANFORD M FP
BEAVER HILL S APT F-6
100 WEST AVE
JENKINTOWN PA 19046-2642
215-885-4262
GOODYEAR, MD, JAMES A GS
760 W PROSPECT AVE
N WALES PA 19454-2659
215-699-2625
GOPPELT, MD, JOHN W P
369 EXETER RD
HAVERFORD PA 19041-1084
610-649-2047
GORDON, MD, GARY V RHU
320 LANKENAU MED BLDG
100 LANCASTER AVE W
WYNNEWOOD PA 19096-3427
610-896-8400
GORDON JR, MD, KENNETH H P
1250 UPPER GULPH RD
RADNOR PA 19087-2797
610-688-8256
GORDON, MD, LEONARD F *DR
1700 GOVERNORS WAY
BLUE BELL PA 19422-2555
610-828-4664
GOREN, MD, ELIHU N *DIA
1451 DEKALB ST
NORRISTOWN PA 19401-3405
610-275-3673
GOREY, DO, CHARLES F FP
364 VISTA DR
U PROVIDENCE PA 19460
610-792-3041
GRAEFFE, MD, ESTELLA F RO
400 N ITHAN AVE
ROSEMONT PA 19010-1625
610-527-8065
GRAFF, MD, HAROLD A P
728 CANTERBURY LN
VILLANOVA PA 19085-2052
610-527-5544
GRATCH, MD, MICHAEL J ORS
2400 MARYLAND RD STE 20
WILLOW GR PA 19090-1711
215-830-8700
GREEN, MD, BARRY P GP
PO BOX 1278
LANSDALE PA 19446-0727
215-855-1054
GREEN, MD, GEORGE R *IM
MED PLAZA BLDG 222
1235 OLD YORK ROAD
ABINGTON PA 19001
215-517-1039
GREEN, MD, LELAND J A
LANSDALE MED GRP
LANSDALE PA 19446
215-855-9501
GREENBAUM, MD, MARVIN H OPH
326 PEMBROKE RD
BALA CYNWYD PA 19004-2819
610-667-9242
GREENBERG, MD, BRAM PD
300 BALA AVE
BALA CYNWYD PA 19004-2651
610-667-6882
GREENE, MD, JEFFREY M AI
233 E LANCASTER AVE
ARDMORE PA 19003-2321
610-642-1643
GREENE, MD, THOMAS E ORS
635 N BROAD ST
LANSDALE PA 19446-2316
215-855-4744
GREENSPAN, MD, HERBERT S CHP
100 WEST AVE APT E6
JENKINTOWN PA 19046-2665
GREENSPON, MD, SAMUEL E GP
8460 LIMEKILM PIKE
APT A 707
WYNCOTE PA 19095-2601
215-886-9332
GROHSMAN, MD, JONATHAN M OPH
217 BARKER RD
WYNCOTE PA 19095-1715
215-885-9155
GROSSMAN, MD, SHEILA S FP
7740 MORGAN LN
LAVEROCK PA 19038
215-572-7799
GRUESEN, DO, MICHAEL J US
PO BOX 2441
BALA-CYNWYD PA 19004-6441
GUIRNALDA-CASTRO, MD,
NEMESIA G P
3960 N 8TH ST
PHILADELPHIA PA 19140-3208
215-643-5499
GULATI, MD, AMAR N R
1651 MARKLEY ST
NORRISTOWN PA 19401-2900
610-277-3202
GUTHRIE, MD, WILLIAM J IM
1591 MED DR
POTTSTOWN PA 19464-9228
610-323-8005

GUTTMANN, MD, HARVEY GE
1235 OLD YORK RD #123
ABINGTON PA 19001
215-517-1150
GUYER, MD, SAMUEL GS
934 BLUE ROCK LN
BLUE BELL PA 19422-2002
HADRA, MD, ELLINOR S FP
3500 W CHESTER PIKE
APT E313
NEWTOWN SQUARE PA 19073-4101
610-353-6499
HAGARTY, MD, JOHN J PTH
250 N. BETHLEHEM PIKE
AMBLER PA 19002-3524
215-628-8036
HALE, MD, ROBERT G FP
4004 FAIRWAY RD
LAFAYETTE HILL PA 19444-1304
610-828-6421
HAMMOND III, MD, N LEROY ORS
250 LANKENAU MED BLDG
LANCASTER & CITY LN AVES
WYNNEWOOD PA 19096
610-649-3200
HANBY JR, MD, W FORWOOD E R
2815 LUNDY LN
HUNTINGDON VLY PA 19006-5009
215-659-0218
HAND, MD, ROY H GS
BEAVER HILL N STE 914N
309 FLORENCE AVE
JENKINTOWN PA 19046
215-887-4130
HANHAUSEN JR, MD,
EDWARD H OPH
418 E LANCASTER AVE
WAYNE PA 19087-4310
610-688-4272
HARMON, MD, ELI B P
111 PRESIDENTIAL BLVD
STE 235
BALA CYNWYD PA 19004
610-667-1498
HARMON-WEISS, MD, SANDRA FP
1739 DEKALB ST
NORRISTOWN PA 19401-5416
HARRIS, MD, KEVIN R PD
727 WELSH RD
HUNTINGDON VLY PA 19006-6357
215-947-1223
HARRISON JR, MD, JOSEPH OM
888 GLENBROOK AVE
BRYN MAWR PA 19010-2506
610-525-1033
HARRISON, DO, KEITH W FP
BALLY MED GROUP
ROUTE 100, P.O. BOX 249
BALLY PA 19503
610-845-2011
HASKIN, MD, MYRA R PM
1219 W WYNNEWOOD RD
APT 602
WYNNEWOOD PA 19096-2122
HAUPT, MD, DONALD N P
14 ELLIOT AVE STE 4
BRYN MAWR PA 19010
610-520-1782
HAUSER, MD, NORMAN R
1130 OLD YORK RD
ABINGTON PA 19001-3710
215-884-0462
HAYTHORNTHWAITE, MD,
B MARY PD
313 WELLINGTON TER
JENKINTOWN PA 19046-3831
HECHT, MD, WARREN B A
POTTSTOWN PROF MALL
1569 MED DR
POTTSTOWN PA 19464-3223
610-326-2820
HEHER, MD, ELIOT C IM
3 CLAYTON PL
NEWTOWN SQUARE PA 19073
610-325-0780
HEIDARY, MD,
GHODRATALLAH O AN
LANKENAU MED BLDG STE 416
WYNNEWOOD PA 19096
610-642-0252
HELLER, MD, ALVIN G IM
312 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-649-4282
HENDRICKSON, MD, CLIFFORD D US
144 STINE DR
COLLEGEVILLE PA 19426-2670
610-489-3019
HENNESSEY, MD, JOSEPH F PD
2284 STAHL RD
HUNTINGDON VLY PA 19006-6524
215-947-5656
HERLING, MD, PATTI J DR
1625 MORGAN DR
AMBLER PA 19002-2418
HESS, MD, IVAN W GP
69 N BORO LINE RD
COLLEGEVILLE PA 19426-2801
610-489-7622
HOCKFIELD, MD, HAL S IM
1235 OLD YORK ROAD
SUITE 113
ABINGTON PA 19001
215-517-1180

HOESSLY, MD, MICHEL C ON
PAOLI MEM HOSP
STE 124
PAOLI PA 19301
610-647-8885
HOFFMAN, MD, CARL J P
2901 COTTMAN AVE
PHILADELPHIA PA 19149-1404
215-624-2919
HOFFMAN, MD, JAMES P PD
104 E MAIN ST
LANSDALE PA 19446-2519
HOFFMANN, MD, RON OBG
8101 WASHINGTON LN
WYNCOTE PA 19095
215-887-9750
HOFMAN, MD, WALTER I PTH
707 S BOWMAN AVE
MERION STA PA 19066-1432
610-664-5954
HOGAN, MD, W MICHAEL GYN
925 PRIMROSE LN
WYNNEWOOD PA 19096-1648
610-667-4802
HOLM, MD, WILLIAM W PD
1026 LONGSPUR RD
NORRISTOWN PA 19403-2045
HOLMBERG, MD, DONALD E GP
193 EASTON RD
HORSHAM PA 19044-3101
215-675-1781
HOLTON EDD, JAMES N EXEC
1529 DEKALB ST
NORRISTOWN PA 19401-3421
610-277-3690
HONG, MD, KAB S PM
1333 CHELTENHAM AVE STE 102
MELROSE PARK PA 19027
HOPPER, MD, BRUCE D OBG
363 POND VIEW RD
DEVON PA 19333-1732
610-688-4799
HORN, MD, DAVID L ID
MERCK AND CO
PO BOX 4 WP39-122
WEST POINT PA 19486-0004
215-652-1670
HORNER JR, MD, DANIEL W CD
1637 JARRETTOWN RD
DRESHER PA 19025-1221
215-643-7673
HORWITZ, MD, BRETT R ORS
1401 DEKALB ST
NORRISTOWN PA 19462-1220
610-275-9400
HOVICK, MD, EDWARD T NEP
LANKENAU MED BLDG W
STE 130
WYNNEWOOD PA 19096
610-649-1175
HOWDEN, MD, RICHARD F *FP
3900 SKIPPACK DR
PO BOX 532
SKIPPACK PA 19474
610-584-6000
HSIEH, MD, MING K PM
CHESTNUT HILL REHAB HOSP
8601 STENTON AVE
WYNDMOOR PA 19038
215-233-6226
HUGHES, SKIP ADM
LANSDALE MED GROUP
S BROAD ST & ALLENTOWN RD
LANSDALE PA 19446
215-361-5858
HUH, MD, YOUNG I P
25 WASHINGTON LN APT 537
WYNCOTE PA 19095-1406
215-887-2425
HUNSBERGER, MD, JOSEPH L GP
101 OAKTREE CT
PO BOX 548
FREDERICK PA 19435-0548
610-754-6441
HUNTLEY, MD, ARTHUR C P
PO BOX 637
VILLANOVA PA 19085-0637
610-688-5281
HUTCHISON, MD, JAMES C CD
2073 PARKVIEW AVE
ABINGTON PA 19001-1208
215-659-3709
HUTTON, MD, LISA J PD
1047 OLD YORK RD
ABINGTON PA 19001
215-886-1240
HYATT, MD, GLENN A IM
233 WESTWIND WAY
DRESHER PA 19025-1419
215-542-9498
HYKES, MD, JAMES I GP
218 GRAYS LN
HAVERFORD PA 19041-1705
610-642-2616
ICKLER, MD, JOHN L PD
1047 YORK RD
ABINGTON PA 19001-4610
215-884-1240
IVKER, MD, MORRIS R
970 INDIAN CREEK RD
JENKINTOWN PA 19046-3835
215-887-9787

JAFFE, MD, LOUIS D
1210 QUEEN ST
POTTSTOWN PA 19464-5832
610-323-8567
JAMES, MD, DAVID L FP
COVENTRY FAM PRAC
PHILLIPSBURG NJ 08865
JOCHNOWITZ, MD, MICHAEL J OBG
902 N BROAD ST
LANSDALE PA 19446-2323
215-368-1950
JONES, MD, DANIEL C FP
PO BOX 628
ARDMORE PA 19003-0628
JOYCE, MD, MICHAEL F ORS
1835 HEMLOCK CIR
ABINGTON PA 19001-4701
215-885-8531
JUBELIRER, MD, ROBERT A GS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001
215-887-3990
JUDD, MD, JAMES D FP
911 LABURNAM LN
WYNCOTE PA 19095-1607
215-572-0158
JULES, MD, ARNOLD J ORS
635 N BROAD ST
LANSDALE PA 19446-2316
215-855-4444
JUNKIN, MD, DAVID M ORS
2400 MARYLAND RD STE 20
WILLOW GR PA 19090-1711
215-830-8700
KAHN, MD, BERTRAM AI
11714 FULHAM STREET
SILVER SPRING MD 20902
KAHN, MD, JOEL A IM
1108 MOUNTAIN VIEW DR
WAYNE PA 19087-5540
610-296-8320
KANE, MD, JOHN S OBG
1802 JOHNSON RD
NORRISTOWN PA 19401-2540
KAPLAN, MD, FRANK E P
2874 PAPRIKA RD
DOYLESTOWN PA 18901-1735
215-794-8046
KATTELMAN, DO, MARC GP
922 FAYETTE ST
CONSHOHOCKEN PA 19428-1565
610-825-3464
KATZ, DO, PAUL M AN
431 CONSHOHOCKEN ST RD
BALA CYNWYD PA 19004-2620
610-668-3628
KATZ, MD, ROBERT E GP
500 FAYETTE ST
CONSHOHOCKEN PA 19428-1703
610-828-1913
KATZ, MD, STUART I D
339 E LANCASTER AVE
WYNNEWOOD PA 19096-1920
610-649-1911
KAUFMAN, MD, STEPHEN E GE
123 OLD YORK ROAD STE 123
ABINGTON PA 19001
215-517-1150
KELLER, DO, LARRY S IM
212 HILLSIDE AVE
JENKINTOWN PA 19046-2007
215-884-3515
KELLERMAN, MD, WILMA C PM
801 S BOWMAN AVE
WYNNEWOOD PA 19096-1602
610-896-8845
KELLY, MD, BRIAN K N
125 S 9TH ST STE 200
PHILADELPHIA PA 19107
215-574-0075
KELLY, MD, JOHN J *ID
ABINGTON MEM HOSP
1200 YORK RD
ABINGTON PA 19001-3788
215-576-2608
KELSO, MD, DON R GS
1235 OLD YORK ROAD
SUITE G-20
ABINGTON PA 19001
215-517-1250
KELTON SR, MD, FRANKLIN C OM
OCC HEALTH CTR
795 MARSHALL ST
WEST CHESTER PA 19380
610-431-2262
KENNEY, MD, LAWRENCE E OPH
1560 MED DR
POTTSTOWN PA 19464-9226
610-326-9308
KENNING, MD, JAMES A NS
958 COUNTY LINE RD
BRYN MAWR PA 19010-2502
610-527-2443
KENWORTHY JR, MD, HARRY J IM
1235 YORK ROAD,STE 222
ABINGTON PA 19001-3811
215-517-1039

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339 E LANCASTER AVE
WYNNEWOOD PA 19096-1920
610-649-1911
KERSON, MD, LAWRENCE A N
THE NEUROLOGY GROUP PC
1340 DEKALB ST STE 1
NORRISTOWN PA 19401-3434
610-279-7443
KHANDELWAL, MD, MANOJ CD
362 SPRAGUE RD
NARBERTH PA 19072-1124
KHELLA, MD, HANI J FP
909 E GERMANTOWN PIKE
NORRISTOWN PA 19401-2452
610-275-3884
KHOORY, MD, MAGED S HEM
875 COUNTY LINE RD STE 110
BRYN MAWR PA 19010
610-525-8797
KIM, MD, HI S PD
5438 N LAWRENCE ST
PHILADELPHIA PA 19120-2804
215-224-2111
KINGSBURY, MD, ROBERT C FP
226 LAKESIDE DR
MILLINGTON MD 21651
KINLAW, MD, W BERNARD CD
1936 LAMBERT RD
JENKINTOWN PA 19046-1545
215-886-8892
KIRKPATRICK, MD, DANIEL W GP
823 RENEL RD
NORRISTOWN PA 19401-2413
610-275-3240
KIRKPATRICK, MD, WILLIAM H ORS
HAND SURGICAL ASSOC
830 OLD LANC RD # 301
BRYN MAWR PA 19010
610-527-9000
KIRSCHNER, DO, RONALD A *OTO
2 BALA CYNWYD PLZ STE PL-13
BALA-CYNWYD PA 19004
610-667-4080
KISTLER, MD, PRISCILLA J IM
300 MAIN ST
E GREENVILLE PA 18041-1343
215-679-4947
KLATCHKO, MD, BARBARA A GS
306 BRYN MAWR MED
BLDG NORTH
830 OLD LANCASTER RD
BRYN MAWR PA 19010
610-527-1185
KOCH, MD, CHERYL A END
830 OLD LANCASTER RD
STE 202
BRYN MAWR PA 19010
610-527-1604
KOFSKY, MD, PHILLIP M CRS
713 LAKE DR
AMBLER PA 19002-5085
215-542-6828
KOHLHAS, MD, JACOB J END
220 BAY ST
OSTERVILLE MA 02655-2029
KOLLER, MD, HAROLD P OPH
1650 HUNTINGDON PK
STE 357
MEADOWBROOK PA 19046-8097
215-947-6660
KONECKE, MD, LEE L CD
1544 DEKALB ST
NORRISTOWN PA 19401-3425
610-279-7696
KOREVAAR, MD, WILHELMINA C AN
622 OXFORD RD
BALA CYNWYD PA 19004-2217
610-667-5193
KOVALSKY, MD, EVAN S ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
610-279-8686
KOWAL, MD, VERA O OPH
OPHTHALMIC ASSOC
1000 N BROAD ST
LANSDALE PA 19446-1199
215-368-1646
KRAFT JR, MD, ALBERT J CD
1722 BETHLEHEM PK
FLOURTOWN PA 19031-1644
215-836-1450
KRANTZLER, MD, JOSEPH D CD
1591 MED DR
POTTSTOWN PA 19464-9228
610-326-8006
KRAVIS, MD, LILLIAN P OS
233 E LANCASTER AVE
ARDMORE PA 19003-2321
610-642-1643
KRAVITZ, MD, BERNARD J IM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-4950
KRAYNAK, MD, JOSEPH C *CD
BROAD ST & ALLENTOWN RD
LANSDALE PA 19446
215-855-9501
KRCH, MD, MARILYN B IM
1006 SKYLINE CIRCLE
AUDUBON PA 19403-1838
610-650-0398

KROMASH, MD, MARVIN H PD
1590 MED DR
POTTSTOWN PA 19464-3247
610-326-4980
KUHNERT, MD, PAUL M US
1366 TANGLEWOOD DR
N WALES PA 19454-3671
215-699-8499
KUKORA, MD, JOHN S *GS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-576-7462
KUKULA, DO, CHRISTINE L FP
2803 STANBRIDGE ST APT B409
NORRISTOWN PA 19401
610-239-9515
KULP-HUGUES, MD, DEBORAH A *U
2103 E HIGH ST
POTTSTOWN PA 19464
610-323-5550
KURETU, MD, MWAZHUWA L R CD
HAHNEMANN UNIV HOSP
BROAD & VINE ST MS111
PHILADELPHIA PA 19102
215-762-7802
KUREY, MD, PAMELA H OBG
2550 BOND AVE
DREXEL HILL PA 19026-1602
610-789-5145
LABOWSKIE, MD, EUGENE M FP
1201 CLUB HOUSE RD
GLADWYNE PA 19035-1003
610-525-5920
LAGNESE, DO, MICHAEL S IM
113 CRICKET AVE APT 212
ARDMORE PA 19003-2125
LAHUE-MORDY, DO, RHONDA L GER
368 KING OF PRUSSIA RD
WAYNE PA 19087-2167
610-293-9998
LANDER, MD, WILLIAM W *FP
888 GLENBROOK AVE
BRYN MAWR PA 19010-2506
610-525-6277
LANGER, MD, BURTON H PD
400 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-649-7074
LATTA, MD, RICHARD A *OBG
1235 OLD YORK ROAD
SUITE 119 LEVY
ABINGTON PA 19001
215-576-4575
LAUTERBACH, MD, EDWIN W GS
1246 MILL RD
MEADOWBROOK PA 19046-2529
LAWLOR, MD, ROBERT J *FP
DEVON BLVD
DEVON PA 19333
610-687-0715
LAZOWICK, DO, DANIEL C IM
195 MORIA PL
ASTON PA 19014
610-558-1853
LEE, MD, WILLIAM M FP
PO BOX 1278
LANSDALE PA 19446-0727
215-855-1054
LEECH JR, MD, JOHN E *U
1569 MED DR
POTTSTOWN PA 19464
610-323-5550
LEGENDRE, MD, GERALD M GP
133 4TH ST
BRIDGEPORT PA 19405-1010
610-279-1116
LEIBOLD, MD, DEBRA M IM
777 WEST GERMANTOWN PK
APT 224
PLYMOUTH MTNG PA 19462-1031
LENROW, MD, DAVID A PM
208 STANDISH RD
MERION STA PA 19066-1117
610-667-2129
LEROY, MD, N BLAIR PUD
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
610-527-1074
LETWIN, MD, LEE B AN
2000 W VALL FORGE CIR
APT 337
KING OF PRUSSIA PA 19406-1109
LEVETTE, MD, ANDREW R AN
1200 OLD YORK RD
ABINGTON PA 19001-3788
215-576-2335
LEVIN, MD, HOWARD A RHU
538 MONTGOMERY SCHL LN
WYNNEWOOD PA 19096-1119
610-642-1960
LEVIN, MD, STEVEN P PM
1229 JERICHO RD
ABINGTON PA 19001-3609
215-572-5889
LIANG, MD, GWENDOLYN J OPH
219 GARNET LN
BALA CYNWYD PA 19004-1313
LIEBERMAN, MD, AMARA A D
545 MANOR RD
WYNNEWOOD PA 19096
LIM, MD, JANET C C *IM
500 ARCOLA RD
COLLEGEVILLE PA 19426-0107
610-454-8297

LIMBERT, MD, LAWRENCE GP
4303 E CACTUS RD APT 448B
PHOENIX AZ 85032
602-494-3258
LING, MD, HENRY T IM
168 SYCAMORE RD
HAVERTOWN PA 19083-3508
610-446-7815
LININGER, MD, JOHN R PTH
MONTGOMERY HOSP
FORNANCE STREET
NORRISTOWN PA 19401
610-270-2173
LINTGEN, MD, ARTHUR B IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046-2852
215-886-2980
LIPKIN, MD, DAVID E IM
9 PINETREE PL
FT WASHINGTON PA 19034-1631
LIPNACK, DO, ERIC M PM
420 RIDGE RUN
BLUE BELL PA 19422-1220
610-277-5838
LIPSHUTZ, MD, HUGH CD
1544 DEKALB ST
NORRISTOWN PA 19401-3425
610-279-7696
LIPTON, MD, STEVEN E OBG
8211 BROOKSIDE RD
ELKINS PARK PA 19027
215-635-1208
LIRAG, MD, ENRIQUE M P
7122 BEECH TREE DR
ELKIINS PARK PA 19027
215-782-1204
LITT, MD, LAWRENCE M PUD
2 FARMWOOD DR
HENDERSON NC 27536
LITVIN, MD, HENRY P
134 CARDINAL RD
JENKINTOWN PA 19046-3907
215-887-6577
LOCKE, MD, HARRY R ON
1161 WILSON ST
POTTSTOWN PA 19464-4465
610-323-0530
LONG, MD, MADELEINE L IM
3501 WEST CHESTER PK
NEWTON SQUARE PA 19073
610-353-6033
LONGACRE, MD, JANE M PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2117
610-825-3500
LORRAINE, MD, RICHARD S IM
176 MAIN ST
HARLEYSVILLE PA 19438-2513
215-256-9531
LUDWICKI, MD, JOHN J *PD
765 MARTINGALE RD
SCHWENKSVILLE PA 19473-2812
215-651-0511
LURIE, MD, ABRAHAM A AN
328 STRATHMORE DR
ROSEMONT PA 19010-1231
LUTZ JR, MD, ROLAND B FP
1821 HEMLOCK CIR
ABINGTON PA 19001-4701
215-886-9086
LYNESS, MD, SAMUEL S *NS
1004 WEATHERSTONE DR
PAOLI PA 19301-1938
610-647-8999
MACKELL JR, MD, JAMES V ORS
7922 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
215-725-8500
MACY, MD, CHARLES T *IM
LANSDALE MED GROUP
LANSDALE PA 19446
215-855-9501
MAERZ, MD, JOHN C GP
301 SMITH ROAD
SCHWENKSVILLE PA 19473-2322
610-287-6399
MAGEE, MD, JOHN T IM
432 N ROSE LN
HAVERFORD PA 19041-1607
610-649-2418
MAGID, MD, D RIVA AN
PO BOX 384
FT WASHINGTON PA 19034-0384
215-491-0520
MAHOOD, MD, WILLIAM H *GE
11235 OLD YORK RD STE 123
ABINGTON PA 19001
215-517-1150
MALIT, MD, LEE A AN
LANKENAU MED SCI
STE 416
WYNNEWOOD PA 19096
610-645-2093
MALLON JR, MD, JOSEPH L IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046
215-886-0174
MALONEY, MD, DONALD W PUD
1235 OLD YORK RD STE 222
ABINGTON PA 19001
215-517-1000
MAMBU, MD, JOSEPH F FP
1400 OLD YORK RD
ABINGTON PA 19001-2628
215-885-4430

MANCANO, MD, LOUIS D FP
MONTGOMERY FAM PRAC
1330 POWELL ST STE 409
NORRISTOWN PA 19401-3351
610-277-0964
MANDLER, MD, JOHN I U
ABINGTON OFFICE MED
STE G
ABINGTON PA 19001
215-884-7114
MANIGLIA, MD, RICHARD J ID
115 ELMWOOD AVE
NARBERTH PA 19072-2409
610-664-6917
MANKO, MD, MICHAEL A IM
LANKENAU HOSP STE 114
100 LANCASTER AVE W CITY LINE
WYNNEWOOD PA 19096-3427
610-645-2008
MANN, MD, ROBERT J IM
123 LINCOLN WOODS
LAFAYETTE HILLS PA 19444
MANZO, MD, THOMAS L *OPH
1329 E HIGH ST
POTTSTOWN PA 19464-4949
610-326-4044
MARCH, MD, HERMAN C R
214 CEDAR ROAD
ELKINS PARK PA 19027
215-886-7466
MARCINIK, DO, MARGARET E EM
922 ROSE LN
HATFIELD PA 19440-3150
215-368-3454
MARGARIDA, MD, LEOPOLDO E R
2120 BENEZET RD
ABINGTON PA 19001-3622
MARINARI, MD, LAWRENCE A PUD
SUITE 112
BYRN MAWR MED BLDG S
BRYN MAWR PA 19010
610-527-3311
MARINO, MD, LOUIS C FP
233 TWP LINE RD APT C1
PHILADELPHIA PA 19027-2258
215-379-1738
MARON, MD, JOHN J GP
336 SPRING ST
BOX 226
ROYERSFORD PA 19468-2518
610-948-8800
MARTIN, MD, JOHN H *IM
BRYN MAWR MED
SPEC ASSOC
933 HAVERFORD RD
BRYN MAWR PA 19010-3839
610-525-4463
MARTIN, MD, MARTINA M RHU
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
610-525-4463
MARTIN, MD, MELANIE C OPH
8200 FLOURTOWN AVE STE 15
WYNDMOOR PA 19038
215-836-2500
MARX, MD, MARVIN H *U
506 N BROAD ST
LANSDALE PA 19446-2416
215-362-5633
MASH, MD, MARLENE J D
301 OXFORD VALL RD
STE 301B
YARDLEY PA 19067
215-321-2310
MASH, MD, MICHAEL J IM
1639 DEKALB ST
NORRISTOWN PA 19401-5414
610-272-2272
MASON, MD, CYNTHIA B AN
501 MARY WATERSFORD RD
BALA CYNWYD PA 19004-2008
610-667-7135
MASSARI, MD, FERDINAND E AI
MERCK SHARP & DOHME
RESEARCH
WEST POINT PA 19486
215-297-2978
MATEO, MD, MICHAEL G AN
32 FOXCROFT DR
DOYLESTOWN PA 18901
MATTHEWS, MD, WARREN B FP
8101 WASH LN STE 101
WYNCOTE PA 19095
215-886-0440
MATTSON, MD, RONALD J GS
BRYN MAWR MED BLDG
SUITE 306
BRYN MAWR PA 19010
610-527-1185
MAXWELL, MD, EMILIE L PM
NORMANDY FARMS EST B211
BOX 1108
BLUE BELL PA 19422-0767
MAXWELL JR, MD, ROBERT A HEM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-887-2034
MAYDONOVITCH, DO, DANIEL J FP
BALLY MED GRP
RTE 100
BALLY PA 19503
610-845-2011

MAYER, MD, HENRY S CD
933 HAVENFORD ROAD
BRYN MAWR PA 19010-3819
610-525-1202
MC ALLISTER, MD, JOSEPH C IM
1235 OLD YORK RD
ABINGTON PA 19001-3820
215-517-1180
MC AVENEY, DO, KEVIN M FP
649 S HENDERSON RD
APT D311
KING OF PRUSSIA PA 19406-3539
610-337-8718
MC GAVIC, MD, JOHN S OPH
1104 MONTGOMERY AVE
ROSEMONT PA 19010-2710
610-525-3303
MC GINLEY JR, MD, THOMAS C FP
MONTGOMERY FAM PRAC CTR
1330 POWELL ST STE 409
NORRISTOWN PA 19401
610-277-0964
MC GUIRE, MD, MICHAEL D P
1801 SLADEK RD
NEW HOPE PA 18938
215-836-5461
MC HARG, MD, MALCOLM L CHN
1340 DEKALB ST STE 1
NORRISTOWN PA 19401-3434
610-279-7443
MC KOY, DO, RAYMOND IM
3105 HARVARD DR
NORTH WALES PA 19454-3770
215-361-9117
MCCABE, MD, JAMES L *EM
830 OLD LANCASTER AVE
STE 204
BRYN MAWR PA 19010-3118
610-525-8646
MCCARTHY, MD, JENNIFER M FP
1037 SINGER LN
NORRISTOWN PA 19403-3844
610-584-3090
MCCOMBS, MD, ELAINE M PD
2300 WASHINGTON LN
HUNTINGDON VLY PA 19006-5828
215-947-8017
MCCOMBS, MD, PETER R *VS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-887-3990
MCCORD, MD, JAMES A OBG
902 N BROAD ST
LANSDALE PA 19446-2323
215-368-1950
MCCUSKER, MD, FRANCIS X NEP
2616 SAINT DAVID'S LN
ARDMORE PA 19003-1611
610-649-4584
MCELROY, MD, PHILIP K AN
912 CHESTERFIELD DR
LOW GWYNEDD PA 19002-2115
215-643-3061
MCGEE, MD, ELIZABETH L P
640 N VALL FORGE RD
DEVON PA 19333-1200
610-688-3757
MCGINNISS, MD, KATHLEEN W PTH
SMITHKLINE BEECHAM LABS
400 EGYPT RD
NORRISTOWN PA 19403
610-631-4251
MCGLUMPHY, MD, THOMAS H OBG
PO BOX 271
ABINGTON PA 19001-0271
MCKENNA JR, MD, ERNEST L OTO
418 E LANCASTER AVE
WAYNE PA 19087-4310
610-688-8777
MCMAHON, MD, PATRICK C PD
LANKENAU HOSP STE 32
WYNNEWOOD PA 19096
610-642-9200
MCNAMARA, MD, ROBERT M *EM
MCP EMER MED DEPT
3300 HENRY AVE
PHILADELPHIA PA 19129-1191
215-842-6548
MEDWAY, MD, MARC J PM
PO BOX 602
GWYNEDD VALL PA 19437
215-542-7260
MELLER, MD, STEVEN U
1632 PAPER MILL ROAD
MEADOWBROOK PA 19046-1017
215-884-2318
MELTZER, MD, DAVID R
522 N. BEAVER HILL APTS
307 FLORENCE AVE
JENKINTOWN, PA 19046
215-338-3640
MENA, MD, LILIA D P
222 JOSEPH ST
NORRISTOWN PA 19403-3309
MENKOWITZ, MD, BRUCE J *ORS
MONTGOMERY ORTHO
ASSOCS
1401 DEKALB ST
NORRISTOWN PA 19401-3426
610-275-9400
MENKOWITZ, MD, ELLIOT ORS
1603 E HIGH ST
POTTSTOWN PA 19464-5061
610-327-2400

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GIANCARLO GE
252 LANKENAU MED BLDG EAST
100 LANCASTER AVENUE
WYNNEWOOD PA 19096-3427
610-896-7360
MERLIN, MD, KEITH S OBG
677 W DEKALB PIKE STE 301
KING OF PRUSSIA PA 19406-3065
610-265-1440
MICHAELSON, MD, JANET M PD
77 RAYNHAM RD
MERION PA 19066-1817
610-664-7309
MICHAELSON, MD, ROBERT I OBG
1430 TREETOP LN
AMBLER PA 19002-4032
215-542-0475
MICHELSON, MD, ERIC L CD
110 SUNSET LN
HAVERFORD PA 19041-1714
610-642-2065
MICHELSON, MD, ROBERT PUD
1824 SAXON LN
MAPLE GLEN PA 19002-3169
215-886-9568
MICKLER, MD, THOMAS A AN
436 WILLIAMS RD
WYNNEWOOD PA 19096-2012
610-649-0990
MILDENBERG, MD, BUDD J GS
1650 HUNTINGDON PK
STE 153
MEADOWBROOK PA 19046-8095
215-947-6100
MILLER, MD, ALAN M OTO
306 W LOGAN ST
NORRISTOWN PA 19401-2973
610-275-6153
MILLER, MD, DONALD S RHU
637 OVERHILL ROAD
ARDMORE PA 19003-1026
MILLER, MD, FRANK L GP
109 S WHITEHALL RD
NORRISTOWN PA 19403-3342
610-539-7577
MILLER, MD, THOMAS J FP
444 N YORK RD
HATBORO PA 19040-2102
215-675-1516
MINARD, MD, WILLIAM D OBG
LANSDALE CLINIC
LANSDALE MED GROUP
LANSDALE PA 19446
215-855-9501
MINN, MD, FREDRICK L PA
601 MIDWAY LN
BLUE BELL PA 19422-2027
MINO, MD, ROBERT D U
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-884-7114
MISHEL, MD, HENRY S *IM
1235 YOKR RD 121
ABINGTON PA 19001
215-517-1200
MOIDEL, MD, ROBERT A RHU
2100 N BROAD ST
STE 206
LANSDALE PA 19446
215-368-2588
MOLINARI, MD, WILLIAM J AN
1618 BENJAMIN DR
AMBLER PA 19002-2447
215-628-9231
MOLLICK, MD, JAMES L OBG
539 CANTEBURY LN
W NORRISTOWN PA 19403
610-630-8810
MONAHAN, MD, GEORGE R AN
1106 MARLBROOK LN
LANSDALE PA 19446-5333
MORENO, MD, JOSE G *U
2103 E HIGH ST
POTTSTOWN PA 19464
610-323-5550
MORGAN, MD, CORINNE M NEP
15 W WOOD ST
NORRISTOWN PA 19401-3300
610-279-0776
MORGENSTERN, MD,
STEPHEN A PYA
1023 INDIAN CREEK RD
WYNNEWOOD PA 19096-3408
610-649-9326
MORRIS, MD, ROBERT S GS
2645 EDGEHILL RD
HUNTINGDON VLY PA 19006-5519
215-659-1172
MOST-LEVIN, MD, CAROL IM
21 CHESWOLD DR
SOUTHAMPTON PA 18966-3012
215-322-4250
MOTLEY, MD, JOHN F FP
LANSDALE MED GROUP
S BROAD ST & ALLENTOWN RD
LANSDALE PA 19446-2408
215-855-9501
MUCHA, MD, STEPHEN J OM
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610-531-4212

MULL, MD, THOMAS D AN
9 RABBIT RUN
MALVERN PA 19355-3435
610-296-2232
MURPHY, MD, J THOMAS R
9 CRESTVIEW CIR
WAYNE PA 19087-3812
610-526-3453
MURRAY, MD, JOHN P FP
316 W JOHNSON HWY
NORRISTOWN PA 19401-1928
610-272-0300
MUSHO, MD, MICHAEL A IM
1850 OLD YORK ROAD
ABINGTON PA 19001
215-657-3140
NACK, MD, STEVEN L IM
2303 N BROAD ST
COLMAR PA 18915-9786
215-997-9377
NAGELBERG, MD, STEVEN B END
555 CITY LINE AVE
BALA CYNWYD PA 19004
610-667-7525
NAKHLA, MD, TAREK NPM
100 OLD YORK RD STE 419
JENKINTOWN PA 19046-3607
215-572-6375
NEALIS, MD, HENRY J OPH
BRYN MAWR MED BLDG S
STE 202
BRYN MAWR PA 19010-2352
610-527-1133
NEILSON, MD, ROBERT N OBG
13 ARMAND HAMMER BLVD
POTTSTOWN PA 19464-5067
610-326-7172
NELSON, MD, BARRY K P
809 BETHLEHEM PIKE
PO BOX 508
SPRING HOUSE PA 19477-1004
215-542-7533
NELSON JR, MD, HARRY M PVD
87 HEADLANDS DR
HILTON HEAD ISLE SC 29926-2509
NEMZOFF, MD, SOL L P
NOBLE PLAZA STE 322
JENKINTOWN PA 19046
215-887-1887
NEVULIS, MD, JOHN J ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
610-279-8686
NEVYAS, MD, JOANN Y OPH
1930 CHESTNUT ST
PHILADELPHIA PA 19103-4522
215-561-1411
NEWMAN JR, MD, CLYDE F OBG
1580 MCDANIEL DR
W CHESTER PA 19380-6673
610-696-2800
NEWMAN, MD, GARY A IM
252 LANKENAU MED
BLDG
WYNNEWOOD PA 19096
610-896-8335
NEWMAN, DO, HARRIS M FP
1005 LORIEN DR
GWYNEDD VALL PA 19437
215-641-1302
NIAMI, MD, NEVSI PD
491 ALLENDALE RD SUITE 121
KING OF PRUSSIA PA 19406
610-265-9290
NICHOLS, MD, WARREN W *PD
MERCK
WEST POINT PA 19486
215-652-7980
NICHOLSON, MD, JOSEPH T *IM
644 DORSET RD
DEVON PA 19333-1843
610-688-2716
NOLAN, MD, J PHILIP OBG
1355 S PORTOFINO
SARASOTA FL 34242
NORDEN, MD, DANIEL K GER
30 AUSTIN CIRCLE
LOWER GWYNEDD PA 19002-2070
NORRY, MD, ELLIOT C GE
1235 OLD YORK RD STE 113
ABINGTON PA 19001
215-517-1180
NORTHROP, MD, HERBERT L OM
ZENECA INC
1800 CONCORD PIKE
WILMINGTON DE 19897-0001
302-886-5548
NOWACKI, MD, STANLEY M GP
320 N MOUNT VERNON ST
POTTSTOWN PA 19464-4429
610-323-4419
NUTT III, MD, JAMES N ORS
1308 DEKALB ST
NORRISTOWN PA 19401-3404
610-279-8686
O'BRIEN, MD, EVAN D ORS
225 EDGEHILL RD
MERION PA 19066-1805
610-667-9561
O'BRIEN, MD, JAMES J CD
236 WINGED FOOT DR
BLUE BELL PA 19422-3210
610-239-8597

O'CONNOR, MD, THOMAS J OPH
1650 HUNTINGDON PK STE 357
MEADOWBROOK PA 19046
215-947-6660
O'DONNELL, MD, WARD J IM
708 GAWAIN RD
PLYMOUTH MTG PA 19462-2110
610-270-8079
O'MALLEY, MD, JOSEPH F IM
111 CEDAR LN
LANSDALE PA 19446-1541
OLIM, MD, DAVE B D
1244 FORT WASH AVE
FT WASHINGTON PA 19034-1743
215-643-6868
OLIVIERI, MD, SUZANNE P PD
708 GAWAIN RD
PLYM MTG PA 19462-2110
610-825-8882
OLLER, MD, SAMUEL GP
20 CONSHOHOCKEN ST RD
APT 605
BALA CYNWYD PA 19004-3314
610-667-5679
ONEAL JR, MD, ALEXANDER H FP
413 ST DAVIDS RD
ST DAVIDS PA 19087-4309
610-688-3808
ONIFER, MD, THEODORE M *IM
1930 KEITH RD
ABINGTON PA 19001-2602
215-884-0667
OSBORN, MD, HAYLER H DR
884 BLACK ROCK RD
GLADWYNE PA 19035-1403
OVERBECK, MD, MICHAEL D IM
1100 FAYETTE ST
CONSHOHOCKEN PA 19428-1564
610-828-2026
OXENBERG, MD, GARY L *IM
606 VALL GLEN RD
ELKINS PARK PA 19027
215-663-8651
PALONI, MD, STEPHEN M AN
102 GWYNMONT DR
NORTH WALES PA 19454-1813
215-661-9394
PANARO, MD, RUDOLPH J *GP
543 GEN MUHLENBERG RD
KING OF PRUSSIA PA 19406-1627
610-265-0726
PANZER, MD, HERMAN M D
8008 FENTON RD
LAVEROCK PA 19038-7140
215-233-3143
PAPPANO JR, MD, JOSEPH E A
BRYN MAWR MED BLDG
BRYN MAWR PA 19010
610-527-2000
PAPPAS, MD, CHARLES E PS
467 PENNSYLVANIA AVE
STE 202
FT WASHINGTON PA 19034-3414
215-628-4300
PARNES, MD, CURT I PD
1047 OLD YORK RD
ABINGTON PA 19001-4617
215-886-1240
PATEL, MD, NAINESH M IM
1591 MED DR
POTTSTOWN PA 19464-9228
610-326-8005
PATHROFF, MD, ROBERT FP
28 BUNKER CIR
ROTONDA FL 33947
PAUL, MD, ALVIN J D
311 STUMP RD
N WALES PA 19454-1908
PAULETTO, MD, FERREL J CD
1517 BROOKHAVEN RD
WYNNEWOOD PA 19096-2603
PAWLOWSKY, DO, MICHAEL GE
30 LEVERING CIR
BALA CYNWYD PA 19004-2610
PECHSTEIN, MD, GEORGE R R
RR 4
BOYERTOWN PA 19512-9804
610-987-9615
PEIKES, MD, IRWIN L OBG
1609 JUNIPER ST
NORRISTOWN PA 19401-3033
610-279-7998
PEMBERTON, MD, CLIFFORD H HEM
LANKENAU HOSP
CANCER CTR
WYNNEWOOD PA 19096
610-645-2494
PENDLETON, MD, JAMES L P
1245 HIGHLAND AVE STE 208
ABINGTON PA 19001-3714
215-886-1144
PENDRAK, DO, INNA S FP
2903 BOYTON RD
NORRISTOWN PA 19403-4737
610-584-0649
PENNER, MD, GARY E EM
2500 WINDING RD
HATBORO PA 19040-3728
215-675-1926
PERCH, MD, GERALD A U
2239 NW 62ND DR
BOCA RATON FL 33496

PERERA, MD, L WIMAL NS
1340 DEKALB ST STE 6A
NORRISTOWN PA 19401-3434
610-277-1131
PEREZ, DO, RAYMOND J R
623 THOMAS JEFFERSON RD
WAYNE PA 19087-1027
610-783-5181
PETERMAN III, DO, AMBROSE B FP
PO BOX 977
POTTSTOWN PA 19464
610-327-3788
PETERSOHN, MD, J RANDOLPH PD
605 SUTON PL
APT A101
LONGBOAT KEY FL 34228
PETERSON, MD, ARTHUR L P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2417
PETRUCCI, MD, WILLIAM G CD
1235 OLD YORK RD STE 222
ABINGTON PA 19001
215-517-1000
PEZZI, MD, PIO J GS
2500 EDGE HILL RD
HUNTINGDON VLY PA 19006-5598
PFISTER, MD, JOHN A IM
230 GLENMOOR RD
GLADWYNE PA 19035
610-642-0695
PHAM, MD, AN H PUD
1591 MED DR
POTTSTOWN PA 19464
610-326-8005
PHATAK, MD, MEENA V OBG
2 PENN BLVD SUITE 203
PHILADELPHIA PA 19144-1416
215-849-7150
PHELAN, MD, GERALD R *FP
6005 CRICKET RD
FLOURTOWN PA 19031-1202
215-233-2958
PHELPS, MD, JENNIFER S FP
8315 CHILDS RD
WYNDMOOR PA 19038-1501
215-233-4513
PHIAMBOLIS, MD, THOMAS P CD
1655 FOREST CREEK DR
BLUE BELL PA 19422-3653
610-277-1588
PICKENS, MD, PETER V *HEM
1245 HIGHLAND AVE STE G01
ABINGTON PA 19001-3714
215-887-2034
PIOTROWSKA, MD, LUCY B AN
1439 LAURELWOOD RD
POTTSTOWN PA 19465-7837
PIZZANO, MD, JOSEPH A OPH
NORTHERN OPHTHALMIC
ASSOC INC
500 OLD YORK RD STE 102
JENKINTOWN PA 19046-2890
215-885-6830
POKORNY, MD, IVAN J PS
1628 MONK RD
GLADWYNE PA 19035
610-642-6914
POLIN, MD, JOEL I OBG
1200 YORK RD
ABINGTON PA 19001
215-572-6222
POLLOCK, MD, DENZEL W CD
808 N BROAD ST
LANSDALE PA 19446-2300
215-362-7878
POORMAN, MD, S STURGIS FP
107 E MONTGOMERY AVE
ARDMORE PA 19003-2515
POPOLOW, MD, MICHAEL L *IM
828 BROOKSIDE RD
POTTSTOWN PA 19464-2802
PORTNER, MD, JEFF H FP
107 GORDON LN
NORTH WALES PA 19454-4277
PORTNOY, MD, JANE Z OPH
3401 N BROAD ST
PHILADELPHIA PA 19140
POTZ, MD, JOSEPH L HEM
1145 BLYTH CT
BLUE BELL PA 19422
215-643-5004
PRIPSTEIN, MD, STEPHEN R
MONTGOMERY CTY MED
IMAGING
2701 BLAIN MILL ROAD
WILLOW GROVE PA 19090
215-441-8770
PRITT, MD, PAULINE OS
1141 TREASURE CAY CT
PUNTA GORDA FL 33950-5826
PROVAN, DO, NANCY M GP
1103 OAK CIR
LANSDALE PA 19446-6057
215-699-0789
PRUITT, MD, JOHN D P
1245 HIGHLAND AVE STE 403
ABINGTON PA 19001-3774
215-884-1011
PULLMAN-MOOAR, MD, SALLY W RHU
LANKENAU MED BLDG WEST
100W LANCASTER AVE
WYNNEWOOD PA 19096
610-896-8105

PYFER, MD, MARK F IM
539 ABINGTON AVE
GLENSIDE PA 19038-5005
215-884-7570
QUILL, MD, JOSEPH R CRS
19 W FORANCE ST
NORRISTOWN PA 19401-3313
610-279-3300
QUINN JR, MD, NORMAN J PD
BOX 461
GWYNEDD VALL PA 19437-0461
QUINT, MD, ANDREW R END
1451 DEKALB ST
NORRISTOWN PA 19401-3405
610-275-3673
QUIRANTES, MD, MIRTA IM
1676 SHERIDAN LN
NORRISTOWN PA 19403-3370
610-539-6099
RAMINANI, MD, LOKADRI N *IM
213 LINDENWOLD AVE
AMBLER PA 19002
215-646-0984
RAMSEY II, MD, WILLIAM H CRS
15 LANTERN LN
WAYNE PA 19087-5823
610-644-7321
RANDALL, MD, ALEXANDER PD
1174 HIGHLAND AVE
ABINGTON PA 19001-3704
215-884-8541
RANDALL, MD, J PERLINGIERO PD
1174 HIGHLAND AVE
ABINGTON PA 19001-3704
215-887-7426
RAPHAEL, MD, STEPHEN A PDA
15 W WOOD ST
NORRISTOWN PA 19401-3300
610-279-8445
RAVEL, MD, ROBERT L TR
3 BRETTAGNE ARBORDEAU
DEVON PA 19333-1062
610-644-4272
RAWSON, MD, HELEN H PD
707 STOLER AVENUE
LANSDALE PA 19446-5232
RAYMOND JR, MD, FRED D RHU
605 WINSFORD RD
BRYN MAWR PA 19010-3617
REDMOND III, MD, JOHN ON
1200 OLD YORK RD
ABINGTON PA 19001-3788
215-576-2905
REIFE, MD, ROSS A N
ROBERT WOOD JOHNSON PRI
MCKEAN AND WELSH RDS
SPRING HOUSE PA 19477
215-628-5046
REISS JR, MD, G RUSSELL PD
2220 MOUNT CARMEL AVE
GLENSIDE PA 19038-4610
215-884-7861
RELUZ, MD, JAVIER S PD
MONTGOMERY HOSP
POWELL AND FORNANCE STS
NORRISTOWN PA 19401
610-270-2000
RHODE, MD, MARVIN C GS
100 MED CAMPUS DR
LANSDALE PA 19446-1259
215-361-4591
RICH, MD, DEAN C NS
958 COUNTY LINE RD
BRYN MAWR PA 19010-2502
610-647-1881
RICHARDS, MD, COURTNEY M FP
332 W HORTTER ST APT 4BR
PHILADELPHIA PA 19119-3152
RICHTER, MD, DOUGLAS M OTO
LANKENAU HOSP
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-645-2000
RICHTER, MD, MELVYN P *TR
ABINGTON MEM HOSP
RADIATION ONCOLOGY
ABINGTON PA 19001
215-576-2800
RIGOTTI, DO, JOSEPH A IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046-2852
215-886-0174
RILEY, MD, VALERIE J OBG
1330 POWELL ST STE 507
NORRISTOWN PA 19401
610-279-9003
RIVAS, MD, DAVID A *U
336 S OUINCE ST
PHILADELPHIA PA 19107-6003
215-574-9319
RIVAS-FLORES JR, MD, AURELIANO U
700 JOSEPH DR
WAYNE PA 19087-1021
610-783-7105
ROBERTS, CEO, JAY A US
FORNANCE PHYS SVCS
1330 POWELL ST STE 609
NORRISTOWN PA 19401
610-270-2754
RODGERS III, MD, WILLIAM H FP
1330 POWELL ST
NORRISTOWN PA 19401-3353
610-277-0964

ROEDIGER, MD, PAUL M IM
1245 HIGHLAND AVE
ABINGTON PA 19001-3714
215-886-4950
ROGERS, MD, JONATHAN J ORS
1401 BETHLEHEM PIKE
FLOURTOWN PA 19031-1904
215-233-1001
ROHR, MD, ALBERT S AI
BRYN MAWR MED BLDG S
STE 107
BRYN MAWR PA 19010
610-527-2000
ROJER, MD, CHARLES L OTO
1245 HIGHLAND AVE STE 306
ABINGTON PA 19001-3714
215-886-1482
RONNERMANN, MD, DREW P GE
1591 MED DR
POTTSTOWN PA 19464-9228
610-326-8005
ROSAN, DO, JAY R FP
PO BOX 525
GWYNEDD VALL PA 19437-0525
215-283-6864
ROSE, MD, DAVID GS
101 S BRYN MAWR AVE STE 201
BRYN MAWR PA 19010-3120
610-520-0700
ROSE, MD, ROBERT M U
42 ELEANOR DR
SPRING CITY PA 19475-9623
610-495-5001
ROSEFSKY, MD, JONATHAN B PD
WYETH AYERST LABS
PO BOX 8299
PHILADELPHIA PA 19101-0082
610-971-5515
ROSEN, MD, HOWARD B P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-748-1415
ROSENBERG, MD, PHILIP PDA
3447 VISTA ST
PHILADELPHIA PA 19136-3822
215-624-8170
ROSENBLUM, MD, FRED A AN
CROZER CHESTER MED
CTR
ONE MED CTR BLVD
STE 400
UPLAND PA 19013
ROSENFELD, MD, JACK C FP
PO BOX 1278
826 N BROAD ST
LANSDALE PA 19446
215-855-1054
ROSENFELD, MD, PHILIP A OTO
1245 HIGHLAND AVE STE 502
ABINGTON PA 19001-3714
215-886-1482
ROSENTHAL, MD, MARK E CD
1235 YORK ROAD,STE 222
ABINGTON PA 19001-3811
215-517-1039
ROSNER, MD, MICHAEL J GE
3929 ROBIN RD
HUNTINGDON VLY PA 19006-2033
ROWLAND, MD, HAROLD A IM
320 S WAYNE AVE
WAYNE PA 19087-4017
610-687-2826
RUBIN, MD, JEFFRY F ORS
1310 RYDAL RD
RYDAL PA 19046-1417
215-576-5677
RUBIN, MD, PETER E OS
700 KNOX RD
WAYNE PA 19087-2044
610-687-8595
RUSSELL, MD, JOHN J FP
1716 BANTRY DR
DRESHER PA 19025-1232
RYAN, MD, LAWRENCE W GYN
221 SINKLER DR
RADNOR PA 19087-5212
610-964-0545
SABLOSKY, MD, LESTER FP
154 EVERGREEN CT
BLUE BELL PA 19422-2837
215-646-2303
SABOKBAR, MD, NASSER AI
PO BOX 388
GWYNEDD PA 19436-0388
215-653-0799
SACKS, DO, STEPHEN E N
531 W GERMANTOWN PIKE
STE 203
PLYMOUTH MTNG PA 19462-1325
610-825-0610
SADOFF, MD, ROBERT L P
BENJAMIN FOX PAV STE 326
JENKINTOWN PA 19046
215-887-6144
SALINDONG, MD, JAIME P AN
2841 COVENTRYVILLE ROAD
POTTSTOWN PA 19465-8516
SALOMON, MD, ALEXANDER R PD
1 RED ROWEN LN
PLYM MTNG PA 19462-1031
610-825-3500

SAMAHA JR, MD, A MICHAEL *U
1245 HIGHLAND AVE STE 105
ABINGTON PA 19001
215-887-3242
SANDLER, MD, SUSAN M FP
332 CYNWYD ROAD
BALA CYNWYD PA 19004-2822
610-664-9509
SANDS, MD, EARL E *OBG
1597 MED DR
POTTSTOWN PA 19464-3246
610-326-6732
SANDS, DO, SETH C FP
327 FISHER RD
JENKINTOWN PA 19046-3813
215-885-2838
SANDSTROM JR, MD, FRANK T OBG
1245 HIGHLAND AVE STE 106
ABINGTON PA 19001-3714
215-886-1234
SANG, MD, ELENA IM
777 CHESTNUT RDG RD APT 102
MORGANTOWN WV 26505-2759
SANSONE, MD, THOMAS C U
830 OLD LANCASTER RD STE 309
BRYN MAWR PA 19010
610-527-5860
SANTANELLO, MD, NANCY C GPM
2728 PINE VALL LN
ARDMORE PA 19003
610-896-9409
SANTANGELO, MD, SAMUEL C ORS
PO BOX 2097
JENKINTOWN PA 19046-0697
215-643-3296
SANTORE, MD, LOUIS X OPH
62 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-642-4392
SANTOS-BORJA, MD, CZARINA A P
172 N WHITEHALL RD
NORRISTOWN PA 19403
610-631-5142
SARIS, MD, ANNE L GE
261 WAVERLY RD
WYNCOTE PA 19095-1127
215-576-6497
SARIS, MD, DEMETRIUS S GS
1295 WEST VALL RD
WAYNE PA 19087
610-688-0897
SARKER, MD, CHITTA R ON
1330 POWELL ST STE 308
NORRISTOWN PA 19401-3350
610-270-2307
SAUNDERS, MD, RICHARD M PUD
590 COLONEL DEWEES RD
WAYNE PA 19087-1357
610-688-3488
SAUTER, MD, JOHN G AN
13 WOODSTREAM DR
WAYNE PA 19087-5874
610-695-9352
SAYLOR, MD, RICHARD F GS
POTTSTOWN MEMORIAL MED CTR
1600 E HIGH ST
POTTSTOWN PA 19464
610-326-8400
SBAT, DO, KENNEDY J IM
1189 CHESTERSHIRE DR
POTTSTOWN PA 19464-9600
610-539-3820
SCARPA, MD, HARRY C GP
1767 TALBOT ROAD
BLUE BLUE PA 19422-3577
610-272-1718
SCHALLER, MD, JAMES A OBG
515 NORTH LATCHER LN
MERION STA PA 19066
610-667-0633
SCHANK, MD, DENNIS J FP
393 OBERHOLTZER RD
GILBERTSVILLE PA 19525
610-754-6305
SCHARF, MD, RENEE D PM
870 ANDORRA ROAD
LAFAYETTE HILL PA 19444-1703
SCHEIN, MD, PHILIP S ON
100 FRONT ST STE 400
US BIOSCIENCE INC
W CONSHOHOCKEN PA 19428-2874
610-832-4501
SCHINFELD, MD, LOUIS H OBG
7782 CLOVERFIELD CIR
BOCA RATON FL 33433-3049
SCHMIDT, MD, H WILLIAM *PTH
378 ALLENDALE RD
KING OF PRUSSIA PA 19406-1641
610-265-2356
SCHMUTZLER III, MD, ROBERT C *GS
ABINGTON MEM HOSP
ABINGTON PA 19001
SCHOFIELD, MD, JOYCE A IM
801 MORRIS RD
BLUE BELL PA 19422-1548
SCHOFIELD, MD, R ALAN PTH
1025 BRIAR LN
POTTSTOWN PA 19464-2901
610-326-1880
SCHOLL, MD, HARVEY W GP
5TH AND JEFFERSON STS
E GREENVILLE PA 18041

SCHULTHEIS JR, MD, CARL F PD
491 ALLENDALE RD
KING OF PRUSSIA PA 19406-1426
610-265-9290
SCHWARCZ, MD, HARRIET B FP
723 SKIPPACK PIKE
BLUE BELL PA 19422-1741
215-542-1300
SCHWARTZ, MD, JOEL L PYA
1245 HIGHLAND AVE STE 200
ABINGTON PA 19001
215-576-2316
SCHWARTZMAN, MD, GREGORY J R
123 CORNELL RD
BALA CYNWYD PA 19004
610-664-2777
SCOTT, DO, BETH A DR
448 MOREDON RD
HUNTINGDON VLY PA 19006-7808
SCOTT JR, MD, S DAVID IM
2 CHESNEY LN
ERDENHEIM PA 19038
215-836-7270
SEELAUS, MD, JERE F DR
ABINGTON MEM HOSP
X-RAY DEPT
ABINGTON PA 19001
215-576-2050
SEIDNER, MD, MICHAEL R *FP
PO BOX 1278
LANSDALE PA 19446-0727
215-855-1054
SHAFFER, MD, LIONEL B IM
11 PASTERN LN
BLUE BELL PA 19422-2429
215-646-0980
SHAH, MD, MEHUL N IM
491 ALLENDALE RD STE 311
KING OF PRUSSIA PA 19406
610-265-8700
SHAH, MD, SANJAY S PM
316 BRADFORD LN
LANSDALE PA 19446-6605
215-699-5538
SHAPIRO, MD, TIMOTHY A OTO
3320 LANKENAU MED
SCIENCE BLD
WYNNEWOOD PA 19096
610-649-8599
SHAW, MD, ELLEN M GE
430 LEAH DR
FT WASH PA 19034-3016
SHEDDEN, MD, ARTHUR H OPH
10 SENTRY PKY
STE BL1-3
BLUE BELL PA 19422-2323
610-397-2884
SHEPPARD, MD, EDITH S P
765 MOREDON RD
MEADOWBROOK PA 19046-1912
SHERWIN, MD, WILLIAM K D
121 GYPSY LN
WYNNEWOOD PA 19096-1111
610-642-7233
SHIELDS, MD, JOHN J PD
625 HIGHLAND AVE
JENKINTOWN PA 19046-2250
215-887-4221
SHIELDS, MD, THOMAS J OBG
S BROAD ST & ALLENTOWN RD
LANSDALE PA 19446-5374
215-855-9501
SHIN, MD, YONG S *P
2195 E HIGH ST
POTTSTOWN PA 19464-3235
610-327-1631
SHOCKMAN, MD, JOEL US
6810 CASTOR AVE
PHILADELPHIA PA 19149-2106
215-745-5581
SHORE, MD, ROBERT A IM
7505 CASTOR AVE
PHILADELPHIA PA 19152-4029
215-725-3322
SHORE, MD, SIDNEY GP
1333 BRIGHTON ST
PHILADELPHIA PA 19111
215-288-4340
SILLARS, MD, CHARLES H *R
23 POPLAR LN
DOYLESTOWN PA 18901-2939
215-348-3514
SILVER, MD, BARRY A ORS
635 N BROAD ST
LANSDALE PA 19446-2316
215-855-4444
SILVER, MD, LAURENCE M IM
835 MEETINGHOUSE RD
AMBLER PA 19002-3912
SILVERMAN, MD, MORTON L *EM
1418 MALCOLM DR
DRESHER PA 19025-1622
215-657-2241
SILVERMAN, MD, ROBERT E *END
1716 SOMERSET ST
DRESHER PA 19025-1315
215-830-8789
SILVERS, MD, ABIGAIL A ON
210 MILL CREEK ROAD
ARDMORE PA 19003-1506
610-649-5080

SILVERSTEIN, MD, LEONARD I U
200 OAKHILL RD
BALA CYNWYD PA 19004-2915
215-563-1199
SILVERTON, MD, SUSAN F END
4001 SPRUCE ST
PHILADELPHIA PA 19104-6003
215-898-6627
SIMONS, MD, ROBERT M *GS
225 PARKER AVE
U DARBY PA 19082-1221
610-265-2579
SINGER, MD, BARRY L ON
1544 DEKALB ST
NORRISTOWN PA 19401-3425
610-279-7696
SINGER, MD, JOSEPH D OBG
677 W DEKALB PIKE 301
KING OF PRUSSIA PA 19406
610-265-1440
SIVITZ, MD, MICHAEL C PD
1047 OLD YORK RD
ABINGTON PA 19001-4617
215-886-1240
SKOWRONSKI, MD,
THEODORE J GER
500 OLD YORK ROAD
SUITE 203
JENKINTOWN PA 19046-2852
215-886-0174
SMITH, MD, DAVID G IM
1200 OLD YORK RD
ABINGTON PA 19001-3788
215-576-2024
SMITH, MD, DAVID R FP
4138 JACKSON DR
LAFAYETTE HILL PA 19444-1640
SMITH, MD, IVAN S IM
543 OAK SHADE AVE
ELKINS PARK PA 19027-1711
SMITH, MD, LAURANCE D N
1340 DEKALB ST
NORRISTOWN PA 19401-3434
610-279-7443
SMITH JR, MD, MORGAN T OBG
HORSHAM BUS CTR BLDG 2
STE 4 300 WELSH RD
HORSHAM PA 19044
215-657-8430
SMITH, MD, ROBERT W *CD
1650 HUNTINGDON PK
STE H303
MEADOWBROOK PA 19046-8094
215-947-4244
SMITH, MD, STEPHEN J OBG
135 WALNUT LN
AMBLER PA 19002-4411
215-628-4401
SNEDDEN, MD, HAL E ORS
PO BOX 98
GLADWYNE PA 19035-0098
610-664-6568
SNEDDEN, MD, MICHAEL H ORS
630 WINSFORD RD
BRYN MAWR PA 19010-3652
610-527-9430
SNYDER, MD, HARRY D *OPH
1244 FORT WASH AVE
FT WASHINGTON PA 19034
215-643-2730
SNYDER, MD, RICHARD W *PUD
1235 OLD YORK ROAD
SUITE 121
ABINGTON PA 19001-3714
215-517-1200
SOBEL, MD, JOSEPH B GS
515 MEADOWBROOK DR
HUNTINGDON VALL PA 19006-6834
215-938-8633
SOKOL, MD, MICHAEL C US
3585 MEADOWLARK DR
HUNTINGDON VALL PA 19006-3334
215-947-5780
SOLOTOFF, MD, STEPHEN A D
191 PRES BLVD # 103
BALA CYNWYD PA 19004-1208
610-667-5003
SONSINI, MD, GREGG A PD
1 RED ROWAN LN
PLYMOUTH MTNG PA 19462-2135
610-825-3500
SOPHOCLES, MD, MARIA E OBG
106 AMITY RD
WAYNE PA 19087
610-695-8220
SPELLMAN, MD, WILLIAM H ORS
LANSDALE MED GROUP
S BROAD & ALLENTOWN RD
LANSDALE PA 19446
215-855-9501
SPIELBERG, MD, STEPHEN P PD
MERCK RESEARCH LABS
5 SENTRY PKWY BLA-12
BLUE BELL PA 19422
610-397-7370
SPIRITOS, MD, MICHAEL D HEM
1235 OLD YORK RD STE 110
ABINGTON PA 19001
215-517-1122
SPRATT, MD, CHARLES E PDA
2801 STANBRIDGE ST APT 601
NORRISTOWN PA 19401-1608

SOUADRITO JR, MD, JAMES F U
101 S BRYN MAWR AVE STE 220
BRYN MAWR PA 19010-3120
610-525-6580
STAINBACK, MD, WILLIAM C GS
2221 BUTTONWOOD RD
BERWYN PA 19312-2109
610-644-3842
STANLEY, MD, CHRISTINE L OBG
143 TIMOTHY CIRCLE
RADNOR PA 19087
STAPP, MD, HARRIET L GP
312 KING STREET
POTTSTOWN PA 19464-5517
610-323-8419
STAR, MD, ANDREW M ORS
2400 MARYLAND RD STE 20
WILLOW GR PA 19090-1711
215-830-8700
STEINMEYER JR, MD, HARRY H R
378 MARGO LN
BERWYN PA 19312-1454
610-647-1991
STELLA, DO, JOSEPH J GS
547 CEDAR DR
LAFAYETTE HILL PA 19444-2305
610-832-2532
STERNLIEB, MD, JONATHAN M GE
1235 OLD YORK RD STE 123
ABINGTON PA 19001
215-885-8787
STEVENSON, MD, RICHARD D PD
LANSDALE MED GROUP
PO BOX 508
LANSDALE PA 19446-0508
215-855-9501
STONE, MD, ROBERT K P
716 HEMLOCK RD
MEDIA PA 19063-1710
610-565-3189
STRANG, MD, JOHN E CD
830 OLD LANCASTER RD
BRYN MAWR PA 19010-3118
610-525-8086
STRIAR, MD, JEFFREY H N
531 W GERMANTOWN PK
STE 203
PLYMOUTH MTNG PA 19462-1325
610-825-0610
STUBA, MD, STELLA FP
1806 HARMON RD
CONSHOHOCKEN PA 19428-1281
610-828-3958
STURMAN, MD, MARTIN F NM
MELROSE PARK
7315 GRANITE RD
PHILADELPHIA PA 19027-9226
215-635-6820
SUTLIFF, MD, FREDERICK P *OPH
1125 N WOODBINE AVE
NARBERTH PA 19072-1244
610-664-6281
SWEIGARD, MD, KEITH W IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046-2852
215-886-0174
SWIHART, MD, JEAN O P
8 WOODSTREAM DR APT G44
NORRISTOWN PA 19403-3743
610-664-1174
TABAS, MD, JANINE G *OPH
681 BLACK ROCK RD
BRYN MAWR PA 19010-1801
610-525-2212
TABUENA, MD, AMELIA L PM
1811 BETHLEHEM PK STE 213
PHYS MED AND DIAG
FLOURTOWN PA 19031-1111
215-233-2610
TAIT, MD, EDWIN C OPH
15 W WOOD ST
NORRISTOWN PA 19401-3300
610-275-5570
TAMAKI, MD, H TOM PTH
1522 SANDY HILL RD
NORRISTOWN PA 19401-2604
610-279-7609
TANYOL, MD, HASIB IM
333 SKIPPACK PIKE
FT WASHINGTON PA 19034-2011
TAUSCH, MD, GILBERT S N
1340 DEKALB ST STE 1
NORRISTOWN PA 19401-3434
610-279-7443
TAYLOR, MD, MARCIA R D
1213 WEYMOUTH RD
WYNNEWOOD PA 19096-3331
610-649-1235
TAYLOR, MD, MEGAN B AI
43 LLANBERRIS RD
BALA CYNWYD PA 19004-2316
610-664-3874
TEEHAN, MD, BRENDAN P NEP
NEPH ASSOC STE 130 LANKENAU
MED BLDG W 100 LANCASTER AVE
WYNNEWOOD PA 19096
610-649-1175
TEICH, MD, STEPHEN M IM
ABINGTON CARD ASSOC
1235 OLD YORK RD SUITE G10
ABINGTON PA 19001-3714
215-517-1234

TENAGLIA, MD, NICHOLAS C CHP
769 GERMANTOWN PIKE
LAFAYETTE HILL PA 19444-1620
215-836-1164
TENDLER, MD, STEVEN W CD
808 N BROAD ST
LANSDALE PA 19446-2300
215-362-7878
THOMAS, MD, EMILIA V IM
1300 OLD YORK RD APT G-106
ABINGTON PA 19001-3334
215-572-0318
THOMAS, MD, GARRY J OPH
2705 DEKALB PK STE 305
NORRISTOWN PA 19401
610-272-1644
THOMPSON, MD, JAMES W U
265 HOTHORPE LN
VILLANOVA PA 19085-1115
610-525-2515
TOBIAS, MD, GORDON L U
494 S BRYN MAWR AVE
BRYN MAWR PA 19010-2130
TOM, MD, CAROL M AN
563 SKIPPACK PIKE
BLUE BELL PA 19422-2150
215-628-0578
TOMEO, MD, MICHAEL D
1650 HUNTINGDON PK
SUITE 354
MEADOWBROOK PA 19046-8097
215-938-8771
TORNETTA, MD, FRANK J AN
307 ANTHONY DR
PLYMOUTH MTNG PA 19462-1109
610-270-2127
TRAN, MD, NEIL N NPM
60 TWP LINE RD
ELKINS PARK PA 19117-2249
215-663-6222
TRICHTINGER, MD, MARTIN D *IM
500 OLD YORK RD STE 203
JENKINTOWN PA 19046
215-886-0174
TRINH, MD, CHUONG V *IM
1101 ASHBOURNE RD
CHELTENHAM PA 19012-1102
215-635-2743
TRONCELLITI, MD, A WAYNE *IM
1522 WYNNEWOOD RD
ARDMORE PA 19003-2719
610-642-0650
TRONCELLITI, MD, ALFRED E CD
473 MARPLE RD
BROOMALL PA 19008-2635
TROTTMAN, MD, JENNIFER E *IM
1020 LINCOLN WOODS
LAFAYETTE HILL PA 19444-1156
215-836-5012
TSAI, MD, YU J GP
3 LORAMAR LN
PHOENIXVILLE PA 19460-2739
610-631-0550
TSOU, MD, WALTER H PH
DEPT SUITE 325
1 LAFAYETTE PLACE
NORRISTOWN PA 19401
610-278-5117
TWER, MD, ALAN J OPH
55 BERRYWOOD LN
DRESHER PA 19025-2001
215-628-4212
UBERTI-BENZ, MD, MARIE O D
301 S WOODBINE AVE
PENN VALL PA 19072-1525
610-667-9459
ULASEWICZ, MD, JOSEPH T FP
955 LIMEKILN RD
DOYLESTOWN PA 18901-2311
215-340-0247
UMAR, MD, KENAN *P
2 CREST TER
RD 1
NORRISTOWN PA 19403-9801
UNDERWOOD, MD, MARA Z AN
ANES ASSOC OF
BRYN MAWR
811 OLD LANCASTER AVE 2 FL
BRYN MAWR PA 19010
610-525-4966
URBACH, MD, FREDERICK D
220 COMMERCE DR
TEMPLE MED PRAC
FT WASHINGTON PA 19034-2404
215-643-2411
VACHRANUKUNKIET, MD,
THEERASAKID PM
1401 SOUTHWIND WAY
DRESHER PA 19025-1094
VAGANOS, MD, STEVE A CD
1330 POWELL ST STE 301
NORRISTOWN PA 19401-3350
610-272-3122
VAHEDI, MD, HOUSHANG M IM
1227 HUNTINGDON PK
HUNTINGDON VLY PA 19006-8326
215-947-3091
VALENTINO, DO, STEVEN J ORS
700 S HENDERSON RD
KING OF PRUSSIA PA 19406-3530
610-265-5795

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S BROAD ST & ALLENTOWN RD
LANSDALE PA 19446-2408
215-855-9501
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1400 WAVERLY ROAD VILLA 19
GLADWYNE PA 19035-1254
610-645-8668
VANSCOTT, MD, EUGENE J D
3 HIDDEN LN
ABINGTON PA 19001-4603
VARADA, MD, K P BABU PM
1630 CHADWYCK PL
BLUE BELL PA 19422-2912
215-643-5740
VARE, MD, VICTOR B ORS
11107 VALL FORGE CIR
KING OF PRUSSIA PA 19406-1107
610-783-0160
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1600 E. HIGH STREET
POTTSTOWN PA 19464
610-327-7116
VIOAR, MD, SYED H P
1010 STONYBROOK DR
NORRISTOWN PA 19403-2740
610-630-3235
VOGEL, MD, ERIC W IM
3808 RIDGEVIEW ROAD
HUNTINGDON VALL PA 19006-2807
VOLIN, MD, JAN J NPM
1511 GLEN DR
MAPLE GLEN PA 19002-3106
215-643-1674
VOSSENBERG, MD, FRANS J IM
1117 LAFAYETTE RD
WAYNE PA 19087-2110
WAGNER, MD, CHARLES I GE
HOLY REDEEMER HOSP
& MED CTR
1648 HUNTINGDON PK
MEADOWBROOK PA 19046
215-938-2014
WALKER, MD, ANNE M OBG
644 ROSELAND AVE
JENKINTOWN PA 19046-4161
610-449-6672
WALSH, MD, DEIRDRE V OTO
904 STURGIS LN
LOWER GWYNEDD PA 19002-2021
215-643-6886
WALTZER, MD, FREDERICK N OPH
201 RICES MILL RD
WYNCOTE PA 19095-1707
215-887-6975
WARD, MD, STEPHEN D GE
646 WASHINGTON LN
JENKINTOWN PA 19046-2332
215-576-1277
WARREN, MD, KENNETH C U
2 SPRING MILL LN
HAVERFORD PA 19041-1136
610-649-8629
WATSON, MD, JAMES G GP
809 CLOVER DR
NORTH WALES PA 19454-2749
215-699-4346
WATSON III, MD, ROBERT A CD
ABINGTON HOSP MED PLZ
1235 OLD YORK RD STE G10
ABINGTON PA 19001
215-517-1234
WEBB, MD, ELIZABETH S P
220 N BENT RD
WYNCOTE PA 19095-1336
215-886-7519
WEBBER, MD, CAROL P OS
452 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-896-8840
WEED, MD, ALLEN S PD
3032 N. WHITEHALL ROAD
NORRISTOWN PA 19403-4403
WEHBE, MD, MARWAN A ORS
PA HAND CTR
101 S BRYN MAWR AVE STE 300
BRYN MAWR PA 19010-3120
610-525-1000
WEINER, MD, BRUCE GS
21 W FORNANCE ST
NORRISTOWN PA 19401-3313
215-542-9911
WEINER, MD, HAROLD M DR
39 SUGAR MAPLE LN
LAFAYETTE HILL PA 19444-2424
610-825-7396
WEINSTOCK, MD, JEROME L GP
824 MARGO LN
NARBERTH PA 19072-1309
610-667-1601
WEISER, MD, MADELEINE C PD
814 S WOODBINE AVE
NARBERTH PA 19072-1431
610-667-2843

WEISS, MD, ALAN R N
1014 STONE BRIDGE RD
LOWER GWYNEDD PA 19002-2034
215-542-7650
WEISS, MD, FRED H PD
PEDIATRIC ASSOCIATES
491 ALLENDALE RD STE 121
KING OF PRUSSIA PA 19406
610-265-9290
WEISS, MD, GEORGE H *FP
3023 DEKALB BLVD
NORRISTOWN PA 19401-1502
610-279-1330
WEISS, DO, KENNETH S FP
8101 WASH LN STE 101
WYNCOTE PA 19095-1625
WEISS, MD, NED M END
2701 BLAIR MILL RD STE 6
WILLOW GROVE PA 19090
215-674-9090
WEISS, MD, RICHARD D R
186 LINDEN DR
ELKINS PARK PA 19117-1339
215-572-6395
WEISS, MD, ROBERTA A NEP
936 CLOVER HILL RD
WYNNEWOOD PA 19096-1631
610-649-0320
WENDELL JR, MD, JAMES I PD
327 N ROLAND ST
POTTSTOWN PA 19464-4442
WERTH, MD, VICTORIA P D
UNIV OF PA
36TH & SPRUCE 2 RHODES
PHILADELPHIA PA 19104
215-662-2399
WEXLIN, MD, DONALD J IM
600 LEWIS RD STE 113
KING OF PRUSSIA PA 19406-3425
610-265-2020
WHEELER, MD, JENETTE H FP
130 LLANFAIR RD
ARDMORE PA 19003-2501
610-896-7210
WHITE, MD, CHERYL JO ID
1104 N BETHLEHEM PIKE
PO BOX 785
SPRING HOUSE PA 19477
215-699-9178
WHITE, MD, ELIZABETH C FP
319 W MERMAID LN
PHILADELPHIA PA 19118
215-247-4284
WHITE, MD, KATHLENE ORS
1928 OLD HUNTINGDON PK
HUNTINGDON VLY PA 19006-7710
215-947-4874
WHITTAKER, MD, RICHARD P ORS
1603 E HIGH ST
POTTSTOWN PA 19464-5061
610-327-2400
WIENER, DO, STEPHEN D FP
3200 AYR LN
DRESHER PA 19025-1604
WILLIAMS, MD, R HALLOCK P
629 MANCHESTER RD
NORRISTOWN PA 19403-4156
610-539-3225
WILLIAMS, MD, STEPHEN K GP
360 W MAIN ST
TRAPPE PA 19426-1942
WILSON, MD, FREDERICK S PA
1338 JERICHO RD
ABINGTON PA 19001-3313
WILSON JR, MD, ROBERT N OBG
WK328 BX
WARICK
BERMUDA FC 09727
WILSON, MD, WILLIAM W P
239 OLD GULPH RD
WYNNEWOOD PA 19096-1018
610-642-9822
WILTON, MD, SUSAN R OPH
1560 MED DR
POTTSTOWN PA 19464
610-326-9308
WINEBERG, MD, JENNIFER R FP
310 SAWMILL LN APT 1-H
HORSHAM PA 19044
215-569-0560
WINEGRAD, MD, ALBERT I IM
3220 LENAPE RD
DRESHER PA 19025-1801
WINTER, MD, FRED S R
936 SHENKEL RD
POTTSTOWN PA 19465
610-326-7354
WOLDOW, MD, ANDREW B CD
WOODMERE APT G-1
8200 HENRY AVE
PHILADELPHIA PA 19128
215-329-0633
WOLF, MD, LAURENCE R ORS
445 WARICK RD
WYNNEWOOD PA 19096-2343
610-896-5796
WOLF, MD, MELVYN A OPH
909 SUMNEYTOWN PIKE
STE 201
SPR HOUSE PA 19477-1011
215-542-1522
WOLFERT, MD, IRWIN H *FP
909 SUMNEYTOWN PIKE
SUITE 205
SPR HOUSE PA 19477-1011
215-643-2403

WONG, MD, TIEN PEI OPH
MANOR MED BLDG
124 DEKALB PIKE
NORTH WALES PA 19454
215-699-7600
WOOD, MD, DAVID W PDA
640 N VALL FORGE RD
DEVON PA 19333-1200
610-688-3757
WOOD, MD, HOWARD P P
3300 DARBY RD C802
HAVERFORD PA 19041-1065
610-642-9963
WOODRUFF JR, MD, D STRATTON FP
121 PENNSWOOD RD
BRYN MAWR PA 19010-3660
610-525-3666
WORTHINGTON, MD, JOHN J *P
HUNTINGTON HOSP
240 FITZWATERTOWN RD
WILLOW GR PA 19090-2399
215-657-4010
WRIGHT, MD, THOMAS S CHP
1431 WHEATSHEAF LN
ABINGTON PA 19001-2604
215-884-9917
WRIGLEY, MD, MICHAEL S *OM
1823 W MAIN ST
NORRISTOWN PA 19403-3203
610-631-1622
YANG, MD, UN TAEK AN
626 CREIGHTON RD
VILLANOVA PA 19085-2034
610-525-2064
YANITY, MD, EUGENE J P
247 MEETINGHOUSE RD
JENKINTOWN PA 19046-2938
215-572-8373
YARDUMIAN, DO, JOHN P
6022 STONEY HL RD
NEW HOPE PA 18938-9601
215-781-7337
YOST, MD, ROBERT M FP
717 BETHLEHEM PK STE C2
ERDENHEIM PA 19038
215-233-1845
YOUCHA, MD, SHARON H OBG
331 PENN RD
WYNNEWOOD PA 19096-1401
215-242-8426
YOUNG, MD, IN MIN FP
3209 PATRICIA CIR
NORRISTOWN PA 19401-1567
YOUSSEF, MD, NAWAL A PD
4010 WESTAWAY DR
LAFAYETTE HILL PA 19444-1510
YUDIS, MD, MELVIN NEP
HYPERTENSION
NEPHROLOGY ASSOC
1738 OLD YORK RD
ABINGTON PA 19001-1023
215-657-2012
YUHAS, MD, THOMAS R CDS
1590 MED DR STE A
POTTSTOWN PA 19464
610-326-8400
YUSCHAK, MD, JAMES V TRS
1245 HIGHLAND AVE STE 600
ABINGTON PA 19001-3714
215-887-3990
ZABALETA, MD, RUBEN H *FP
700 S HENDERSON RD
KING OF PRUSSIA PA 19406
610-354-0344
ZACHIAN, MD, TOBY F D
1750 OAKWOOD TER #15B
PENN VALL PA 19072-1048
610-667-0888
ZELLEY, MD, LEE S OBG
1503 SUNSET DR STE 2
POTTSTOWN PA 19464-5023
610-326-4636
ZIMMERMANN, MD, ALBERT W OPH
1 PLYMOUTH MTG
STE 100
PLYM MTG PA 19462-1308
610-828-1554
ZUCKER, MD, ELI W FP
1256 VALL RD
RYDAL PA 19046-1249
ZUKOSKI, MD, JOSEPH T GP
110 CHESTNUT LN
POTTSTOWN PA 19465
610-323-9213
ZVARGULIS, MD, JANIS E *AN
170 BLACKHORSE RD
CHESTER SPR PA 19425-3524
610-458-5274

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DANVILLE PA 17822-0001
BHAGWADIEN, MD, NARENDRA IM
30 2ND ST
DANVILLE PA 17821-1149
717-275-5850
BLODGETT JR, MD,
RANDOLPH C RHU
244 LENAPE DR
BERWYN PA 19312-1849
BOKA, MD, IKE A AN
17 GREENBRIAR LN
DANVILLE PA 17821-1765
717-275-6688
BOKA, MD, SUZANNA P IM
GEISINGER MED CTR
155 S ARCH ST
MILTON PA 17847
717-271-6200
BRILL, MD, DAVID R NM
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6301
BRODZINA, MD, LYNNE M IM
40 GARMAN RD
DANVILLE PA 17821-9150
717-275-3044
BROSS, MD, JAMES E ID
82 OVERLOOK DR
DANVILLE PA 17821-9616
717-275-0344
BROWN, MD, FREDERICK G *NEP
GEISINGER MED CTR
DANVILLE PA 17822-1410
717-271-6393
BROWN, MD, HAROLD E U
705 RED LN
DANVILLE PA 17821-8418
717-275-2332
CAHILL, MD, THOMAS J GE
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6439
CARLSON, MD, JOHN P N
GEISINGER MED CTR
NEUROLOGY DEPT
DANVILLE PA 17822-0001
717-271-6472
CLEMENT, MD, JOHN A TR
38 OVERLOOK DR
DANVILLE PA 17821
717-271-6304
COLE, MD, JAMES M OTO
1301 RD LN
DANVILLE PA 17821-8416
717-275-3572
COOK, MD, JAMES A NPM
GEISINGER MED CTR
DEPT OF NEONATOLOGY
100 N ACADEMY AVE
DANVILLE PA 17822-2710
717-271-8091
CROFF, DO, ANTHONY H EM
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DANVILLE PA 17821
717-275-5339
CURTIS, MD, JAMES L OPH
26 FROSTY HILLS DR
DANVILLE PA 17821-9144
717-275-4455
DEMPSEY, DO, EDWARD G IM
1323 BLOOM RD
DANVILLE PA 18721
717-275-4042
DENNEHY, MD, JOHN J ID
GEISINGER MED CTR
DANVILLE PA 17822-1341
717-271-6408
DICKEY, MD, ROBERT F D
GEISINGER MED CTR
DANVILLE PA 17822-0001
DIETL, MD, CHARLES A CDS
GEISINGER MED CTR
FOSS-8 CVTS SURGERY
DANVILLE PA 17822-1343
717-271-6367
DULA, MD, DAVID J EM
GEISINGER MED CTR
EMERGENCY ROOM
DANVILLE PA 17822-0001
717-271-6812
EKBERG, MD, NORMAN L PUD
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6924
EVANS, MD, JAMES F GS
6 ROSEWOOD CT
DANVILLE PA 17821-8593
717-275-8457
EYERLY, MD, ROBERT C ON
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6364
FELLIN, MD, CHRIS W IM
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DANVILLE PA 17821-0001
717-271-6211
FLOURAS, MD, KATHY AN
104 POCAHONTAS LN
ELYSBURG PA 17824-9429
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717-271-6301
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717-275-2082
GIBSON, MD, WILLIAM S OTO
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6429
GREENFIELD, MD, LAWRENCE S IM
116 GOTSCHAL ROAD
DANVILLE PA 17821-9114
717-275-0880
GRIECO, MD, WILLIAM M AN
60 MUTCHLER RD
DANVILLE PA 17821
717-672-1231
HAUSCH, MD, RAYMOND C IM
24 2ND ST
DANVILLE PA 17821-1149
717-275-0660
HESS, MD, W FRED ORS
GEISINGER MED CTR
DEPT OF ORTH SURG
DANVILLE PA 17822-0001
717-271-6541
HOFFMAN, DO, DAVID A FP
1555 WILSON AVE
CHAMBERSBURG PA 17201-1377
717-271-1702
HUGHES, MD, HOWARD G EM
GEISINGER HEALTH PL
GEISINGER OFF BLDG
DANVILLE PA 17822-0001
717-271-8761
IOBST, MD, JOSEPH I IM
115 W MARKET ST
DANVILLE PA 17821-1818
717-275-2511
ISCKARUS, MD, GEORGE S IM
501 SPRUCE ST
DANVILLE PA 17821-1154
717-275-2071
JEFFREYS, MD, WILLIAM H N
GEISINGER CLINIC
DANVILLE PA 17821
717-271-6419
JENSEN, MD, GORDON L NTR
52 OVERLOOK DR
DANVILLE PA 17821-9616
717-275-5966
JOHNSON, MD, ANNETTE J DR
632 BLOOM ST
DANVILLE PA 17821-1630
717-271-1866
JONES, MD, JAMES B EM
207 ORANGE ST
DANVILLE PA 17821-1770
717-271-1659
KENNEDY, MD, THOMAS L OTO
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6427
KIHARA, MD, TODD K GS
108 DEY ST
DANVILLE PA 17821-1720
717-271-1431
KISTLER-FIGDORE, MD, MEG S OBG
GEISINGER MED CTR
N ACADEMY AVE
DANVILLE PA 17822-0001
KLINGER, MD, HARRY M GS
4401 GULF OF MEXICO DR
UNIT 801
LONGBOAT KEY FL 34228-2414
813-383-4590
KOLLAS, MD, CHAD D IM
KNAPPER CLINIC
100 N ACADEMY AVE
DANVILLE PA 17822
717-271-5600
KON, DO, LISA A IM
GEIS. CENT
175 S WILKES BARRE
WILKES BARRE PA 18702
717-829-2621
KOUGH, MD, ROBERT H HEM
11 RED OAK DR
DANVILLE PA 17821-8417
717-275-4005
LAUBACH JR, MD, CHARLES A CD
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-8060
LOCKWOOD, DO, KATHLEEN I N
38 OVERLOOK DR
DANVILLE PA 17821-9603
717-275-5080
MARINTIOVIC, MD, SERGE P U
RR 8 BOX 112
DANVILLE PA 17821
MARX, MD, DAVID G EM
17813 RED OAK DR
HAGERSTOWN MD 21740
301-714-2296
MC KINLEY, MD, DAVID F PD
GEISINGER MED CTR
100 N ACADEMY AVE
DANVILLE PA 17822-1339
717-271-6562

MENESES, MD, PEDRO G GS
21 THIRD STREET
DANVILLE PA 17821
717-271-1826
MERLIN, DO, MARK A US
C-5 MAHONING TER
DANVILLE PA 17821-8428
717-271-0270
MILLER III, MD, O FRED D
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-8010
MORRISON, MD, SAMUEL S PD
RR 6 BOX 409
DANVILLE PA 17821-8746
717-275-2691
MOWAD, MD, JOSEPH J U
GEISINGER MED CTR
DANVILLE PA 17822-0001
MYERS, MD, SCOTT M PD
302 WALL ST
DANVILLE PA 17821
717-271-1493
O'ROURKE, MD, TERENCE L R
GEISINGER MED CTR
100 N ACADEMY AVE
DANVILLE PA 17822
717-271-6301
OREHEK, MD, ALLEN J PD
209 WATER
DANVILLE PA 17821
PASCUCCI, DO, MARY F PTH
39 MEADOW LN
DANVILLE PA 17821-9412
717-275-2988
PENETAR, DO, BARBARA C AN
731 BEECHWOOD DR
DICKSON CITY PA 18519
PIERCE, MD, JAMES C GS
1906 RED LN
DANVILLE PA 17821-8415
RIXEY, MD, CHARLES O OPH
3202 MCHENRY DR
ARMY RES COMM
SAN ANTONIO TX 78239-3082
ROCKETT, MD, TODD D EM
109 CHESTNUT ST
DANVILLE PA 17821
717-275-2862
ROSEN, MD, JOSEPH H R
RR 1 BOX 25B
MONTOURSVILLE PA 17754-9702
ROTHERMEL, MD, FRANKLIN J R
407 LOCUST LN
DANVILLE PA 17821-8565
717-271-6301
SABOL, MD, LOUISE J OPH
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6531
SIDOROV, MD, JAAN E IM
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6637
SILVA-LOPEZ, MD, EDIBALDO OS
GEISINGER MED CTR
N ACADEMY AVE
DANVILLE PA 17822-0001
717-271-6361
SINGSTAD, MD, CHARLES P EM
3 STRAWBERRY LN
DANVILLE PA 17821
717-275-5550
SMITH, MD, PETER D PD
16 ASH ST
DANVILLE PA 17821
717-275-2966
SNOVER, MD, SETH W OM
GEISINGER CLINIC
DANVILLE PA 17822-2005
717-271-6789
STANISLAW, MD, SCOTT R GS
311 ORANGE ST
DANVILLE PA 17821-1770
STARKEY, MD, RALPH H END
GEISINGER MED CTR
ENDO DEPT
1 N ACADEMY AVE
DANVILLE PA 17822-1341
717-271-6028
STEMM, MD, JOSEPH J *AN
GEISINGER MED CTR ANES
100 N ACADEMY AVE
DANVILLE PA 17822-2025
717-271-6845
STRONY JR, MD, RONALD S EM
702 5TH ST BOX 371
RIVERSIDE PA 17868
717-275-8741
TARASZEWSKI, MD, ROBERT EM
2489 BERK ST
CUYAHOGA FALLS OH 44221
717-275-8401
TUREL JR, MD, ANTHONY P N
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6590
VELAZQUEZ, MD, LYZETTE E N
GEISINGER MED CTR
DANVILLE PA 17821
717-271-6472

VIEHOFF, MD, REINHARD P B P
1126 E MARKET ST
DANVILLE PA 17821
717-275-0665
WOLFGANG, MD, GARY L ORS
GEISINGER MED CTR
DANVILLE PA 17822-0001
717-271-6541
WOOMERT, MD, CATHLEEN A DR
RR 1 BOX 231
MILLVILLE PA 17846-9768
717-523-9718
YOUKEY, MD, JERRY R VS
7 FOXRIDGE LN
WINFIELD PA 17889
717-271-6369
YUMEN, MD, OMAR IM
1094 DUNHAM ST
KINGSTON ON K7P2K-1
717-271-6045

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ABAD, MD, RAUL M NS
175 S 21ST ST
EASTON PA 18042-3835
610-258-4744
ABDULRAHMAN, MD, OSSAMA IM
168 VALL PARK S APT 168
BETHLEHEM PA 18018-1343
215-820-9209
ABGOTT, MD, MICHAEL A FP
1545 BROADWAY
BETHLEHEM PA 18015-3901
610-865-6112
ABO, MD, MARC N GS
COVENTRY CENTRE E1
390 RED SCHOOL LN
PHILLIPSBURG NJ 08865-2230
201-859-0034
ADELMAN, MD, RONALD W R
2690 KINGSTON RD
EASTON PA 18042-9182
610-258-0131
AHERN, MD, MARYELLEN P AN
1875 SUNSET DR
WHITEHALL PA 18052-4140
610-799-5124
AKSU, MD, AHMET AN
1406 EATON AVE
BETHLEHEM PA 18018-1702
610-691-8280
ALBA, DO, JORGE NPM
250 S 21ST ST
EASTON PA 18042
610-250-4474
ALPERN, DO, JEFFREY B CDS
PO BOX 395
MT PLEASANT PA 18950
ALTMAN, MD, ARTHUR A PTH
3550 SOUTHWOOD DR
EASTON PA 18045-5845
610-252-2793
AMIN, MD, ATUL K PS
1233 FIRETHORNE DR
EASTON PA 18045
610-258-2398
AMIN, MD, DEVENDRA K CD
3735 NAZARETH RD STE 302
EASTON PA 18042-8751
610-258-2588
AMOROSO, MD, ANTHONY C IM
3735 EASTON NAZARETH HWY
STE 301
EASTON PA 18042-8987
610-258-2826
ANCHA, MD, PRASAD R N
35 E ELIZABETH AVE STE 5
BETHELEHEM PA 18018-6505
610-865-4610
ANDERSON, MD, JOHN R U
701 OSTRUM ST STE 603
BETHLEHEM PA 18015-1153
610-691-0357
ANTARIO, MD, JOSEPH M U
34 RUSSET DR
EASTON PA 18042
610-252-5215
APFELBAUM, MD, JAY H AN
2982 FAIRFIELD DR N
ALLENTOWN PA 18103-5471
610-439-8643
ARASTU, MD, MOHAMMAD I END
2045 WESTGATE DR STE 206
BETHLEHEM PA 18017-7487
610-865-6044
ARNER, MD, RAYMOND H AN
1265 MOFFIT AVE
BETHLEHEM PA 18018-1649
AUCH, MD, ELLA M GP
PO BOX 3297
EASTON PA 18043-3297
AUERBACH, MD, MARK H IM
STE 301
3735 EASTON-NAZARETH HWY
EASTON PA 18042-8987
610-258-2826
AUGELLI-HODOR, DO, LINDA P IM
3254 ALTONAH RD
BETHLEHEM PA 18017-1845
610-866-4105
BACAK, MD, JOSEPH F IM
701 OSTRUM ST
BETHLEHEM PA 18015-1153
610-865-3250

BALSHI, MD, JAMES D VS
3735 NAZARETH RD STE 206
EASTON PA 18042-8751
610-252-8281
BALSHI, MD, STEPHEN F OTO
3354 GREEN MEADOW CIR
BETHLEHEM PA 18017-1905
610-691-2552
BANAS, MD, MICHAEL P ORS
4270 WELLESLEY RD
BETHLEHEM PA 18017-9188
610-882-1506
BANDALA, MD, LEONARD C AN
EASTON HOSP
250 S 21ST ST
EASTON PA 18042-4625
610-250-4317
BARR, MD, GAVIN C *IM
2597 SCHOENERSVILLE RD
BLDG 302
BETHLEHEM PA 18017-7331
610-867-1350
BARRETT, MD, GEORGE S U
11 N KERN DR
TOPTON PA 19562
610-682-4553
BARTELT, DO, MATTHEW S IM
65 E ELIZABETH AVE STE 420
BETHLEHEM PA 18018-6506
610-865-1755
BARTOLET, MD, TERRY L ORS
2111 WASHINGTON BLVD
EASTON PA 18042-3803
610-253-9617
BARTOS, MD, JOSEPH E FP
2223 LINDEN ST
BETHLEHEM PA 18017-4855
610-954-3600
BEALER, MD, JOHN D OM
3639 EMERSON CIR
BETHLEHEM PA 18017-1509
BECK, MD, CHRISTINE H PM
21 CORPORATE DR #6
EASTON PA 18045-2664
610-250-9666
BECKER, MD, ERIC D P
2045 WESTGATE DR STE 104
BETHLEHEM PA 18017
BECKER, MD, MARTIN S OBG
205 S 22ND ST
EASTON PA 18042-3810
BENSIMHON, MD, GEORGES J AN
1488 SHELBURNE CT
ALLENTOWN PA 18104-1949
610-398-7171
BENZ, MD, EDWARD J PTH
1564 SAUCON VALL RD
BETHLEHEM PA 18015-5260
610-691-0307
BETTS, DO, BROOKS GP
2925 WILLIAM PENN HWY
STE 201
EASTON PA 18045-5283
610-253-4131
BIENIEK, MD, MARZENA L RHU
1027 PUBLIC RD
BETHLEHEM PA 18015-2425
215-694-0281
BIGGS, DO, ROBERT H CD
2597 SCHOENERSVILLE RD
BLDG 202
BETHLEHEM PA 18017-7330
610-866-2233
BISSET JR, MD, JAMES F OBG
3311 NAZARETH RD
EASTON PA 18045-2017
610-258-6283
BLOCH, MD, ROBERT S GS
1901 HAY TER
EASTON PA 18042-4650
610-252-2556
BLOSE, MD, LINDA K IM
370 S WALNUT ST
BATH PA 18017-2474
610-837-8710
BLUMENTHAL, MD, NEIL C OBG
3580 SOUTHWOOD DR
EASTON PA 18042-5851
610-252-9890
BOONSWANG, MD, PRICHA CRS
2358 GRUVER AVE
EASTON PA 18042-2808
610-252-2229
BOREEN, MD, STUART M AN
1889 BUCKNELL DR
BETHLEHEM PA 18015-5218
610-758-8664
BOYLAN, MD, JAMES J GE
701 OSTRUM ST STE 604
BETHLEHEM PA 18015-1153
610-868-9770
BRAU, MD, ALAN S PUD
510 DELAWARE AVE
BETHLEHEM PA 18015-1104
610-691-3131
BRAUN III, MD, WILLIAM P FP
759 TURKEY RIDGE RD
MT BETHEL PA 18343
717-897-5019
BRENNEMAN, MD, RICHARD E AN
2522 9TH ST
BETHLEHEM PA 18017-4330

BROWN, DO, ANTHONY NEP
701 OSTRUM ST STE 304
BETHLEHEM PA 18015
610-865-5888
BROWN, MD, JOHN M ATP
3543 GLEN AVE
EASTON PA 18045-5812
610-258-0528
BRUNO, DO, RAYMOND PM
4015 LOIS LN
ALLENTOWN PA 18104-9697
610-395-3879
BRUSKO, DO, GREGORY GS
2597 SCHOENERSVILLE RD # 203
BETHLEHEM PA 18017
610-691-8074
BURGER, MD, THEODORE P FP
2431 EASTON AVE
BETHLEHEM PA 18017-5075
610-691-8537
BURGEY, MD, GAIL E OBG
312 WEDGEWOOD DR
EASTON PA 18042-5751
610-252-3568
BURKE, MD, DANA R DR
3515 CANTERBURY CT
BETHLEHEM PA 18017-1331
610-691-7399
BURKLEY JR, MD, LOUIS F OBG
175 W NORTH ST
HEALTH CC MORAVIA
NAZARETH PA 18064-1432
610-252-2742
BURLEW, MD, BRIAN P PUD
65 E ELIZABETH AVE STE 200
BETHLEHEM PA 18018-6506
610-866-2048
BUSCHI, MD, MARIE IM
1704 GABLE DR
COOPERSBURG PA 18036-3149
BYRNE, MD, JAMES E OS
985 BUSHKILL DR
BATH PA 18014-9724
CAFFREY, DO, LISA J FP
1901 FAIRVIEW AVE
EASTON PA 18042
CAMPBELL, MD, STEPHEN E *HEM
ONCOLOGY HEMATOLOGY
OF LEHIGH
701 OSTRUM STREET
BETHLEHEM PA 18049-4431
610-867-3115
CANLAS, MD, JOLLY B GP
2657A SCHOENERSVILLE RD
BETHLEHEM PA 18017-7308
610-868-6830
CAPOBIANCO, MD, FRANK M *EM
2305 LONE CEDAR DR
EASTON PA 18040
610-258-7082
CAPRARO, MD, PHILIPPE A GS
2040 LEHIGH ST APT 505
EASTON PA 18042-3855
610-250-7185
CARLIN, MD, HUGH M AN
397 TIMOTHY DR
BETHLEHEM PA 18017-2458
610-861-8262
CARMONA, MD, ALDO AN
6350 PRIMROSE LN
COOPERSBURG PA 18036-9713
610-967-1278
CASSELBERRY, MD, E
JOSEPHINE PD
920 PROSPECT AVE
BETHLEHEM PA 18018-5020
CAVAROCCHI, MD, NICHOLAS C CDS
821 DELAWARE AVE
BETHLEHEM PA 18015
610-867-7375
CESANEK, MD, JOSEPH E FP
686 BRIARSTONE RD
BETHLEHEM PA 18017-2305
610-954-7590
CHAN, MD, IAN CD
2597 SCHOENERSVILLE RD #202
BETHLEHEM PA 18017-7330
610-866-2233
CHANG, MD, TONY CHI-KUE IM
1115 GREENLEAF DR
BETHLEHEM PA 18017-9316
610-866-5446
CHAPMAN, MD, CHRISTOPHER N NM
21ST AND LEHIGH STS
EASTON PA 18042
610-250-4172
CHATTAH, MD, LEON P
250 S 21ST ST
EASTON PA 18042-3892
610-250-4947
CHEN, MD, EDWARD C H GE
3224 WITHEE CT
BETHLEHEM PA 18017-1339
CHIAPELLA, MD, CARLA D *U
1741 DEER RUN RD
BETHLEHEM PA 18015-5002
610-395-1991
CLARY, MD, ANNE A IM
2716 VAN BUREN ROAD
EASTON PA 18042-1958
610-252-6904

COCHRAN, MD, JAMES F OPH
2151 FAIRVIEW AVE
EASTON PA 18042-3858
610-258-4334
COCHRANE, MD, PETER J GS
701 OSTRUM ST STE 602
BETHLEHEM PA 18015
610-867-2371
COHEN, MD, MERTON E PD
2040 LEHIGH ST APT 702
EASTON PA 18042-3827
COLASANTE, MD, ANTHONY D GP
3566 HECKTOWN RD
BETHLEHEM PA 18017-1302
COLE, MD, JACK E FP
782 BARRYMORE LN
BETHLEHEM PA 18017-2522
610-865-6509
COSTACURTA, MD, GARY A CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-4337
COSTANZA, MD, AGATHA H *PD
19 N 14TH ST
EASTON PA 18042-3215
CUNNINGHAM, MD, PETER L *GS
3735 EASTON NAZARETH HWY
SUITE 203
EASTON PA 18045-3830
610-253-6201
DAGOSTINO, MD, FRANK J GE
100 S GREENWOOD AVE
EASTON PA 18045
610-258-7512
DALE JR, MD, HIRAM T CD
618 DELAWARE AVE
BETHLEHEM PA 18015-1134
610-694-8111
DEIBERT, MD, EDWARD B GP
THE MADISON APT 421
8645 FREDERICKSBURG RD
SAN ANTONIO TX 78240
210-694-7000
DERASSE, MD, ALAIN R IM
21 CORPORATE DR STE 1
EASTON PA 18045
610-253-9381
DERASSE, MD, JUDITH R IM
4001 FREEMANSBURG AVE
EASTON PA 18042-5520
610-253-9381
DIAMOND, DO, STEVEN M PTH
5263 NORTH END ROAD
NEW TRIPOLI PA 18066-2348
610-298-2621
DICONCETTO, MD, JOSEPH A AI
3303 BATH PIKE
BETHLEHEM PA 18017-2456
610-691-2221
DIETRICH, MD, WARREN C OTO
3055 CTR ST
BETHLEHEM PA 18017-2442
717-867-4576
DIIORIO, MD, EMIL J ORS
200 W MACADA RD
BETHLEHEM PA 18017-2411
610-866-4445
DIPPOLITO, MD, ANTHONY D CRS
65 E ELIZABETH AVE STE 210
BETHLEHEM PA 18018-6506
610-882-9111
DISALVO, MD, BARBARA A GP
555 SPRING ST APT 208
BETHLEHEM PA 18018-5423
610-691-3716
DISALVO, MD, EUGENE I ORS
2005 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-6268
DITMARS, MD, DOUGLAS D ORS
2111 WASHINGTON BLVD
EASTON PA 18042-3803
610-253-9617
DODSON, MD, DONALD L AN
3601 BRANDFORD CT 7
BETHLEHEM PA 18017-1342
610-866-7596
DODSON, MD, STEVEN R AN
2480 FRESH MEADOW DR
MACUNGIE PA 18062
610-395-2438
DONEKER, MD, THOMAS G AN
101 BLENHEIM DR
EASTON PA 18045
DONOHUE JR, MD, HUGH J GS
250 S 21ST ST
EASTON PA 18042
610-250-4014
DORMAN, MD, SANFORD A PTH
EASTON HOSP
21ST AND LEHIGH STS
EASTON PA 18042-4625
610-250-4282
DORVILLE, MD, FABIO L OM
1130 DELAWARE AVE
BETHLEHEM PA 18015-4117
610-868-2710
DOTO JR, MD, JOSEPH B *AN
1821 NOTTINGHAM RD
ALLENTOWN PA 18103-2920
610-776-0415

DRAGO, MD, JOSEPH R U
3295 BEAUFORT DR
BETHLEHEM PA 18017-1955
DREHER, MD, ROBERT H *GP
PO BOX 97
1090 JACOBSBURG RD
WIND GAP PA 18091-0097
610-863-4567
DURBACK, MD, MARK A RHU
340 LITTLE CREEK DR
NAZARETH PA 18064
610-746-0567
EISENHARDT, DO, BRUCE T EM
1465 DARTMOUTH DR
BETHLEHEM PA 18017-9156
610-866-2488
ELDER, MD, E GLENN GP
660 BARRYMORE ST
PHILLIPSBURG NJ 08865-1652
EMERY, MD, ROBERT C CD
99 ROSENBERRY ST
PHILLIPSBURG NJ 08865
908-859-5300
EPISCOPIO, MD, JOSEPH V IM
2912 KENWICK DR
BETHLEHEM PA 18017-3042
ERWIN, MD, HENRY K OPH
WESTMINSTER # 55
WAHNETTA ST
ALLENTOWN PA 18103
ESTRADA, MD, FERNANDO P GS
744 OSTRUM ST
BETHLEHEM PA 18015-1120
610-867-2371
EYVAZZADEH, MD, CAMILLE GS
406 DELAWARE AVE
BETHLEHEM PA 18015-1472
610-866-2600
FEDULLO, MD, LISA M DR
6184 PUTTER DR
WESCOSVILLE PA 18106-9608
610-481-0351
FEINBERG, MD, DAVID H IM
GEN LAFAYETTE APT 921D
EASTON PA 18042
610-258-9323
FELDMAN, MD, MICHAEL S AN
ANESTHESIA ASSOC OF
EASTON PC
250 S 21ST ST EASTON HOSP
EASTON PA 18042-3892
610-250-4317
FILIPEK, MD, WALTER J FP
737 EASTON RD
HELLERTOWN PA 18055-1502
610-838-0106
FISHER, MD, JAY B VS
EASTON HOSP
250 S 21ST ST
EASTON PA 18017-3683
610-691-8313
FISHER JR, MD, JOSEPH W PTH
3448 PARK PL
BATH PIKE
BETHLEHEM PA 18017-2471
610-868-5004
FOGARTY, MD, KEVIN T DR
3419 PARK PL
BETHLEHEM PA 18017-2468
610-866-1735
FOLANDER, MD, HAL L R
214 WEDGEWOOD RD
BETHLEHEM PA 18017-3780
FRAME, MD, WILLIAM A AN
7121 RIDGE AVE
COOPERSBURG PA 18036
610-866-3946
FRAUNFELDER, MD, JOHN A *GP
140 S BROAD ST
NAZARETH PA 18064-2119
610-759-0310
FRIEDENBERG, MD, STEVEN S DR
ST LUKES HOSP
XRAY DEPT
BETHLEHEM PA 18015
FRIEDMAN, MD, JERALD N GS
2531 NORTHAMPTON ST
EASTON PA 18045-2639
610-250-0800
FUISZ, MD, ROBERT E END
180 GREEN POND RD
BETHLEHEM PA 18017-9776
610-759-8634
FULETRA, MD, GOVINDJI B *IM
1508-B JOHNSTON DR
BETHLEHEM PA 18017
610-758-9714
GADBOIS, MD, WILLIAM F U
701 OSTRUM ST STE 603
BETHLEHEM PA 18015-1008
GARBARINO, MD, JOSEPH L ORS
PO BOX 20847
LEHIGH VALL PA 18002-0847
610-691-0973
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641 FLORIDA AVE
YORK PA 17404-3118
717-746-4215
GAULIN, MD, J CLAUDE PTH
26319 STILLWATER CR
PUNTA GORDA FL 33955

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800 OSTRUM ST STE 307
BETHLEHEM PA 18015-1010
610-865-6545
GAYDOS, MD, THOMAS L GYN
701 OSTRUM ST
BETHLEHEM PA 18015-1153
610-691-1141
GAYNER, MD, ROBERT S NEP
701 OSTRUM ST STE 304
BETHLEHEM PA 18015-1152
610-865-5888
GERONIMO, MD, LAURO S FP
4379 WILLIAM PENN HWY
BETHLEHEM PA 18017-1483
610-866-4201
GHATAK, MD, PETER K PUD
3190 CHAUCER LN
BETHLEHEM PA 18017-2247
610-867-4770
GHIA, MD, PRADEEP S CD
123 S 22ND ST
EASTON PA 18042-3808
610-258-6211
GIAMBER, MD, SAMUEL R CD
1879 BUCKNELL CIRCLE
BETHLEHEM PA 18015-5216
610-865-9110
GILLEN, MD, GEORGE P *R
PO BOX 1335
BETHLEHEM PA 18016-1335
GLANTZ, MD, ANDREW I *GS
3735 EASTON NAZARETH HWY
EASTON PA 18045
610-253-6201
GODBOUT, MD, BRETT P ORS
2775 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7326
610-861-8080
GOODRICH, MD, DAVID C AN
2022 QUARTER MILE RD
BETHLEHEM PA 18015-5140
610-691-2082
GOSZTONYI JR, MD, RUDOLPH E OM
136 PHILLIPS RD
MILFORD NJ 18848-1883
GOZUM, MD, CARMEN Z EM
953 CUMBERLAND ST
BETHLEHEM PA 18017-4974
610-868-7048
GRANSON, MD, MARC A VS
938 MEADOW CIR
BETHLEHEM PA 18017-1913
610-867-5725
GREENSPAN, MD, BRUCE M OTO
940 N NEW ST
BETHLEHEM PA 18018-2756
610-868-6900
GRESS, MD, FRANCIS A PD
2545 CTR ST
BETHLEHEM PA 18017-3766
GRIFFIN JR, DO, ROBERT M IM
701 OSTRUM ST STE 501
BETHLEHEM PA 18015-1153
610-868-1336
GROVE JR, MD, DALE A FP
1545 BROADWAY
BETHLEHEM PA 18015-3901
610-865-0318
GRUNBERG, MD, ROBERT W NEP
50 S 18TH ST
EASTON PA 18042-3912
610-258-3608
GUERRA, MD, CORAZON A P
3731 CHIPMAN RD
EASTON PA 18042-3011
610-253-0234
GUERRA, MD, REYNALDO C FP
1107 EATON AVE STE J
BETHLEHEM PA 18018-1862
610-868-1900
GUPTA, MD, PRAMILA P IM
STE 301
3735 EASTON-NAZARETH HWY
EASTON PA 18042-8987
610-258-2826
HAGGERTY, MD, SALLY M PD
204 E MARKET ST
BETHLEHEM PA 18018-6234
610-866-4566
HAIN, MD, HOWARD L PM
3822 GLEN OAKS MANOR DR
SARASOTA FL 34232-1000
813-957-1579
HANISEK, MD, WILLIAM F IM
2061 FAIRVIEW AVE
EASTON PA 18042-3953
610-253-1011
HARADA, MD, WILLIAM A *PTH
EASTON HOSP
250 S 21ST ST
EASTON PA 18042-3851
610-250-4143
HARE, MD, JEFFREY D GP
1139 LYNNHURST CIR
BETHLEHEM PA 18017-3937
HARLAN, MD, WILLIAM K ON
RR 1 BOX 146-A
PEN ARGYL PA 18072
610-258-2751
HART, MD, ALEX D *AN
2565 ALPINE DR
HELLERTOWN PA 18055-3204
610-838-7608

HEIMBACH, MD, GEORGE Z R
56 E WALL ST
BETHLEHEM PA 18018-6009
HELMOLD, MD, KARL W ORS
2005 FAIRVIEW AVE
EASTON PA 18042
610-258-6268
HELMOLD, MD, MARIE E D
940 N NEW ST
BETHLEHEM PA 18018
610-866-2010
HEMLEY, MD, SUSAN R NS
215 W BROAD ST
BETHLEHEM PA 18018-5545
610-691-1122
HEMMERLY, MD, WILLIAM C US
329 SPRING ST
BETHLEHEM PA 18018-5409
610-865-5220
HENDRZAK, MD, ANDREA J GS
36 VALL PARK S APT #160
BETHLEHEM PA 18018-1330
610-954-8569
HERMAN, MD, BARRY E GE
20 COMMUNITY DR
EASTON PA 18045
610-258-6635
HERMAN, MD, ROMAN K TS
533 6TH AVE
BETHLEHEM PA 18018-5203
215-868-8383
HESS, MD, FLOYD M GP
26 S 1ST ST
BANGOR PA 18013-2612
610-588-3796
HOBART, MD, JOHN H *U
3729 EASTON NAZARETH
HIGHWAY #201
EASTON PA 18045-8339
610-250-4865
HOCH, MD, JOHN J FP
50 SOUTH GREEN ST
NAZARETH PA 18064-2009
610-759-1249
HOFFMAN, MD, ANDREW P GS
2404 EAST BLVD
BETHLEHEM PA 18017-4014
610-867-7684
HOFFMAN, MD, DAVID E IM
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-868-1323
HOFFMAN, MD, JOHN E IM
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-868-1323
HOWE, MD, J DALE ORS
5565 LANDIS MILL RD
BETHLEHEM PA 18015
610-866-5740
HRATKO, MD, JOHN R OBG
830 OSTRUM ST
BETHLEHEM PA 18015-1013
610-954-3500
HUNSICKER, MD, ROBERT C *OTO
65 E ELIZABETH AVE STE 311
BETHLEHEM PA 18018-6506
610-866-5555
HYMAN, MD, DAVID S OPH
2663 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7325
610-867-9900
IALEGGIO, MD, JOHN J *ORS
81 BLENHEIM DR
EASTON PA 18042-5718
610-252-2651
IRANI, MD, MAHAKHURSHID *CRS
2030 LEHIGH ST STE 116
EASTON PA 18042-3853
610-250-0437
IRANI, MD, MAHATAB *CRS
2030 LEHIGH ST
EASTON PA 18045-3853
610-250-0437
JACOBIUS, MD, HENRY F OPH
17201 NORTHWAY CIRCLE
BOCA RATON FL 33496
407-483-0934
JACOBS, MD, JOSEPH M NEP
1397 BUCK TRAIL RD
ALLENTOWN PA 18104-2061
610-395-7898
JADIDI, MD, SHIRIN AI
1368 PLYMOUTH RD
BRIDGEWATER NJ 08807-1410
908-707-8779
JAHRE, MD, JEFFREY A ID
801 OSTRUM ST
BETHLEHEM PA 18015-1014
610-954-4702
JOSEPH, MD, GEORGE M IM
STE 301
3735 EASTON-NAZARETH HWY
EASTON PA 18042-8987
610-258-2826
JOVES, MD, JOJO E IM
334 KEVIN DR
BETHLEHEM PA 18017-2461
610-866-9374
JULIA, MD, RONALD R IM
3844 TRENT CT
BETHLEHEM PA 18017-7577
610-865-4476

KAKODKAR, MD, VASUNDHARA S PD
1922 HAY TER
EASTON PA 18042-4615
610-252-3042
KANDULA, MD, RAVINDRA R GS
2649 SCHOENERSVILLE RD STE A
BETHLEHEM PA 18017-7317
610-861-0470
KARA, MD, AOUN B CD
701 OSTRUM ST STE 503
BETHLEHEM PA 18015-1153
610-868-3007
KASPAR, MD, ALBERT J CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-4337
KEITH, MD, HELEN R H PD
3325 GREEN MEADOW DR
BETHLEHEM PA 18017-1942
610-865-0303
KELLY, MD, JEAN A *DR
564 BIERYS BRIDGE RD
BETHLEHEM PA 18017-1144
610-868-4475
KEMP, MD, DAVID G IM
EASTON HOSP
DEPT OF INTERNAL MED
285 S 21ST ST
EASTON PA 18042
610-250-4491
KESSLER, MD, FRANK J GP
178 W ALUTA MILL RD
NAZARETH PA 18064-9487
KILPATRICK, WILLIAM H EXEC
NORTHAMPTON CO MED
SOCIETY
788 REDFERN LN
BETHLEHEM PA 18017-1841
610-865-2900
KIM, MD, DOO T AN
250 S 21ST STRET
EASTON PA 18042
610-250-4317
KIM, MD, IH C PD
545 HECKMAN ST
PHILLIPSBURG NJ 08865-2600
908-454-4200
KINTZER JR, MD, JOHN S *PUD
510 DELAWARE AVE
BETHLEHEM PA 18015-1104
610-691-3131
KNOLL, MD, GEORGE M D
2546 PARKVIEW ROAD
SLATINGTON PA 18080-2232
610-767-1932
KOCH, MD, JOSEPH C OM
5741 SPRINGHAVEN LN
MACUNGIE PA 18062-1460
610-965-3482
KOHLI, MD, HARJEET P *GS
3236 MARCHANT DR
BETHLEHEM PA 18017-1952
610-868-6955
KORHAMMER, MD, ALAN F OBG
355 SPRING VALL RD
EASTON PA 18042-6813
KOSHAR, MD, MARK I IM
STE 301
3735 EASTON-NAZARETH HWY
EASTON PA 18042-8987
610-258-2826
KOVAR, MD, CHARLES E OBG
RR 1 BOX 1736
MOUNT BETHEL PA 18343-9636
KOZINN, MD, WESLEY P ID
2061 FAIRVIEW AVE
EASTON PA 18042-3953
610-253-7818
KRAMER, MD, KENNETH DR
158 SHAWNEE AVE
EASTON PA 18042-1372
610-252-3673
KUNDU, MD, KAUSHIK US
928 OSTRUM ST APT 2
BETHLEHEM PA 18015-2506
610-882-1117
LAHAV, MD, ERIKA IM
2454 W PENNSYLVANIA ST
ALLENTOWN PA 18104-2946
610-433-3276
LANGE, MD, MARIANNE K OS
701 OSTRUM ST STE 602
BETHLEHEM PA 18015-1153
610-691-6620
LARGE, MD, HIRAM S AN
3801 TIFFANY DR
EASTON PA 18042-3048
610-559-3839
LAUBACH, MD, GEORGE B FP
BETHMAN RD
EASTON PA 18042
610-253-8705
LEAVITT, MD, HERBERT M D
421 DOGWOOD TER
EASTON PA 18042-1230
610-253-1242
LEE, MD, BARBARA K PS
2031 HAY TER
EASTON PA 18042
610-258-5806
LEE, MD, CHONG S REN
507 DELAWARE AVE
BETHLEHEM PA 18015-1145

LEE, MD, H C PD
1825 NORTHAMPTON ST
EASTON PA 18042-3135
610-253-0811
LEE, MD, HA-LIN C REN
241 N 13TH ST
EASTON PA 18042
610-250-9700
LEE, MD, JEEN H PTH
210 JONATHAN DR
EASTON PA 18042-5706
610-258-5034
LEE, MD, SANG T OTO
2100 LEHIGH ST
EASTON PA 18042-3830
610-258-4171
LEE, DO, SARAH C FP
3375 GLOUCHESTER DR
BETHLEHEM PA 18017-1353
610-882-9723
LEFF, DO, DAVID A IM
1955 PINE CT
HELLERTOWN PA 18055-2804
610-838-1912
LENNERT, MD, JOSEPH B U
701 OSTRUM ST STE 603
BETHLEHEM PA 18015
610-867-5905
LENTZ, MD, CONRAD L D
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-867-8706
LESSE, MD, S MICHAEL P
STEVENS AND JEWEL ST
EASTON PA 18042
610-253-1761
LEVIN, MD, KENNETH NM
801 OSTRUM ST
BETHLEHEM PA 18015-1014
610-954-4800
LIBERTA, MD, THOMAS R IM
1610 STONES CROSSING RD
EASTON PA 18042-5737
610-258-8889
LITTLE, MD, BRIAN W NA
MED COLL OF PA
BROAD AND VINE STS MS 466
PHILADELPHIA PA 19102-1192
215-762-8360
LITTLE, MD, THOMAS CD
123 S 22ND ST
EASTON PA 18042-3808
610-258-6211
LOWMAN, MD, GERALD F PUD
520 W PIERCE ST
EASTON PA 18042-1759
610-250-9459
LUDIVICO, MD, CHARLES L RHU
701 OSTRUM ST STE 501
BETHLEHEM PA 18015-1153
610-868-1336
LUKASZCZYK, MD, JOHN J GS
701 OSTRUM ST STE 602
BETHLEHEM PA 18015-1153
610-691-6620
LUKASZCZYK, MD, THOMAS A PTH
801 PINE TOP DR
BETHLEHEM PA 18017-1826
LYCHAK, MD, JOHN C P
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-865-5775
MAKHDOMI, MD, A RASHID IM
2100 LEHIGH ST
EASTON PA 18042-3830
610-253-9854
MALACOFF, MD, ROBERT F CD
800 OSTRUM ST STE 202
BETHLEHEM PA 18015-1009
610-691-7336
MANHOFF, MD, DION T PTH
MUHLENBERG HOSP CTR
2545 SCHOENERSVILLE RD
BETHLEHEM PA 18017
610-861-2261
MANNISI, MD, JOHN A CD
2597 SCHOENERSVILLE RD
BLDG 202
BETHLEHEM PA 18017-7330
610-866-2233
MARCINCIN, MD, ROBERT P NS
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-866-2552
MARGIE JR, MD, WALTER E *IM
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-868-8569
MARON, MD, NORMAN L ORS
COVENTRY CENTRE
RED SCHOOL LN
PHILLIPSBURG NJ 08865
201-859-5585
MASCARENHAS, MD, DANIEL A N CD
TWO RIVERS CARD
123 S 22ND ST
EASTON PA 18042-3808
610-258-6211
MATUS, MD, NANCY R *D
2061 FAIRVIEW AVE
EASTON PA 18042-3953
610-252-7961

MAUTHE, MD, ROBERT W PM
801 OSTRUM ST
BETHLEHEM PA 18015-1014
610-954-4780
MC BRIDE, MD, JAMES G OPH
FAIRVIEW MED BLDG
2061 FAIRVIEW AVE STE 2
EASTON PA 18042
610-252-8162
MCDONALD, MD, MARILYN R OPH
1204 DELAWARE AVE
BETHLEHEM PA 18015-4119
610-861-8977
MCGUIRE, MD, JAMES J OBG
701 OSTRUM ST STE 402
BETHLEHEM PA 18015-1153
610-867-6161
MCMAHON JR, MD, JOSEPH F *ORS
2005 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-6268
MCNELLIS, MD, DONALD R *U
3729 EASTON NAZARETH HWY
EASTON PA 18045-8339
610-253-6999
MEEHAN, MD, KATHLEEN M FP
2065 CLARENDON DR
EASTON PA 18042-8617
610-838-2386
MEHTA, MD, BHARAT K IM
2632 NAZARETH RD
EASTON PA 18042-2715
610-253-5257
MEROLA, MD, JOSEPH C L OBG
830 OSTRUM ST
BETHLEHEM PA 18015-1013
610-691-3603
MEYER, DO, PAMELA L GP
437 E BELVIDERE ST APT S14
NAZARETH PA 18064
610-746-9041
MILES, DO, G BRUCE FP
1901 FAIRVIEW AVE
EASTON PA 18042-3993
610-258-2893
MITTAL, MD, MANOJ K GE
3266 MARCHANT DR
BETHLEHEM PA 18017
610-954-9880
MOHAN, MD, BRIJ DR
3231 REGAL RD
BETHLEHEM PA 18017-1293
610-691-5475
MORALES, MD, GLADYS D IM
800 OSTRUM ST
BETHLEHEM PA 18015-1015
610-865-0410
MORGAN, MD, RICHARD J CDS
2925 WM PENN HWY # 301
EASTON PA 18045
610-515-1630
MORGAN, MD, RUSSELL E GP
1331 KIRKLAND VILLAGE CIR
BETHLEHEM PA 18017-4759
610-691-4754
MORGAN, MD, WILLIAM F P
151 E MARKET ST
BETHLEHEM PA 18018-6225
610-691-2052
MORRIS, MD, PATRICIA A *AN
4564 DOLORES LN
BETHLEHEM PA 18017-8735
MORRISON, MD, ROBERT E OPH
1493 BUCKTRAIL RD
ALLENTOWN PA 18104
MOYER, MD, GLENN E OPH
804 DELAWARE AVE
BETHLEHEM PA 18015-1147
610-868-2235
MUKHERJEE, MD, SHANKER GE
20 COMMUNITY DR
EASTON PA 18042-2658
610-258-6635
MUNSON, MD, FREDERICK J R
920 PROSPECT AVE
BETHLEHEM PA 18018-5020
610-865-0108
MUNVES, MD, JONATHAN H IM
2045 WESTGATE DR
BETHLEHEM PA 18104-1765
610-691-6222
MURRAY, MD, STEPHEN R GYN
POCONO LAKE PRESERVE
PRESERVE PA 18348-9998
717-646-3744
NADER, MD, WALID IM
10 JORDAN DR APT 8
WHITEHALL PA 18052
610-434-1214
NAJMI, MD, MOOSA CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-4337
NAWRAS, MD, ALI T IM
1920 LEHIGH ST APT C4 N
EASTON PA 18042-3933
610-252-7273
NGUYEN, MD, MINH O *CD
820 N BISHOPTHORPE ST
BETHLEHEM PA 18015-1002
610-865-9009

NOVAK, MD, CHRISTOPHER PD
800 OSTRUM ST STE 307
BETHLEHEM PA 18015-1010
610-865-6545
O'DONNELL, MD, NANCY J OBG
301 S 22ND ST
EASTON PA 18042-3872
610-253-7550
OLEWILER JR, MD, H NEWTON *IM
1 E ELIZABETH AVE
BETHLEHEM PA 18018-6509
610-865-4131
OLIVER, MD, JOHN G FP
527 W PENNSYLANIA AVE
PEN ARGYL PA 18072
610-863-9771
ORR JR, MD, ROSS M GS
744 OSTRUM ST
BETHLEHEM PA 18015-1120
610-867-2371
OSTFELD, MD, DAVID A DR
EASTON HOSP
21ST AND LEHIGH ST
EASTON PA 18042-4625
610-250-4172
OTERO-MALLON, MD, SUSANNE I AN
4574 DOLORES LN
BETHLEHEM PA 18017-8735
610-691-6942
PARRY, MD, RHINARD D PD
953 SULLIVAN TRL
EASTON PA 18042-1366
PEACOCK, MD, THOMAS E HEM
50 S 18TH ST
EASTON PA 18042-3912
610-250-9794
PETERS, MD, WALTER K GP
724 BARRYMORE LN
BETHLEHEM PA 18017-2522
610-694-5881
PETRUCCELLI, MD, NICHOLAS D FP
4335 KATHI DR
BETHLEHEM PA 18017
PLANO, DO, VINCENT F OBG
301 S 22ND ST
EASTON PA 18042-3811
610-253-7550
POLINER, MD, HIME S FP
124 N 4TH ST
EASTON PA 18042-3504
610-252-1662
POLLACK, MD, BARRY J NS
1901 HAY TERR
EASTON PA 18042
610-258-4744
POLLACK, MD, MATTHEW S R
3780 TIFFANY DR
EASTON PA 18042-3041
610-559-9085
POMPONIO, MD, JOSEPH G GP
2830 9A LINDEN ST
BETHLEHEM PA 18017
POPKAVE, MD, ARTHUR H *CD
COVENTRY CENTRE A3
RED SCHOOL LN
PHILLIPSBURG NJ 08865
908-859-3800
PRAGER, MD, DAVID A *OTO
2925 WILLIAM PENN HWY
EASTON PA 18045
610-515-1590
PRESTIFILIPPO, MD, ORAZIO *FP
4263 LONAT DR
NAZARETH PA 18064
610-759-5501
PUNDIAK, MD, TERRY J IM
243 SPRING GARDEN ST
EASTON PA 18042-3655
610-253-4380
PURSELL, MD, ROBERT N NEP
3516 MARGATE RD
BETHLEHEM PA 18017-7562
610-252-6950
QUILO, MD, LINO S EM
MUHLENBERG HOSP
CTR
SCHOENERSVILLE ROAD
BETHLEHEM PA 18018-5403
610-861-2520
QUINEY JR, MD, JAMES J GP
1213 KIRKLAND VILL CIR
#589
BETHLEHEM PA 18017-4758
RAAB, MD, MICHAEL F FP
3600 NORTHWOOD AVE
EASTON PA 18042-8966
RAMAKRISHNAN, MD,
THEKKEMADOM P *AI
2925 WM PENN HWY # 303
EASTON PA 18045
610-559-9622
RAMIREZ-AMAYA, MD, RENE NPM
801 OSTRUM ST
BETHLEHEM PA 18015-1065
610-954-4000
RASO, MD, DOMINIC J IM
124 N 14TH ST
EASTON PA 18042-3218
610-258-9091
RASO, MD, JON A IM
580 CTRVILLE ROAD
BANGOR PA 18013
610-588-3123

RAZURI, MD, RAFAEL G GS
7505 WATERS AVE STE E-1
SAVANNAH GA 31405
912-355-1861
REESE JR, MD, EVAN C ORS
2005 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-6268
REFOWICH, MD, RICHARD S *D
65 E ELIZABETH AVE
BETHLEHEM PA 18018-6506
610-868-4411
REGAN, MD, JAMES R *IM
3222 GREEN MEADOW DR
BETHLEHEM PA 18017-1943
610-868-8632
REGANIS, MD, JOHN C GS
2049 STOCKER MILL RD
EASTON PA 18042-8918
610-253-0313
REID, MD, JAMES H ORS
2005 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-6268
REINA, MD, CHARLES R ORS
3311 NORTHWOOD AVE
EASTON PA 18045
610-250-0754
RILEY, DO, JOHN M FP
400 W LAFAYETTE ST
EASTON PA 18042
RIVERA, MD, JOSE L AN
1370 GASPAR AVE
BETHLEHEM PA 18017-1051
610-867-6149
ROBB, MD, MARIE E DR
ST LUKES HOSP
DEPT OF RADIOLOGY
BETHLEHEM PA 18015
610-954-4800
ROBSON, MD, PETER A OBG
2038 HENDERSON ST
BETHLEHEM PA 18017-4981
RODRIGUEZ, MD, VICTOR R PD
188A UPPER MUD RUN
EASTON PA 18042
610-258-9300
ROGERS, MD, JOHN F P
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-865-9444
ROHATGI, MD, ANITA IM
20 TAMARACK PATH
EASTON PA 18042-5572
610-258-6948
ROHATGI, MD, CHAND GS
4400 CHARLES ST
EASTON PA 18042-4954
610-861-7695
ROHATGI, MD, RAJEEV CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-4337
ROSEN, MD, SCOTT I U
2031 HAY TERRACE
EASTON PA 18042
610-252-8291
ROSENFELD, MD, JOEL C GS
744 OSTRUM ST
BETHLEHEM PA 18015-1120
610-867-2371
RUSSO, DO, ROBERT M FP
3654 OLD PHILADELPHIA PK
BETHLEHEM PA 18015
610-868-1338
RYAN, MD, JOHN J PUD
510 DELAWARE AVE
BETHLEHEM PA 18015-1104
610-691-3131
SACHDEV, MD, RANJAN ORS
PO BOX 20847
LEHIGH VALL PA 18002-0847
610-691-0973
SALCEDO, MD, WILFREDO G PTH
EASTON HOSP
EASTON PA 18042
610-250-4143
SALGADO, MD, EDWARD M PS
825 DELAWARE AVE
BETHLEHEM PA 18015-1136
610-865-5993
SALLASH JR, MD, ROBERT J OBG
701 OSTRUM ST
BETHLEHEM PA 18015-1153
610-691-3603
SARNO JR, MD, ALBERT P OBG
900 W MACADA RD
BETHLEHEM PA 18017-3025
610-691-4491
SAUER, MD, THOMAS S ORS
ORTHOPAEDIC ASSOC OF
BETH INC
2597 SCHOENRSVILLE RD STE 101
BETHLEHEM PA 18017-7329
610-691-0973
SAUNDERS, MD, CHARLES D U
ST LUKES HOSP
801 OSTRUM ST
BETHLEHEM PA 18015-1153
610-954-4654
SCHADT, MD, DANIEL C IM
2 W MARKET ST
BETHLEHEM PA 18018-5703

SCHADT, MD, MARK E *GS
35 E ELIZABETH AVE
BETHLEHEM PA 18018-6505
610-865-5535
SCHENKEL, MD, ERIC J *AI
3729 NAZARETH RD STE 202
EASTON PA 18045
610-252-7388
SCHIAVONE, MD, JOSEPH A CD
2003 FAIRVIEW AVE
EASTON PA 18042-3915
610-258-4337
SCHOEPPNER, MD, ERIC IM
21 CORPORATE DR STE 1
EASTON PA 18045-2664
610-253-7211
SCHOEPPNER, MD, GABRIELLE OPH
3735 NAZARETH RD STE 205
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80 GORDON DR
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EASTON PA 18042-3835
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112 FAIRVIEW DR
SELINSGROVE PA 17870-9406
GAZDER, MD, AFTAB A AN
68 BRIAN LN
EFFORT PA 18330-9005
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633 W CHESTNUT ST
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SUNBURY PA 17801-1648
GRECO, MD, JEFFREY M *IM
300 S HICKORY ST
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11 ASPEN ST
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JACOBS, MD, CLYDE H OPH
47 ELLIOTT DR
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WAYNESBORO PA 17268-1117
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AISNER, MD, ANITA M IM
1029 DEVON RD
RYDAL PA 19046-3335
215-887-5788
ALAVI, MD, MOSEN IM
100 E LEHIGH AVE #MAB205
PHILADELPHIA PA 19125-1012
215-289-3390
ALAVIZADEH, MD, ROWSHAN Z PD
1131 SANDRINGHAM RD
BALA CYNWYD PA 19004-2022
610-467-3515
ALBERICO, MD, ANTHONY M IM
5100 OXFORD AVE
PHILADELPHIA PA 19124-2522
ALBERT, MD, SEYMOUR M ORS
100 SANDS POINT ROAD
LONGBOART KEY FL 34228-3902
ALBERT, MD, TODD J TRS
ROTHMAN INSTITUTE
800 SPRUCE ST
PHILADELPHIA PA 19107
215-829-6323
ALBURGER, MD, PHILIP D ORS
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-229-0100
ALDEN, MD, TORD D GS
1500 LOCUST ST
PHILADELPHIA PA 19102
215-596-5561
ALDRIDGE, FRANK ST
941 SOUTH AVE APT D15
SECANE PA 19018-3421
ALEMO-HAMMAD, MD, SAEID NS
FRONT ST & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7088
ALEXANDER, MD, ALISON J PM
6252 N 3RD ST
PHILADELPHIA PA 19120
ALEXANDER, MD, FRED PA
1400 YOUNGSFORD RD
GLADWYNE PA 19035-1233
ALEXANDER JR, MD, JOHN D IM
2507 PINE ST
PHILADELPHIA PA 19103-6420
215-567-0540
ALEXANDER JR, MD,
S CRAIGHEAD AN
2 WOODSWORTH CT
WAYNE PA 19087-3438
ALFONSI, ALISA ST
1221 SPRUCE ST APT 2R
PHILADELPHIA PA 19107-5607
ALLAN, MD, DAVID A RHU
PRESBYTERIAN MED CTR
39TH & MARKET ST #107MAB
PHILADELPHIA PA 19104
215-662-9292
ALLEN, LONNIE E ST
414 MILFORD DR
BROOMALL PA 19008-4114
ALLEN, LYNN R ST
226 W RITTENHOUSE SO
APT 1205
PHILADELPHIA PA 19103-5745
ALLEN, TINA J ST
1431 BROADMOOR DR E
SEATTLE WA 98112
ALLIAN, MARYBETH U ST
2020 WALNUT ST APT 12L
PHILADELPHIA PA 19103
ALLOY, DO, CURTIS A IM
530 OXFORD RD
BALA CYNWYD PA 19004-2204
215-232-5272
ALOSI, MD, ANTHONY J GP
7901 DEER RUN RD
LAVEROCK PA 19038
215-887-5710
ALPERT, MD, CHARLES B PM
947 OLD YORK RD
ABINGTON PA 19001
215-643-5187
ALTEMOSE, MD, GREGORY T IM
3804 LYWISKI RD
COLLEGEVILLE PA 19426-1025
610-489-1684
ALTER, MD, MILTON N
GSB BLDG STE 307
1 BELMONT AVE
BALA CYNWYD PA 19004
610-668-4773
ALTSCHULER, MD, STANLEY L PUD
8100 ROOSEVELT BLVD STE 103
PHILADELPHIA PA 19152-2911
215-331-3700

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764 LOCUST AVE
WASHINGTON PA 15301
412-228-1303
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733 SPRING VALL RD
DOYLESTOWN PA 18901-3253
AMAR, RICHARD P ST
3712 ROXBURY LN
ALEXANDRIA VA 22309
AMATNIEK, MD, JOAN C N
HOSP OF UNIV OF PA
3400 SPRUCE ST 3 W GATES
DEPT OF NEUROLOGY
PHILADELPHIA PA 19103
215-662-2700
AMAYA, CELESTE LIM ST
317 N BROAD ST #507
PHILADELPHIA PA 19107-1016
AMESUR, MD, SANDEEP N DR
HAHNEMANN UNIV HOSP
PHILADELPHIA PA 19102
215-762-8747
AMIN, RAAJ R ST
892 GEORGES LN
WARMINSTER PA 18974-2612
AMSTERDAM, MD, GERALD H GS
3355 HADFIELD GREENE
SARASOTA FL 34235-5100
813-378-3173
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3412 W COULTER ST
PHILADELPHIA PA 19129-1402
215-849-0307
ANDERSON, MD, LEONARD S GS
87 RIVERSIDE DR
BINGHAMTON NY 13905
607-772-8940
ANDERSON, TIMOTHY D ST
1526 PINE ST APT 2-R
PHILADELPHIA PA 19102-4663
ANDREWS, MD, DAVID W *NS
834 WALNUT ST
PHILADELPHIA PA 19107
215-928-7005
ANDREWS, MD, WAVERLY S P
2 BARRISTER CT
HAVERFORD PA 19041-1137
610-520-9209
ANGELO, MARK A ST
1944 FITZGERALD ST
PHILADELPHIA PA 19145-3613
ANOLIK, MD, MITCHELL A D
1601 WALNUT ST
PHILADELPHIA PA 19102-2944
215-563-1699
ANTHONY, MD, JAMES A ORS
255 S 17TH ST 5TH FLR
PHILADELPHIA PA 19103
215-732-3450
ANTHONY, VINCENT L ST
950 WALNUT ST APT 608
PHILADELPHIA PA 19107-5564
ANTONELLI, MD, ELENA C *EM
SMITHKLINE BEECHAM CORP
1 FRANKLIN PLZ FP 1805
KING OF PRUSSIA PA 19101
610-270-6111
ANTONIADES, MD, JOHN R
404 RICHARD KNLS
HAVERFORD PA 19041-1920
APPEL, MD, JOHN W P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-474-8811
AQUILINA, PATRICK M ST
3120 W SCHOOL HOUSE LN
BLDG F APT A-6
PHILADELPHIA PA 19144-5444
ARASTU, MD, HYDER H RO
5501 OLD YORK RD
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1811 BETHLEHEM PK STE 213
FLOURTOWN PA 19031-1111
215-233-2810
ARCHER, STEPHANIE L ST
PO BOX 276
HOUTZDALE PA 16651-0276
ARESERY, MATTHEW J ST
808 SUNNYSIDE AVE
AUDUBON PA 19403-1821
ARGER, MD, PETER H *R
HOSP UNIV OF PA
PHILADELPHIA PA 19104
215-349-5464
ARKOOSH, MD, VALERIE A AN
T JEFFERSON UNIV HOSP
11TH AND CHESTNUT STS
PHILADELPHIA PA 19107
215-955-6161
ARMOUR, MD, WILLIAM S ORS
351 E EVERGREEN AVE
SPRINGFIELD RES C324
PHILADELPHIA PA 19118-2824
215-233-5929
ARMSTEAD, MD, PHYLLIS P
3200 HENRY AVE
PHILADELPHIA PA 19129
215-842-4336

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2505 S 62ND ST
PHILADELPHIA PA 19142-3515
215-729-4237
ARNOLD, MD, SARAH J US
719 CORINTHIAN AVE
PHILADELPHIA PA 19130
215-235-2946
ARNOLETTI, MD, JUAN P GS
820A HENRY AVE APT M-11
PHILADELPHIA PA 19128
215-482-2880
ARONSKY, DO, AMY J IM
195 CITY AVE APT B7
BALA CYNWYD PA 19004
610-668-1228
ARONSON, ADAM L ST
1139 MCCABE ST
PITTSBURGH PA 15201
ARONSON, MD, JEROLD M PD
605 MORENO RD
NARBERTH PA 19072-1618
610-762-7337
ARONSON, MD, SUSAN S PD
605 MORENO RD
NARBERTH PA 19072-1618
610-664-3923
ARORA, RITIKA ST
12227 STONEY BOTTOM RD
GERMANTOWN PA 20874
ASAM, MD, BRUCE A AN
503 SHOEMAKER RD
ELKINS PARK PA 19017-2411
215-625-5598
ASBELL, MD, SUCHA O TR
ALBERT EINSTEIN MED CTR
DEPT RADIATION THERAPY
PHILADELPHIA PA 19141
215-456-6280
ASHRAF, MD, MOHAMMED K NEP
1250 PROVIDENCE RD APT 92A
SECANE PA 19018
610-604-0572
ASKAR, MD, F GS
1143 NORWALK RD
PHILADELPHIA PA 19115-2520
215-677-0100
ASKIN, MD, STANLEY R *HS
2 SURREY RD
MELROSE PARK PA 19027
215-635-6904
ATKINS, MD, JOSEPH P HNS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-5180
ATKINSON, MD, BARBARA F ATP
BROAD & VINE STS M/S 435
PHILADELPHIA PA 19102
215-762-7994
ATTOLINO, DO, RAYMOND B PUD
543 KNIGHTS BR CT APT C1
ANDALUSIA PA 19020-7722
215-244-1350
AUDAY, MD, JOSE H ORS
2030 NAUDAIN ST
PHILADELPHIA PA 19146
215-546-4061
AUERBACH, DO, DAVID B OPH
170 LAKESIDE RD APT B5
ARDMORE PA 19003
610-658-1967
AUERBACH, MD, ROBERT L PD
3380 MEMPHIS ST
PHILADELPHIA PA 19134-4510
215-426-5566
AUERBACH, DO, ROBERT S OBG
1325 W TABOR RD
PHILADELPHIA PA 19141-3020
215-927-4400
AUGSBURGER, MD, JAMES J OPH
WILLS EYE HOSP
PHILADELPHIA PA 19107-5598
215-928-3221
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1065 WINSOR AVE
PIEDMONT CA 94610
AUSTIN, MATTHEW S ST
TEMPLE UNIV HOSP
BROAD & ONTARIO STS
PHILADELPHIA PA 19140-5192
AUSTRIAN, MD, ROBERT C OS
3400 SPRUCE ST
HOSP UNIVERSITY OF PA
PHILADELPHIA PA 19104-4274
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AVELLINO, MD, JOSEPH D GP
2219 S BROAD ST
PHILADELPHIA PA 19148-2916
215-336-6161
AVERION-MAHLOCH, TIMOTHY J ST
818 N NEWKIRK ST
PHILADELPHIA PA 19130-1708
AVERSA, DO, THADDEUS M IM
2415 S 21ST ST
PHILADELPHIA PA 19145-4206
215-463-7614
AVERSA JR, MD, ZEFFERINO A OTO
2113 LOCUST ST
PHILADELPHIA PA 19103-4802
215-567-3515
AVINA, MD, LINDLEY G IM
8201 HENRY AVE APT E-18
PHILADELPHIA PA 19128-2925
215-483-9519

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31 SARGENT PK
NEWTON MA 02158
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618 E GIRARD AVE
PHILADELPHIA PA 19125-3437
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8809 HAWTHORNE LN
GLENSIDE PA 19038-7147
AXELROD, MD, RITA S *ON
TEMPLE UNIV CANCER CTR
3322 N BROAD ST
PHILADELPHIA PA 19140-5103
215-707-2777
AYE, TANDY ST
280 HILLSDALE AVE
SANTA CLARA CA 95051
AYERLE, MD, ROBERT S OM
1902 STANDIFORD DR
MALVERN PA 19355-9744
610-647-8568
AZEVEDO, MD, MICHAEL P PM
6419 EASTWOOD ST
PHILADELPHIA PA 19149
215-533-2071
BACCASH, MD, PATRICIA D GER
VITAL AGE ADULT DAY CARE CTR
121 HUNTINGDON PK
JENKINTOWN PA 19046
215-663-0575
BACHARACH, MD, BENJAMIN TS
1025 WALNUT ST RM 116
PHILADELPHIA PA 19107-5001
215-955-6986
BACHINSKY, MD, WILLIAM B CD
412 WYNNE AVE
HAVERTOWN PA 19083
610-446-9058
BACON, KIMBERLY A ST
4600 KITAMAT TRL
LIMA OH 45805
BADOSA, MD, FRANCISCO GS
5401 OLD YORK RD STE 505
PHILADELPHIA PA 19141-3030
215-456-6933
BAER, JAMES R ST
7 LA VISTA VERDE
PALOS VERDES CA 90274
BAER, MONIOUE M ST
8900 RIDGE AVE
PHILADELPHIA PA 19128-2027
BAER, MD, SAMUEL IM
8470 LIMEKILN RD
WYNCOTE PA 19095-2028
215-887-2000
BAGHERI, MD, BRUCE B CD
4040-3013 PRESIDENTAL BLVD
PHILADELPHIA PA 19131
215-477-0528
BAGLEY, MD, DEMETRIUS H U
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-2662
BAILEY JR, LEONARD C ST
4321 LARCHWOOD AVE
PHILADELPHIA PA 19104-3903
BAIN, MICHAEL A ST
325 N 15TH ST APT 1311
PHILADELPHIA PA 19102-1012
BAIRD, JANET L ST
147 FINNEY RD
GLENMOORE PA 19343
BAKER, ALFREDO E ST
3530 HENRY AVE
PHILADELPHIA PA 19129-1104
BAKSHI, MD, KALIND R VS
2742 KNIGHTS RD
BENSALEM PA 19020-3526
215-245-9055
BALABAN, MD, DONALD J *GPM
290 N BOWMAN AVE
MERION STA PA 19066
215-664-0515
BALASUBRAMANIAN, MD,
EASWARAN ORS
2040 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3817
215-426-7717
BALCHANDANI, MD,
RAJKUMARI B DR
221 HOLME AVE
ELKINS PARK PA 19117-1805
215-663-0952
BALDECK, MD, ANDREA M AN
6122 BUTLER PIKE
BLUE BELL PA 19422-2604
BALDERSTON, MD, RICHARD A *ORS
811 SPRUCE ST
ORTHO ASSOC
PHILADELPHIA PA 19107-5701
215-829-3458
BALKIAN, GARO K ST
1000 WALNUT ST #1111
PHILADELPHIA PA 19107
BALL, SCOTT T ST
11811 LOMA LINDA WAY
SANTA ANA CA 92705
BALLEK, MD, RONALD E IM
MAKEFIELD EXEC OTRS
ST 404A 301 OXFORD VALL RD
YARDLEY PA 19067

BALMASEDA, MD, OFELIA B PM
5233 N 5TH ST
PHILADELPHIA PA 19120-3301
215-457-2744
BALTAROWICH, MD, OKSANA H *DR
2016 SHADYWOOD CTR
HUNTINGDN VLY PA 19006-6747
215-938-7680
BALTZELL, MD, WILLIAM H BE
208 REX AVE
PHILADELPHIA PA 19118-3719
215-247-9412
BAMONT, MD, ANTHONY J FP
5301 N VIEW DR
AMARILLO TX 79124
806-353-8955
BANE, CHRISTOPHER D ST
450 EISENHOWER DR
ORWIGSBURG PA 17961
BANEY IV, PHILIP J ST
PO BOX 117
SPINNERSTOWN PA 18968-0117
BANKA, MD, REENA S N
2101 BRIGHTON ST
PHILADELPHIA PA 19149-1802
215-333-6611
BANKA, MD, VIDYA S CD
EPISCOPAL HOSP
MED ARTS BLDG STE 305
PHILADELPHIA PA 19125
215-427-7247
BANNER, MD, RONALD S IM
2050 WELSH RD
PHILADELPHIA PA 19115-4933
215-969-0887
BANSBACH, MD, JEAN M D
21 N FEATHERING RD
MEDIA PA 19063-1908
BANSBACH, MD, WILLIAM A U
21 N FEATHERING RD
MEDIA PA 19063-1908
610-566-5127
BAR, MD, ALLEN H GS
301 SOUTH 8TH STREET
PHILADELPHIA PA 19106
215-627-6079
BARANKO, DARRELL J ST
13 N LINCOLN ST
MCADOO PA 18237-2219
BARBARISI, MD, MARCHELLO J DR
5500 WISSAHICKON AVE
APT 202-C
PHILADELPHIA PA 19144-5619
215-569-2340
BARBEE, GLEN J ST
317 N BROAD ST # 615
PHILADELPHIA PA 19107-1017
BARBER, MD, LEE A *IM
6607 RIDGE AVE
PHILADELPHIA PA 19128-2428
215-482-0222
BARBER, MD, MARGARET P
370 SE 6 TER
POMPANO BEACH FL 33060
BARBOT, MD, DONNA J *GS
111 S 11TH ST STE G6270
PHILADELPHIA PA 19107-4824
215-955-8666
BARKASY JR, MICHAEL A ST
333 OLD BAILEY LN
WEST CHESTER PA 19382
BARKER, MD, CLYDE F GS
UNIV OF PA HOSP
PHILADELPHIA PA 19104
215-662-2027
BARKER, MD, RICHARD G OM
446 HUNTINGTON DR
WAYNE PA 19087-1404
610-688-2273
BARLOW JR, MD, ROBERT A OM
1296 UNIVERSITY DR
YARDLEY PA 19067-2826
215-684-6566
BARNABY JR, MD, ARTHUR J GS
2701 HOLME AVE STE 104
PHILADELPHIA PA 19152-2029
215-331-8897
BARNES, MD, ANNE U GS
1503 RICHLAND RD
FEASTERVILLE PA 19053-2241
215-355-2768
BARNES, MD, MARGARET M RO
FRANKFORD HOSP
KNIGHTS & RED LION RDS
PHILADELPHIA PA 19114-1436
215-612-4300
BARNETT, DO, RANDY B FP
634 PINE ST
PHILADELPHIA PA 19106
215-627-1300
BAROLAT-ROMANA, MD,
GIANCARLO NS
1015 CHESTNUT ST
STE 1400
PHILADELPHIA PA 19107
215-955-6744
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1915 ANGELA TER
FAIR LAWN NJ 07410
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345 E MT AIRY AVE
PHILADELPHIA PA 19119-1114
215-242-5000

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BALA CYNWYD PA 19004-1611
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BARRETT, RONALD T ST
2049 WAVERLY ST
PHILADELPHIA PA 19146-1342
BARRINGER, MD, LYDIA R AN
201 S BUCK LN
HAVERFORD PA 19041-1106
610-896-0110
BARRISH, WILLIAM J ST
4 WORRAL COURT
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BARRIST, MD, ELLIS M GS
5222 WINDSOR PARKE DR
BOCA RATON FL 33496
BARRY, MD, WILLIAM E HEM
3400 N BROAD ST
PHILADELPHIA PA 19140-5104
215-707-4613
BARSKY, DO, HOWARD EDWIN AI
3101 BDWK TOWER II #1905
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BARTH, MD, LINDA J GS
701 SUMMIT AVE #C 101
PHILADELPHIA PA 19128-2317
215-487-2142
BARTMAN, THOMAS ST
310 S EASTON RD APT B407
GLENSIDE PA 19038-3924
BARTON, MICHAEL E ST
9071 MILLCREEK RD APT 2902
LEVITTOWN PA 19054-4238
BARTUSKA, MD, DORIS G *END
3227 W PENN ST
PHILADELPHIA PA 19129-1017
215-843-7556
BARZEL, MD, EYAL R
38 UNION AVE
BALA CYNWYD PA 19004-3132
610-668-8590
BASE, STEPHEN J ST
753 AVENIDA
SAN MARCOS CA 92069
BASHE, MARCY I ST
29 CLOVER LN
RANDOLPH NJ 07869
BASSETT, MD, JAMES G GS
MED COLLEGE OF PA
3300 HENRY AVE
PHILADELPHIA PA 19129-1191
BASTIAN, MD, GRACE A AN
465 HIGHVIEW DR
RADNOR PA 19087-4605
610-687-5455
BATOFF, MD, MILTON A GP
5238C LAKE CATALINA DR N
BOCA RATON FL 33496-2469
BATRA, MD, PREET M FP
706 BRANDYWINE DR
MOORESTOWN NJ 08057-4410
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7054 CITY LINE AVE
PHILADELPHIA PA 19151-2317
215-477-0533
BATTERTON, MD, THOMAS D IM
1420 LOCUST ST # 29O
PHILADELPHIA PA 19102-4217
BAUER, KRISTEN M ST
264 W WALNUT LN, R-1
PHILADELPHIA PA 19144-3270
BAUM, ERIC D ST
345 S 18TH ST APT 2
PHILADELPHIA PA 19103
BAUMBACH, JENNIFER L ST
3860 MANAYUNK AVE
PHILADELPHIA PA 19128-5110
BAUMGARDNER, MD, JAMES E AN
131 MILMONT AVE
MILMONT PARK PA 19033
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3400 SPRUCE ST 4 SILVERSTEIN
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215-662-2017
BEARIE, BRIAN J ST
2101 CHESTNUT ST #1815
PHILADELPHIA PA 19103
BEATTY, MD, ALBERT C CDS
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SPRINGFIELD MA 01109-2550
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BECK, MD, AARON T P
RM 754 SCIENCE CTR
3600 MARKET ST
PHILADELPHIA PA 19104-2648
BECK, MD, SYLVIA R OPH
MED COL OF PA
3300 HENRY AVE RM 114
PHILADELPHIA PA 19129-1121
215-842-6481

BECKER, MD, IRWIN FP
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BECKER, MD, JOSEPH M DR
548 WINDING WAY
MERION STA PA 19066-1127
610-667-2180
BECKER, DO, MICHAEL A FP
1171 PLOWSHARE RD
BLUE BELL PA 19422-1935
610-272-1745
BEDFORD, MD, RICHARD A *FP
2998 WELSH RD
PHILADELPHIA PA 19152-2121
BEDNAR, MD, JOHN M ORS
PHILADELPHIA HAND CTR
901 WALNUT ST
PHILADELPHIA PA 19107
215-829-2404
BEDRICK, MD, EDWARD L IM
8316 CEDAR RD
ELKINS PARK PA 19027
BEEDASSY, MD, ASHOK IM
1900 JFK BLVD APT 1404
PHILADELPHIA PA 19103
BEERS, LEANNE C ST
556 GENERAL LEARNED RD
KING OF PRUSSIA PA 19406
BEHAR, MD, ROBERT D *OPH
2610 E ALLEGHENY AVE
PHILADELPHIA PA 19134-5104
215-423-5154
BEHREND, MD, BERNARD OM
135 S 19TH ST APT 1210
PHILADELPHIA PA 19103-4912
BEISTY, JENNIFER A ST
501 WOODLAND CT
WAYNE PA 19087-3426
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519 CONSHOHOCKEN ST RD
NARBERTH PA 19072-1211
610-668-1239
BELL, MD, STEVEN D AN
524 MAIN BLDG
132 S 10TH ST
PHILADELPHIA PA 19107-5244
215-955-6161
BELLER, BYRKE O ST
1329 LOMBARD ST APT 601
PHILADELPHIA PA 19147-1015
BELLER, MD, MARTIN L ORS
RR 1 BOX 256B
GAINES PA 16921-9768
814-435-6607
BELMONT, MD, HERMAN S CHP
3472 NE CAUSECOAY BLVD
3-401
JENSEN BEACH FL 34957
407-225-6378
BELMONT, MD, OWEN OPH
PLZ AT FOXCROFT SO STE 1
1250 GREENWOOD AVE
JENKINTOWN PA 19046-2901
215-576-5090
BEMIS, MD, CHARLES EASTMAN CD
328 S VALL RD
PAOLI PA 19301-1912
610-647-2639
BEN-MAIMON, MD, CAROLE S NEP
1510 DELP DR
KULPSVILLE PA 19443
215-256-8400
BENDERSKY, MD, GORDON CD
623 ANTHONY RD
ELKINS PARK PA 19027
215-886-8936
BENDITT, MD, PHILIP L IM
614 REVERE RD
MERION STA PA 19066-1008
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BENEDETTO, DO, ANTHONY V D
1200 LOCUST ST
PHILADELPHIA PA 19107-5605
215-546-3666
BENEDETTO, MD, ERNEST A D
1200 LOCUST ST
PHILADELPHIA PA 19107-5605
215-546-3666
BENINGER, MD, PAUL R US
1040 OAK RIDGE DR
BLUE BELL PA 19422
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BENJAMIN, MD, KENNETH W OPH
9302 EAGLE VIEW DR
LAFAYETTE HILL PA 19444-1743
215-843-8029
BENNETT, MD, HUGH D IM
639 VALL VIEW RD
ARDMORE PA 19003-1028
610-649-2733

BENNETT, MD, RICHARD H N
5401 OLD YORK RD RM 405
KLEIN BLDG
PHILADELPHIA PA 19141-3030
215-324-3300
BENSON, MD, WILLIAM E *OPH
910 E WILLOW GR AVE
WYNDMOOR PA 19038
215-233-4300
BENTIVOGLIO, MD, LAMBERTO G CD
LANKENAU MED BLDG STE 332
LANCASTER AVE W OF CITY LINE
WYNNEWOOD PA 19096
610-896-4530
BENTLEY, RHONDA M A ST
2680 8TH AVE APT 17E
NEW YORK NY 10030
212-281-7743
BERAN, MINDY S ST
1751 ROLLING LN
CHERRY HILL NJ 08003-3323
BERENBAUM, MD, PAUL L GE
MED ARTS BLDG # 224
50 E TWP LINE RD
ELKINS PARK PA 19027
215-665-1772
BERG, MD, ALAN P IM
PO BOX 205
FLOURTOWN PA 19031-0205
215-836-7993
BERGER, MD, BRUCE C CD
101 PEPPER PAVILION
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
215-893-2495
BERGER, MD, MARK D *CD
PA CARD ASSOCS LTD
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064
BERGER, MD, SIMON M DR
501 E BIRCH LN
WYNDMOOR PA 19038-8301
215-233-4084
BERGER, MD, STANLEY R *CD
8236 PROVIDENT RD
PHILADELPHIA PA 19150-1707
215-242-5371
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1500 HELLERMAN ST
PHILADELPHIA PA 19149-2825
BERK, MD, NATHANIEL G IM
3589 S OCEAN BLVD
MAYFAIR HOUSE APT 711
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39TH AND MARKET STS
PHILADELPHIA PA 19104
215-662-0800
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230 N BROAD ST
PHILADELPHIA PA 19102-1121
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BERNS, MD, LEON L IM
1335 W TABOR RD
PHILADELPHIA PA 19141-3038
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334 S 19TH ST
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1612 ROSE GLEN RD
HAVERTOWN PA 19083-1810
610-449-2668
BERNSTEIN, MATTHEW E ST
1239 LAFAYETTE RD
GLADWYNE PA 19035
BERNSTINE, MD, J BERNARD OBG
23205 MORA GLEN DR
LOS ALTOS CA 94024-6621
BERRY, MARK F ST
9211 EXETER RD
PHILADELPHIA PA 19114
BESDEN, JODI E ST
136 LAURISTON ST
PHILADELPHIA PA 19128-3728
BETESH, MD, JOEL S IM
2240 S 3RD ST
PHILADELPHIA PA 19148-3347
215-755-8575
BETTS, MD, EUGENE K *AN
108 ROCK ROSE LN
RADNOR PA 19087-3736
610-687-5633
BETZ, MD, RANDAL R ORS
572 LENAPE CIR
LANGHORNE PA 19047-1141
BEVERLY, MD, AVERY W *R
5029 WOODLAND AVE
PHILADELPHIA PA 19143-5132
BEVERLY JR, MD, ROLAND S GP
5836 CHESTNUT ST
PHILADELPHIA PA 19139-3109
215-476-8048
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900 DREXEL AVE
DREXEL HILL PA 19026-4001
BEYER JR, MD, KARL H *NEP
2550 MOSSIDE BLVD
STE 405
MONROEVILLE PA 15146

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7841 RIDGE AVE APT B145
PHILADELPHIA PA 19128
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BHATNAGER, SONIKA ST
8890 WILLOUGHBY RD
PITTSBURGH PA 15237
BIANROSA , MD, JOHN J AN
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ANESTHESIA DEPT
PHILADELPHIA PA 19146-1407
215-893-2000
BIELE, MD, FLORA H P
1919 CHESTNUT ST APT 903
PHILADELPHIA PA 19103
215-751-1034
BIERMANN, MD, WILLIAM A ON
111 S 11TH ST STE G4100
PHILADELPHIA PA 19107-4824
215-955-6039
BIGLEY, MD, JOSEPH R *GP
5012 N CONVENT LN F
PHILADELPHIA PA 19114-3130
215-637-4709
BILLIG, MD, RUTH A PD
SOUTHAMPTON ESTATES
238 STREET RD #F-120
SOUTHAMPTON PA 18966-3121
215-364-1487
BILSKY, MD, ALAN CHARLES IM
729 EASTWIND CIRCLE
DRESHER PA 19025-1436
215-659-0916
BILYK, MD, JURIJ R OPH
WILLS EYE HOSP
900 WALNUT ST
PHILADELPHIA PA 19107
215-928-1417
BINIAURISHVILI, MD, RAOUL G N
10125 VERREE RD STE 100
PHILADELPHIA PA 19116
215-698-1664
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5500 WISSAHICKON AVE
APT 702C
PHILADELPHIA PA 19144-5635
215-844-5198
BIRD, MD, LUIS J P
1534 PINE ST
PHILADELPHIA PA 19102-4646
215-546-3501
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8118 OLD YORK RD
ELKINS PARK PA 19117-1423
215-635-0545
BISCHOF, MD, RALPH O FP
821 KINGS CROFT
CHERRY HILL NJ 08034-1110
BISCOVEANU, MD, MIHAELA US
3855 BLAIR MILL RD APT 243G
HORSHAM PA 19044
BISER, SETH A ST
1908-C RODMAN ST
PHILADELPHIA PA 19146-1417
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88 WILLOWBROOK AVE
LANSDOWNE PA 19050-1832
BISHOW, MD, I RALPH FP
10500 ACAD RD NE APT 302
ALBUQUEROUE NM 87111-7325
505-298-3491
BITMAN, MD, JOSEPH PD
8470 LUMEKIN PIKE
APT 1824
WYNCOTE PA 19095-2701
215-887-3445
BLACK, MD, PERRY NS
HAHNEMANN UNIV HOSP
M/S 407 BROAD AND VINE
PHILADELPHIA PA 19102
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DEDHAM MA 02026
BLAIR, MD, FRANK W OPH
2000 CAMBRIDGE AVE
APT 130
WYOMISSING PA 19610-2714
610-775-1988
BLAISE, CARMINE ST
8201 HENRY AVE APT N-9
PHILADELPHIA PA 19128-2236
BLAKE, MD, HU A GS
1021 RIVERTON RD
MOORESTOWN NJ 08057-1344
609-273-8748
BLAKE, DO, JAMES S GE
490 PLYMOUTH RD
GLENSIDE PA 19038-2829
BLANCH, MD, JOSEPH J U
10854 CRESTMONT AVE
PHILADELPHIA PA 19154-4419
BLAND, MD, C BRINLEY GYN
717 BETHLEHEM PIKE
ERDENHEIM PA 19038
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BLANK, MD, SAMUEL AN
2778 S OCEAN BLVD SPH1
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407-588-5710

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717 BETHLEHEM PK
ERDENHEIM PA 19038
215-836-1313
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1703 S BROAD ST
PHILADELPHIA PA 19148-1505
215-339-8100
BLENDER, DO, BURTON *US
335 E WYOMING AVE
PHILADELPHIA PA 19120-4432
215-455-0113
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908-439-2216
BLINKOFF, MD, BARRY A IM
9257 A JAMISON AVE
PHILADELPHIA PA 19115
215-673-3984
BLISARD, DEANNA M ST
4TH & PARK AVE
NESOUEHONING PA 18240
BLITZ, JENNIFER L ST
6675 ALDERLEY WAY
W BLOOMFIELD MI 48322
BLOCK, MD, ROBERT A OBG
9600 ROOSEVELT BLVD APT 2
PHILADELPHIA PA 19115-3932
215-677-1100
BLOOM, ADAM H ST
4 APPLEGREEN DR
OLD WESTBURY NY 11568
BLOOM, MD, BENJAMIN H OPH
GERMANTOWN HOSP STE 117
2 PENN BLVD
PHILADELPHIA PA 19144-1480
215-849-0422
BLOOM, MD, JOSEPH PD
ELKINS PK HOUSE APT 203A
7900 OLD YORK RD
ELKINS PARK PA 19117-2318
215-635-3898
BLOOM, MD, LAWRENCE H OPH
525 JAMESTOWN ST STE 207
PHILADELPHIA PA 19128-1751
215-483-8445
BLOOMGARDEN, MD, RAPHAEL T CD
1722 BETHLEHEM PIKE
FLOURTOWN PA 19031-1644
215-233-9700
BLORE, SCOTT M ST
1136 N 3RD ST
PHILADELPHIA PA 19123
BLUEMLE JR, MD, LEWIS W IM
731 CONESTOGA RD
ROSEMONT PA 19010
610-525-1880
BLUMBERG, MD, BARUCH S OS
7701 BURHOLME AVE
PHILADELPHIA PA 19111-2412
215-728-3164
BLUMBERG, MD, MYRON L R
317 S 22ND ST
PHILADELPHIA PA 19103-6528
215-732-7255
BLUMENTHAL, MD, SHERRY L *OBG
2701 BLAIR MILL RD STE C
WILLOW GR PA 19090-1041
215-443-0660
BLYN, MD, CHARLOTTE L P
PARK TOWNE PLACE
2200 BEN FRANKLIN PKY # E106
PHILADELPHIA PA 19130
215-567-5056
BLYTHE, JAMES O ST
RD 1 BOX 244-A
HARTLY DE 19953
BOAK, MD, AMY F FP
BEN FRANKLIN
834 CHESTNUT ST APT PH116
PHILADELPHIA PA 19107
215-923-2613
BOBEN, PIA E ST
159 WILSON DR
LANCASTER PA 17603
BOBRIN, DO, MARSHALL C US
11863 BRANDON RD
PHILADELPHIA PA 19154-2532
215-637-1134
BOGER, MD, WILLIAM P ID
1675 GLENHARDIE RD
WAYNE PA 19087-1003
610-783-0534
BOHRN, MICHAEL A ST
1924 RIDGEVIEW AVE
LANCASTER PA 17603-4318
BOLNO, DO, CHARLES M ORS
8011 STENTON AVE
GLENSIDE PA 19038
BONDI, MD, EDWARD EDGE *D
1096 RANDOLPH RD
MEADOWBROOK PA 19046-1821
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BONE, LINDA J ST
213 JENKS AVE
PUNXSUTAWNEY PA 15767-1503
BONNER, MD, JAMES F *PM
217 KEDRON AVE
FOLSOM PA 19033-1310
610-532-2633

BONNER, MD, ROBERT E OM
PECO ENERGY CO
2301 MARKET ST N1-5
PHILADELPHIA PA 19101
215-841-4370
BOONSWANG, NARONGSAK ST
2390 NORWOOD AVE
EASTON PA 18042
BOOTH JR, MD, ROBERT E ORS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-3458
BORKOWSKI, MD, WINSLOW J N
1324 RED RAMBLER ROAD
RYDAL PA 19046-2910
215-884-4889
BORN, MD, CHRISTOPHER T ORS
3 COOPER PLZ
CAMDEN NJ 08103-1438
609-342-3253
BORNFRIEND, MD, LYNN A CHP
700 LOCUST ST APT A5
PHILADELPHIA PA 19106-3531
215-238-0563
BORNS, MD, PATRICIA F PDR
3411 WARDEN DR
PHILADELPHIA PA 19129-1417
215-844-8303
BOROW, MD, LAWRENCE S OBG
516 CRAIG LN
VILLANOVA PA 19085-1902
610-525-6883
BOROW, MD, SYDNEY PD
LOGAN SQUARE E APT 613
2 FRANKLINTOWN BLVD
PHILADELPHIA PA 19103-1238
215-225-0224
BORTHWICK, JAMES M ST
6925 PHILLIPS MILL RD
NEW HOPE PA 18938
BORTIN, MD, LEONARD IM
191 PRES BLVD
BALA CYNWYD PA 19004-1207
215-839-7400
BOSACCO, MD, STEPHEN J ORS
HAHNEMANN UNIV
MAIL STOP 420
BROAD AND VINE STS
PHILADELPHIA PA 19102
215-762-8445
BOSCIA, MD, JEROME A ID
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W CHESTER PA 19380-6005
610-251-1441
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PHILADELPHIA PA 19107
215-963-9760
BOSLEY, MD, THOMAS M N
WILLS EYE HOSPRO OPH
900 WALNUT ST
PHILADELPHIA PA 19107
215-928-3130
BOSSARD, MD, VALERIE J OBG
1548 RIVER RD
NEW HOPE PA 18938-9267
215-862-3980
BOTEK, MD, ALISON A OPH
278 E CHOCOLATE AVE
HERSHEY PA 17033
717-533-1520
BOTUYAN, KATHERINE F ST
302 OTTAWA LN
OAK BROOK IL 60521
BOVE, MD, RICHARD L *CRS
316 LAWRENCE CT
PHILADELPHIA PA 19106-4211
215-592-7544
BOWEN JR, MD, FRANK W PD
PAIDOS HEALTHCARE INC
ROUTE 252 S STE 201
PAOLI PA 19301
610-648-9200
BOWER, MD, ROBERT GS
121 BERKELEY RD
GLENSIDE PA 19038
BOWER, RYAN T ST
425 N 15TH ST APT 1404
PHILADELPHIA PA 19102-1012
BOWERS, MD, PAUL A OBG
1 SANDRINGHAM RD
BALA CYNWYD PA 19004-2036
610-664-9644
BOWLES, MD, LAWRENCE T CD
315 SPRUCE ST
PHILADELPHIA PA 19103-5518
215-732-4939
BOWMAN, MD, ANDREW R IM
040-2309 PRES BLVD
PHILADELPHIA PA 19131
215-477-3361
BOXER, MD, LOUIS M AN
47G SHAWMONT AVE
PHILADELPHIA PA 19128-4212
215-482-5828
BOYD III, MD, THOMPSON H IM
74 N 24TH ST
PHILADELPHIA PA 19130-2542
215-763-7778
BOYER, MD, EDWARD W EM
20 FITZWATER ST APT 1R
PHILADELPHIA PA 19147
215-627-6801

BOYER, PAMELA S ST
8 CHURCH RD
NORRISTOWN PA 19401
BOYER, MD, RANDAL A DR
39 E MONTGOMERY AVE
ARDMORE PA 19003-2502
610-649-6294
BOYLE HACKMAN, BARBARA A ST
8 FORREST LN
STRAFFORD PA 19087-2504
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PHILADELPHIA PA 19129
215-842-6511
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PHILADELPHIA PA 19131-1248
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BRACCIA, MD, GREGORY M AN
604 WASHINGTON SO
PHILADELPHIA PA 19106-2108
215-925-6199
BRACE, MD, FREDERICK H *P
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BRADEN, MD, GEOFFREY L GE
2 BALA PLZ STE IL22-24
BALA CYNWYD PA 19004-1589
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6288 BRIGHT PLUME
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BRADLEY JR, MD, ROBERT H U
1403 FOULKEWAYS
GWYNEDD PA 19436
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BRADY, MD, LUTHER W TR
230 N BROAD ST ML STP 200
PHILADELPHIA PA 19102-1121
215-762-8419
BRAHMABHATT, SHYAM N ST
2500 KNIGHTS RD #43-06
BENSALEM PA 19020
BRAITMAN, MD, ROBERT A IM
539 PRESCOTT RD
MERION STA PA 19066-1034
BRALOW, MD, S PHILIP GE
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1 GRADUATE PLZ
PHILADELPHIA PA 19146
215-893-2532
BRALOW, DO, SCOTT A NEP
NEPHROLOGY CONS
TWO BALA PLZ STE IL50
BALA CYNWYD PA 19004
610-660-8864
BRANCH, KELLEY R ST
1000 WALNUT ST APT 906
PHILADELPHIA PA 19107-5518
BRANDMAN, MD, ITA S IM
1208 CHILDS AVE
DREXEL HILL PA 19026-4102
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1426 MCKINLEY ST
PHILADELPHIA PA 19149-2705
215-533-5569
BRAV, MD, SOLOMON S OPH
5575 N PARK AVE
PHILADELPHIA PA 19141-3017
215-424-1254
BRAVETTE, MD, BARRY A CD
1317 WOLF ST
PHILADELPHIA PA 19148-2934
215-389-0700
BRAY, MD, SUSAN H NEP
86 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2821
215-247-3930
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4 SILVERSTEIN
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215-662-2094
BRECHER, MD, EUGENE *IM
8302 OLD YORK RD
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CONIFER CO 80433
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111 S 11TH ST STE 4280
PHILADELPHIA PA 19107-4824
215-955-8706
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808 WINTER RD
RYDAL PA 19046-2920
215-782-1174
BRENMAN, MD, SCOTT A PS
330 S 9TH ST # 300
PHILADELPHIA PA 19107-6153
215-829-7290
BRENNER, MD, BARRY S FP
2175 KNORR ST
PHILADELPHIA PA 19149-2307
215-624-2491
BRENNER, DO, RICHARD P FP
2175 KNORR ST
PHILADELPHIA PA 19149-2307
215-624-2491

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JEFFERSON MED COLL
11TH AND WALNUT STS
PHILADELPHIA PA 19107
BRETOUS, LENA M ST
1000 WALNUT ST APT 301
PHILADELPHIA PA 19107
BRIDGES, MARK W ST
8935 NE 10TH AVE
MIAMI FL 33138
BRIGGS, STEPHEN J ST
626 VIRGINIA AVE
ERIE PA 16505
BRIGHTON, MD, CARL T *ORS
14 FLINTSHIRE RD
MALVERN PA 19355-1108
BRIGNOLA, MD, MICHAEL P *IM
215-216 GSB BLDG
BELMONT AND CITY LINE
BALA CYNWYD PA 19004
610-667-4815
BRISLIN, KENNETH J ST
7901 HENRY AVE APT F112
PHILADELPHIA PA 19128-3054
BRIZUELA, MD, HERNAN R OBG
5024 N 5TH ST
PHILADELPHIA PA 19120
215-324-0160
BROCK, MD, CHARLENE M PD
3101 W COULTER ST
PHILADELPHIA PA 19129-1001
215-849-0232
BROCKMAN, MD, STANLEY K CD
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MS111
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FT WASHINGTON PA 19034-2906
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13 SCARLET OAK DR
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HOSP
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PHILADELPHIA PA 19145-4417
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JENKINTOWN PA 19046
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34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
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WYNNEWOOD PA 19096-2006
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6419 DREXEL RD
PHILADELPHIA PA 19151-2402
BROGDEN, MD, STEPHANIE J OBG
203 CHEROKEE CIR
AMBLER PA 19002
215-540-8463
BROKER, MD, BRIAN J OTO
909 WALNUT ST 3RD FL
PHILADELPHIA PA 19107-5564
215-955-6055
BROMBERG, MD, JONATHAN B ORS
KLEIN BLDG
5401 OLD YORK RD STE 200
PHILADELPHIA PA 19141-3030
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BROMMER, MD, OLIVER R GP
421 GREEN LN
PHILADELPHIA PA 19128-3305
BRONSTEIN, MD, HOWARD D IM
1659 PAPER MILL RD
MEADOWBROOK PA 19046-1016
215-938-0115
BROSELOW, MD, DAVID D GP
CEDARBROOK HILL III APT C312
WYNCOTE PA 19095
BROSNAN, MD, WILLIAM J AN
1225 CENTENNIAL ROAD
NARBERTH PA 19072-1205

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PHILADELPHIA PA 19149-2106
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BROWN, DO, AVROM S *FP
NE MED CTR STE 15
ROOSEVELT BLVD AND WELSH RD
PHILADELPHIA PA 19114
215-552-9533
BROWN, CAROLYN M ST
1411 MANOR AVE
MCKEESPORT PA 15132-4718
BROWN, MD, EARL R *FP
1335 W TABOR RD STE 111
PHILADELPHIA PA 19141
215-224-3499
BROWN, MD, J OLIVER GP
1015 W UPSAL ST
PHILADELPHIA PA 19119-3716
215-848-5638
BROWN, MD, KENNETH R ID
MERCK SHARP AND DOHME
RESEARCH LAB
WEST POINT PA 19486
610-397-2552
BROWN, MD, LESLIE A OPH
8705 MARSHALL RD
GLENSIDE PA 19038-7415
215-977-8716
BROWN, MD, LINDA E NEP
290 RIDINGS WAY
BROAD AXE PA 19002-5246
215-628-0103
BROWN JR, MD, LOUIS A D
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PHILADELPHIA PA 19111-5630
215-877-8171
BROWN, MANDY J ST
12 FARM HILL RD
NATICK MA 01760
BROWN, MILLARD D ST
8201 HENRY AVE
PHILADELPHIA PA 19128
BROWN, PAMELA L ST
1464 WATER PIPIT LN
ORANGE PK FL 32073-7238
BROWN, VALERIE I ST
825 N 29TH ST APT 4D
PHILADELPHIA PA 19130
BROWNE, MD, BARBARA J PM
MAGEE REHAB HOSP
6 FRANKLIN PL
PHILADELPHIA PA 19102
215-587-3084
BROWNLEE, STEVEN D ST
826 11TH ST
OAKMONT PA 15139
BROWNSTEIN, MD, PHILLIP K U
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-923-6400
BRUCKER, MD, PAUL C FP
1020 WALNUT ST
PHILADELPHIA PA 19107-5557
215-955-6617
BRUNNER, MD, RICHARD A P
89 W LEVERING MILL RD
BALA CYNWYD PA 19004-2521
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BRUNO, MD, LEONARD A *NS
1601 WALNUT ST FL 908
PHILADELPHIA PA 19102-2909
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BRUNT JR, MD, MANLY Y P
633 MALIN RD
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SUITE 130
PHILADELPHIA PA 19114-1436
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BUCHINSKY, MD, FARREL J GS
505 GLEN ARBOR DR
WYNNEWOOD PA 19096-2611
610-649-7932
BUCK, MD, DONALD E IM
HEIDELBERG AMERICAN
MILITARY
UNIT 29223 BOX 598
APO AE 09102
215-427-7000
BUDNIAK, SHARON L ST
13 MAURIELLO DR
WATERFORD NJ 08089
BUEK, SUZANNE L ST
538 ROCK GLEN DR
WYNNEWOOD PA 19096-2621
BUJANAUSKAS, MD, PAUL IM
1834 PINE ST APT 3R
PHILADELPHIA PA 19103-6602
215-732-6108
BULETTE, MICHAEL D ST
475 STONES CROSSING
EASTON PA 18042
BULTHUIS, DEANNA B ST
280 SUN VALL CT
RIPON CA 95366
BUNYA, MD, VATHANA O EM
1414 JUNE LN
NARBERTH PA 19072-1117
610-664-8105

BUNYA, MD, VICHAI PD
1414 JUNE LN
PENN VALL PA 19072-1117
215-387-4545
BURDEN, MD, THEODORE *IM
6711 OLD YORK RD
PHILADELPHIA PA 19126
215-924-2480
BURDZIAK, DO, DOROTHY A PD
127 HOLME AVE
ELKINS PARK PA 19117-1803
215-663-0916
BURKE, MD, MARGARET A IM
438 W MT AIRY AVE
PHILADELPHIA PA 19119
215-743-3131
BURLAND, MD, J ALEXIS PYA
15 COLWYN LN
BALA CYNWYD PA 19004-2308
610-664-6178
BURNS, MD, CYNTHIA A IM
241 CANDLEBROOK RD
KING OF PRUSSIA PA 19406-1808
610-265-0157
BURNS JR, MD, STEPHEN P PM
241 S 6TH ST APT 212
PHILADELPHIA PA 19106
215-413-2449
BURROUGHS, MD, BETH A PD
4632 LARCHWOOD AVE
PHILADELPHIA PA 19143-2108
215-387-2012
BURROWS, MD, STANLEY B PTH
EPISCOPAL HOSP
100 EAST LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7333
BURSTEIN, MD, FRANK FP
1718 WELSH RD
PHILADELPHIA PA 19115-4213
215-673-1700
BURSTEIN, MD, WILLIAM H IM
1718 WELSH RD
PHILADELPHIA PA 19115-4213
215-342-6564
BUTANI, RAJ C ST
18 DIXON PL
EAST HANOVER NJ 07936
BUTSON, MD, HARRY E PD
8236 GERMANTOWN AVE
PHILADELPHIA PA 19118-3402
215-247-1172
BUTTERWICK, MD, LAURA A IM
142 VASSAR ST
PHILADELPHIA PA 19128
215-483-3623
BUXTON, DOUGLAS H ST
400 RUPLEY RD
CAMP HILL PA 17011
CABUNGCAL, CATHERINE R ST
115 W CHELTENHAM AVE
CHELTENHAM PA 19012
CACKOVIC, MICHAEL P ST
418 10TH ST
BROOKHAVEN PA 19015-3012
CADE, ENA M ST
105 E CLIVEDEN ST
PHILDELPHIA PA 19919
CADY, MD, HERBERT M PD
7056 GERMANTOWN AVE
PHILADELPHIA PA 19119-1826
215-247-2996
CAHAN, MD, MICHAEL S PD
1939 W CHELTENHAM AVE
PHILADELPHIA PA 19117-1046
215-924-6667
CAHAN, MD, ROBERT B P
825 VAN NESS AVE STE 401
SAN FRANCISCO CA 94109
CAHN, MD, MILTON M D
1930 CHESTNUT ST FL 1501
PHILADELPHIA PA 19103-4515
215-563-8332
CAIN, MD, ERIC L ST
218 ST MARKS SO
PHILADELPHIA PA 19104
215-386-5042
CALABRO, MD, SAL P *PS
2401 PA AVE APT 1A5
THE PHILADELPHIAN
PHILADELPHIA PA 19130-3061
215-232-8200
CALANDRA, MD, GARY B *IM
1020 PHEASANT MEADOW RD
BLUE BELL PA 19422-1565
215-643-4560
CALES, MD, ROBERT J GS
6413 S SANDUSKY AVE
TULSA OK 74136-1626
CALESNICK, MD, BENJAMIN *PA
646 SPRINGFIELD RD
SPRINGFIELD PA 19064
610-543-1358
CALHOUN, MD, JOSEPH H OPH
215 WINSOR LN
HAVERFORD PA 19041-1822
610-896-6335
CAMODY-JOHNSTON, MD,
PATRICIA A PD
1015 CHESTNUT ST STE 405
PHILADELPHIA PA 19107-4304
215-592-7220

CAMPBELL, JENNIE M ST
114 CLARRIGE DR
WILLOW GR PA 19090-4219
CAMPBELL, MD, ROBERT E DR
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-6079
CANDER, MD, LEON PUD
317 CHERRY LN
WYNNEWOOD PA 19096-1710
610-649-7276
CANDOW, DAVID L ST
301 BLUE RIDGE DR
PLACENTIA CA 92670
CANE, MD, MARTIN IM
9880 BUSTLETON AVE STE 301
PHILADELPHIA PA 19115
215-969-2900
CANINO, MD, CHRISTOPHER W DR
433 ALDAN AVE
ALDAN PA 19018-4205
610-626-0242
CANNON, MD, EDWARD J OPH
836 AMIES AND SORREL LN
BRYN MAWR PA 19010-1902
610-527-1523
CANOVA, MD, ANDRES E IM
8200 HENRY AVE APT J-15
PHILADELPHIA PA 19128-2968
215-790-9501
CANTER, KAREN L ST
2 DASHER AVE
BEAR DE 19701
CANTOR, MD, CHARLES R N
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-7550
CAO, YIMEI ST
506 WOODLAND TERR
PHILADELPHIA PA 19104-4512
CAPLAN, MD, BERNARD R
8128 FAIRVIEW RD
ELKINS PARK PA 19117-2117
CAPLAN, MD, JOHN L OTO
812 UNRUH AVE
PHILADELPHIA PA 19111-4830
215-342-2332
CAPLAN, MD, MURRAY S P
9321 LARAMIE RD
PHILADELPHIA PA 19115-2738
215-464-6381
CAPONE, MD, GAETANO J CD
439 LANKENAU MED BLDG W
100 LANCASTER AVE
WYNNEWOOD PA 19096-3427
610-658-0489
CAPORUSSO, MD, FRANK D PUD
1843 S BROAD ST
PHILADELPHIA PA 19148
215-468-8008
CAPPOLA JR, MD, MICHAEL T GP
1004 VALL GLEN RD
ELKINS PARK PA 19027
215-549-3951
CAPPUCCIO, MD, MATTHEW S OBG
125 HAVERFORD RD
WYNNEWOOD PA 19096-3632
CAPUTO, MD, LARRY A DR
METHODIST HOSP
2301 S BROAD ST
PHILADELPHIA PA 19148-3594
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CAPUZZI, MD, DAVID M END
HOSP OF THE MED
COLLEGE OF PA
3300 HENRY AVE STE 342-C
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369 S LAKE DR APT G1
PALM BEACH FL 33480-4571
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332 FISHER RD
JENKINTOWN PA 19046-3814
215-663-1188
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822 ADDISON ST
PHILADELPHIA PA 19147-1303
215-545-5740
CARDAMONE, MD, S JOSEPH P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-472-1231
CAREL, MD, WARREN D AN
1 GRADUATE PLZ
DEPT OF ANESTHESIA
PHILADELPHIA PA 19146-1407
215-893-2185
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MEDIA PA 19063-1509
610-566-2606
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1612 S BROAD ST
PHILADELPHIA PA 19145-1509
215-336-1197
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1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-6946

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1513 JAMES RD
WYNNEWOOD PA 19096-2514
610-642-4956
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7516 CITY AVE
PHILADELPHIA PA 19151-2102
215-473-6000
CARPENETTI, DO, STEFANO R OPH
1812 FORRESTAL ST
PHILADELPHIA PA 19145-5423
215-468-5524
CARPINIELLO, MD, VICTOR L U
299 S 8TH ST
PHILADELPHIA PA 19106-4010
215-829-3409
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541 CITY LINE AVE
MERION PA 19066
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6608 CASTOR AVE
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PHILADELPHIA PA 19131
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541 CITY LINE AVE
MERION STA PA 19066
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CARROZZA, MD, HARRY D OPH
STE 207
JAMESTOWN MED BLDG
PHILADELPHIA PA 19128
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317 N BROAD ST
PHILADELPHIA PA 19107-4459
215-564-4527
CARTER, MD, CRAIG S CDS
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215-427-7319
CARTER, MD, JEFFREY E DR
7 NOLEN CIR
VOORHEES NJ 08043-4110
609-751-6516
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60 PILLINGS POND RD
LYNNFIELD MA 01940
CASE JR, MD, WARREN G P
2400 CHESTNUT ST APT 308
PHILADELPHIA PA 19103-4314
215-563-7745
CASEY, MD, KEVIN TS
456 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-642-5889
CASH, MD, STEPHEN L *HS
LANKENAU HOSP STE 253-E
100 LANCASTER AVE
WYNNEWOOD PA 19096-3427
610-642-8823
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170 LEVERING ST
PHILADELPHIA PA 19127-1412
CASSIDY, MD, ELLEN B IM
57 E GOLFVIEW RD
ARDMORE PA 19003
610-446-6981
CASSIDY, MD, WILLIAM J ORS
1254 GANTT DR
HUNTINGDON VLY PA 19006-3212
215-947-1764
CASTAGNA, MD, ARMAND GP
6463 MALVERN AVE
PHILADELPHIA PA 19151-2426
CASWELL, MD, HORACE T GS
713 BRYN MAWR AVE
NARBERTH PA 19072-1522
CASWELL, KENNETH L ST
600 W HARVEY ST APT B1014
PHILADELPHIA PA 19144
CATALINA, GABRIEL R ST
115 PARKER DR
MCKEESPORT PA 15135-3049
CEDERSTROM, MD, JANICE J P
BEN FRANKLIN HSE STE 311B
834 CHESTNUT ST
PHILADELPHIA PA 19107-5127
215-574-1776
CELIO, MD, LEE A *IM
2701 HOLME AVE STE 206
PHILADELPHIA PA 19152-2029
215-335-2700
CERTA, MD, KENNETH M P
JEFFERSON HOSP CRISIS CTR
PSYCHIATRIC EMER SVCS
1020 SANSOM ST
PHILADELPHIA PA 19107-4824
215-955-6655
CHALAL, MD, GERALD S FP
2428 BROWN ST
PHILADELPHIA PA 19130-1932
215-236-7177
CHALAL, MD, KENNETH FP
32 S OCEAN BLVD APT C501
PALM BEACH FL 33480-5657
609-823-1051

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331 PRESTON AVE APT 2002
VOORHEES NJ 08043
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1015 WALNUT ST RM 401
PHILADELPHIA PA 19107
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CHAMBERS JR, GEORGE P ST
5450 WISSAHICKON AVE
APT 1144-B
PHILADELPHIA PA 19144
CHAN, MD, ANNE K OPH
WILLS EYE HOSP
9TH & WALNUT STREETS
PHILADELPHIA PA 19107
215-928-3196
CHANCELLOR, MD, MICHAEL B U
JEFFERSON MED COLL
1025 WALNUT ST
11TH FL
PHILADELPHIA PA 19107
215-955-2758
CHANDHOK, SHEETAL ST
28 SINE RD
EDISON NJ 08817
CHANG, DAVID F ST
3900 CITY AVE #C-922
PHILADELPHIA PA 19131-5816
CHANG, DAVID ST
3817 SPRUCE ST BOX 316
PHILADELPHIA PA 19104-6101
CHANG, HELEN C ST
9141 LAMPSON AVE
GARDEN GROVE CA 92641
CHANG, JOAN ST
14229 BRADSHAW DR
SILVER SPRING MD 20905
CHANG, JOHN C ST
117 N 15TH ST #1502
PHILADELPHIA PA 19102-1519
CHANG, MD, KUN T AN
39 DEVONWOOD LN
PITTSFORD NY 14534
CHANG, MARK F ST
1218 KRESSON RD
CHERRY HILL NJ 08003
CHANG, SUSAN S ST
109 COVE LN
MEDIA PA 19063-1822
CHANNAMALAPPA, MD,
UMAPATHY P
7841 RIDGE AVE APT B-156
PHILADELPHIA PA 19128
215-483-2445
CHANNICK, MD, BERTRAM J *END
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-221-4746
CHAPLIN, MD, STANLEY S OBG
432 W MONTGOMERY AVE
STE 202
HAVERFORD PA 19041
CHAPMAN, DO, ANDREW E HEM
2131 BIRCH DR
LAFAYETTE HILL PA 19444-2116
610-825-2184
CHAPPELL, MD, JAMES C IM
248 W HAINES
PHILADELPHIA PA 19144-3319
610-436-6516
CHASE, MD, HAROLD F AN
1945 GREENLAWN DR
ENGLEWOOD FL 34223-1635
813-474-2952
CHASTENEY III, MD,
EDWARD A *OBG
140 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-649-0347
CHAT, MD, EMANUEL P
11615 BUSTLETON AVE
PHILADELPHIA PA 19116-2513
215-464-4024
CHATTERJEE, MADHUMITA ST
1703 ALBA RD
WILLOW GR PA 19090-3708
CHEN, ELLIOTT H ST
13704 KILLARNEY ST
PHOENIX MD 21131
CHEN, IRENE E ST
432 SPRUCE ST APT 2F
PHILADELPHIA PA 19106
CHEN, JAIME ST
10832 BARMAN AVE
CULVER CITY CA 90230
CHEN, MD, JEFFREY H US
1801 BUTTONWOOD ST
APT 1604
PHILADELPHIA PA 19130
215-568-3978
CHEN, MIKE S ST
1718 PINE ST APT 2F
PHILADELPHIA PA 19103-6702
CHEN, PETER J ST
3833 HIDDEN SPRINGS CT
RICHMOND CA 94805
CHEN, MD, WEI-FAN GP
807 HICKORY LN
MILFORD DE 19963-1317
CHEN, WILLIAM T ST
893 FARMINGTON DR
CHESHIRE CT 06410

CHEN-CONSTANTINO, MD,
SUSAN M EM
7901 HENRY AVE APT G307
PHILADELPHIA PA 19128
215-509-7637
CHENEY, MD, MARYALICE *CRS
1015 CHESTNUT ST STE 601
PHILADELPHIA PA 19107-4306
215-923-7176
CHENG, MD, GRACE Y OBG
3901 CONSHOHOCKEN # 7405
PHILADELPHIA PA 19131
215-878-2442
CHENG, MD, HO-KAN IM
1801 BUTTONWOOD ST APT 401
PHILADELPHIA PA 19130
215-568-2743
CHERNEGA-SPIEKERMANN, MD,
JOY GP
703 SHAMROCK RD S
CHARLOTTESVILLE VA 22903-4020
610-374-6783
CHERNER, MD, RACHMEL IM
BENJAMIN FOX PAV STE 414
JENKINTOWN PA 19046
215-885-4757
CHERNEY, MD, PAUL J *ATP
ABINGTON MEM HOSP
PATH DEPT
1200 YORK RD
ABINGTON PA 19001-3788
215-576-2350
CHERNOFF, MD, ARTHUR END
6901 OLD YORK RD
PHILADELPHIA PA 19126-2234
215-548-5060
CHERNOFF, MD, BENJAMIN CD
6901 OLD YORK RD
PHILADELPHIA PA 19126-2234
215-548-7979
CHERPES, JENNIFER L ST
829 WASHINGTON DR
PITTSBURGH PA 15229
CHERUKURI, RAVI ST
2101 CHESTNUT ST 524
PHILADELPHIA PA 19103
CHESEN, MD, DAVID GP
CEDARBROOK HILL III
WYNCOTE PA 19095
215-248-3450
CHESTER, MD, JANIS G P
2601 PENNSYLVANIA AVE
APT 1244
PHILADELPHIA PA 19130-2315
215-235-2402
CHIANG, CARY H ST
2450 WHITE HORSE RD
BERWYN PA 19312-2132
CHIANG, CHRISTOPHER ST
140 REMINGTON RD
MANHASSET NY 11030
CHILDS III, MD, JOHN N *GS
536 WALNUT LN
PHILADELPHIA PA 19128
215-482-3511
CHILDS, MD, USHA M PD
432 W WALNUT LN
PHILADELPHIA PA 19144-3715
215-849-2204
CHIN, MD, KATHLEEN L PD
8201 HENRY AVE #L-11
PHILADELPHIA PA 19128
215-483-5803
CHIN, SONG S ST
3900 CITY LINE AVE #D819
PHILADELPHIA PA 19131-5929
CHINITZ, MD, JOEL L NEP
265 WENNER WAY
FT WASHINGTON PA 19034-2917
215-646-1381
CHISHOLM, MD, PATRICIA A P
1290 WELSH RD
HUNTINGDON VLY PA 19006-6034
215-947-5569
CHISUM, MD, MELVIN J OM
4120 APALOGEN RD
PHILADELPHIA PA 19144-5404
215-849-0714
CHIU, DAVID M ST
1519 CADDINGTON DR
SAN PEDRO CA 90732
CHODAKEWITZ, MD, JEFFREY A ID
MERCK RESEARCH LABS
BL3-4
WEST POINT PA 19486
610-397-2454
CHOI, LISA J ST
1052 BRIDGE RD
BENSALEM PA 19020-3202
CHOMSKY, MD, DAVID E CD
8120 NEW 2ND ST
ELKINS PARK PA 19117
215-782-1303
CHOU, MARY T ST
157 PROVIDENCE FORGE
ROYERSFORD PA 19468
CHRISTIAN, MD, COLLEEN J OPH
7737 ST MARTINS LN
PHILADELPHIA PA 19118
215-247-7485
CHRISTIDES, MD, STEPHAN A ORS
2117 HOPKINSON HOUSE
WASHINGTON SQ S
PHILADELPHIA PA 19106
215-928-1934

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6100 CASTOR AVE
PHILADELPHIA PA 19149-3215
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PHILADELPHIA PA 19128
CHU, MD, DONALD IM
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215-744-6061
CHU, MD, ELSIE H *EM
1001 CITY AVE APT WA405
WYNNEWOOD PA 19096-3934
610-649-3473
CHU, MD, JENNIFER PM
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PHILADELPHIA PA 19143-2032
215-349-5598
CHUA, MD, ELIAS T AN
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215-893-2185
CHUKUMBA, BEATRICE C ST
45 BROPHY DR
TRENTON NJ 08638-1236
CHUNG, BENJAMIN I ST
424 FAWN HILL RD
PENN VALL PA 19072
CHUNG, D CHRISTOPHER ST
3333 MIDVALE AVE
PHILADELPHIA PA 19129-1403
CHUNG, MD, EDWARD K CD
TH JEFFERSON UNIV HOSP
STE 5360 111 S 11TH ST
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CHUNG, MD, ESTHER K PD
2400 CHESTNUT ST #902
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424 FAWN HILL LN
NARBERTH PA 19072-1109
610-667-7937
CHYU, RAYMOND W ST
10680 CORDOVA RD
CUPERTINO CA 95014
CICHELLI, MD, ANDREW V PUD
33 OLD LANCASTER AVE
BALA CYNWYD PA 19004-3137
CINCOTTA, DO, ANTHONY J GP
685 MEDIA LINE RD
BROOMALL PA 19008-1038
610-353-1683
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PHILADELPHIA PA 19154-4227
215-281-2894
CLANCY, MD, MICHAEL ORS
220 COMMERCE DR STE 100
FT WASHINGTON PA 19034-2404
CLARK, CHRISTOPHER C ST
841 W GORE RD
ERIE PA 16509
CLARK, SUSAN C ST
70 CARSON ST
PHOENIXVILLE PA 19460
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215-748-9344
CLARKSON, M CHRISTOPHER ST
313 CONWAY AVE
NARBERTH PA 19072-2102
CLEARFIELD, MD, HARRIS R GE
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MS131
BROAD & VINE ST
PHILADELPHIA PA 19102-1121
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DEPT OF ORTHOPAEDIC
SURG
3401 N BROAD ST
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HOMESTEAD FARM
260 N MAIN ST
LAMBERTVILLE NJ 08530-1411
609-397-0075
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100 REIFFS MILL RD APT C5
AMBLER PA 19002
COADY, JENNIFER A ST
241 W ROSEMAR ST
PHILADELPHIA PA 19120-1414
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2236 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3830
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7516 CITY LINE AVE STE 13
PHILADELPHIA PA 19151
215-473-3390
:OHEN, MD, DAVID E AN
227 ALMUR LN
WYNNEWOOD PA 19096-1712
610-642-4441
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3990 BERTON RD
HUNTINGDON VLY PA 19006
215-635-1734
:OHEN, MD, H EMMANUEL *CD
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8579
:OHEN, HARLEY J ST
9334 EAGLE VIEW DR
LAFAYETTE HILL PA 19444
:OHEN, DO, HERMAN P US
152 TAVISTOCK
CHERRY HILL NJ 08034-4005
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:OHEN, MD, JACOB J GER
VALL FORGE TOWERS W
21339 VALL FORGE CIR
KING OF PRUSSIA PA 19406
610-783-5117
:OHEN, DO, JILL B PD
2803 STANBRIDGE ST APT B-708
NORRISTOWN PA 19401-1632
610-292-8706
:OHEN, MD, KENNETH D *PYA
37 E PRINCTON RD
BALA CYNWYD PA 19004-2242
610-664-2271
:OHEN, MD, MARTIN H ON
EINSTEIN MED CTR
CANCER CTR
5501 OLS YORK ROAD
PHILADELPHIA PA 19141
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605 BRIDLE RD
GLENSIDE PA 19038-2003
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DARBY PA 19023-1333
610-534-6270
:OHEN, MD, ROBERT M *NS
1539 PINE ST
PHILADELPHIA PA 19102-4623
215-732-2448
:OHEN, MD, SARLE H IM
LOGAN SO MED ASSOCS
321 N 18TH ST
PHILADELPHIA PA 19103-1239
215-563-1400
:OHEN, MD, SHERWOOD V OPH
2375 WOODWARD ST
EVERGREEN TOWERS
PHILADELPHIA PA 19115-5120
215-677-3555
:OHEN, MD, THEODORE B PYA
421 HIDDEN RIVER RD
NARBERTH PA 19072-1112
610-667-2063
:OHN, MD, EDWIN M GE
1109 ANSLEY AVE
MELROSE PK PA 19126-1821
215-782-1100
:OHN, MD, HERBERT E GS
111 S 11TH ST
PHILADELPHIA PA 19107-5083
215-955-6602
:OHN, MD, JEFFREY B ON
EINSTEIN CANC CTR
5501 OLD YORK RD
PHILADELPHIA PA 19141
215-456-3880
:OHN, MD, JOHN R *AI
111 S 11TH ST STE G4120
PHILADELPHIA PA 19107-4824
215-923-7685
:OLBERG, MD, JAMES E GS
1015 CHESTNUT ST STE 820
PHILADELPHIA PA 19107-4308
215-955-6932

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921 LARKSPUR PL S
MT LAUREL NJ 08054
609-235-1947
COLCHER, MD, AMY N
2115 NAUDAIN ST
PHILADELPHIA PA 19146-1218
215-732-2897
COLE, MD, K NIKI OBG
8118 OLD YORK RD STE D
ELKINS PARK PA 19027-1496
215-635-2642
COLEMAN, MD, MICHAEL K PM
8200 HENRY AVE APT 224
PHILADELPHIA PA 19128
215-483-6194
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B-1 WHITE OAK RD
LEONARDTOWN MD 20650
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KNIGHTS AND RED LION RD
PHILADELPHIA PA 19114-1436
215-934-4110
COLLIER JR, MD, ANDREW J ORS
2410-14 S BROAD ST STE 200
PHILADELPHIA PA 19145
215-334-3350
COLLIER, DAVID J ST
510 S 24TH ST
PHILADELPHIA PA 19146-1002
COLLINS, CARLA C ST
363 N RINGSTORFF #14
MT VIEW CA 94043
COLMENAR, MD, ANTONIO B AN
RR 4 BOX 99A
HUNTINGDON PA 16652-9639
COLTMAN, MD, ARTHUR B IM
1126 WRACK RD
MEADOWBROOK PA 19046
610-866-4704
COMBS, MD, WILLIAM G *CD
3259 AFTON RD
DRESHER PA 19025-1801
215-887-0996
COMER, MD, NATHAN L P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-748-2288
COMPENDIO, MD, ROEL D P
410 STRAFFORD AVE APT 2C
STRAFFORD PA 19087-2538
610-341-0713
COMPTON JR, DAVID W ST
152 SUMMIT AVE
U DARBY PA 19082-3538
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125 S 11TH ST 204 PAVILION
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HOSP OF THE UNIV OF PA
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PHILADELPHIA PA 19104-4274
CONNOLLY, MD, MARK W CD
5501 OLD YORK RD HB3
PHILADELPHIA PA 19141
215-456-8273
CONROY, DO, JAMES F ON
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8026
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10800 CRESTMONT AVE
PHILADELPHIA PA 19154-4499
CONROY, KELLY J ST
10775 HELMER
PHILADELPHIA PA 19154-4106
CONROY, MARGARET B ST
3065 FREEMAN ST
COCONUT GROVE FL 33133
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1101 CLOVER HILL RD
WYNNEWOOD PA 19096-2339
610-896-8311
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2400 CHESTNUT ST APT 1107
PHILADELPHIA PA 19103
COOK, MD, DAVID G N
8TH AND SPRUCE STS
PHILADELPHIA PA 19107
215-829-5165
COOK-SATHER, MD, SCOTT D AN
ONE CHILDRENS CTR
DEPT OF ANESTHESIOLOGY
PHILADELPHIA PA 19104-4399
215-590-1858
COONEY, MD, MARINA J P
4040 PECHIN ST
PHILADELPHIA PA 19128-3626
215-483-3356
COOPER, MD, DONALD R GS
8 CHAMOND
ARBORDEAU
DEVON PA 19333-1064
610-296-3171
COOPER, MD, EDWARD I GP
7351 WOODBINE AVE
PHILADELPHIA PA 19151-2212
215-473-6093

COOPER, MD, EDWARD S IM
HOSP UNIV OF PENNA
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3636
COOPER, MD, GLENN S CD
1339 PORTER ST
PHILADELPHIA PA 19148
215-389-0600
COOPER, MD, HARRY S *PTH
FOX CHASE CANC CTR
7701 BERHOLME AVE DEPT PATH
PHILADELPHIA PA 19111
215-728-5388
COOPER, MD, MARK W DR
METHODIST HOSP
2301 S BROAD ST
PHILADELPHIA PA 19148-3594
COOPER, MD, MATTHEW K AN
16 DAYTON CIR
MEDIA PA 19063-6302
610-565-6408
COOPER, MD, MICHELLE H OBG
834 CHESTNUT ST APT 1014
PHILADELPHIA PA 19107
215-922-3837
COPE, MD, CONSTANTIN DR
8246 FAIRVIEW RD
ELKINS PARK PA 19117-2119
COPELAND, MD, ADRIAN D P
C/O WARWICK HOTEL # 1922
1700 LOCUST ST
PHILADELPHIA PA 19103-6107
215-923-1110
COPELAND, MD, NATHANIEL H IM
5002 OVERBROOK AVE
PHILADELPHIA PA 19131-2402
COPIT, MD, STEVEN E PS
135 S 18TH ST
PHILADELPHIA PA 19103
215-563-8557
COPLEY, MD, LAWSON A ORS
3900 CITY AVE APT 908D
PHILADELPHIA PA 19131-5931
215-848-6642
COPPERMAN, MD, GERTRUDE FP
2 BALA CYNWYD PLZ STE IL51
BALA CYNWYD PA 19004
610-667-8160
COPPES, MD, CHARLES D OBG
27 CROSSLANDS DR
KENNETT SO PA 19348-2006
610-388-1637
COREN, MD, GARY S R
339 S 5TH ST
PHILADELPHIA PA 19106-4215
215-612-4020
CORFF, MD, MEYER GP
COVENTRY HOUSE APT 202
7301 COVENTRY AVE
MELROSE PARK PA 19027
215-635-1613
CORNFIELD, MD, DENNIS B *ON
9880 BUSTLETON AVE STE 208
PHILADELPHIA PA 19115-2185
215-379-4777
CORRELL, MD, DARIN J IM
515 W CHELTEN AVE APT 1206
PHILADELPHIA PA 19144
CORSETTI, JEFFREY P ST
898 SUNFLOWER RD
ROCHESTER PA 15074-1133
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33 E CHESTNUT HILL AVE
PHILADELPHIA PA 19118-2713
215-248-0292
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815 LOCUST ST
PHILADELPHIA PA 19107-5507
215-829-5030
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501 BATH RD STE 201
BRISTOL PA 19007
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308 CYPRESS ST
PHILADELPHIA PA 19106
COSTARINO, MD, ANDREW T AN
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1870
COSTELLO, BERNARD J ST
1619 SPRUCE ST APT 4
PHILADELPHIA PA 19103-6322
COSTELLO, JEFFREY J ST
418 W SAYLOR ST
ATLAS PA 17851
COTLER, MD, JEROME M ORS
TH JEFFERSON UNIV HOSP
130 S 9TH STREET #106
PHILADELPHIA PA 19107-5109
215-955-2001
COTTER, JASON W ST
205 TEABERRY RD
ST MARYS PA 15857-2003
COUSOUNIS, MD, GERRY T *FP
6221 RIDGE AVE
PHILADELPHIA PA 19128-2630
215-483-1234

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5230 N BROAD ST
PHILADELPHIA PA 19141
215-456-2270
COWITZ, MD, BERNARD P
111 PRES BLVD STE 254
BALA CYNWYD PA 19004-1008
610-664-6990
COX, E DARRIN ST
33 RANDOLPH CT
PHILADELPHIA PA 19147
COX, MD, N ADELE CHP
101 TRENT RD
WYNNEWOOD PA 19096-3835
610-649-0224
CRAIG, MD, ANN M PD
2801 ISLAND AVE STE 1
PHILADELPHIA PA 19153-2326
215-365-0205
CREECH, MD, RICHARD H *ON
7500 CTRL AVE APT 203
PHILADELPHIA PA 19111-2437
215-745-0470
CRESCENZO, DO, ROCCO J IM
637 CHESWICK RD
PHILADELPHIA PA 19128-3002
215-483-2631
CRESTANELLO, MD, JUAN A GS
8201 HENRY AVE APT R2
PHILADELPHIA PA 19128
215-487-9146
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C/O I BRODSKY ASSOCS
HAHNEMANN HOSP
PHILADELPHIA PA 19102
215-762-8028
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1233 LOCUST ST
SUITE 400
PHILADELPHIA PA 19107-6124
215-545-8188
CRISTOL, MD, JAMES L *OPH
641 BROAD ACRES RD
PENN VALL PA 19072-1510
610-664-2901
CROLL, MD, MILLARD N NM
435 HUGHES RD STE 1000
KING OF PRUSSIA PA 19406-3715
610-964-0422
CRONHOLM, PETER F ST
400 BRYN MAWR AVE
BALA CYNWYD PA 19004-2721
CRONLEY, MD, SHEA ANN PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107-5414
215-545-8188
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111 S 11TH ST
SUITE 9420 G
PHILADELPHIA PA 19107
215-955-5756
CRUFT, MD, GEORGE E GS
1617 JF KENNEDY BLVD FL 860
PHILADELPHIA PA 19103
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234 GLEN AVE
MILBURN NJ 07041
CUBINA, DO, MARIA D AN
129 BIRCH HOLLOW DR
BORDENTOWN NJ 08505-4235
609-499-1875
CUCINOTTA, MD, SALVATORE GYN
1332 HEARTWOOD DR
CHERRY HILL NJ 08003-2751
609-428-7906
CUELLO-SUAREZ, MD, ROSA M IM
12571 BISCAYNE DR
PHILADELPHIA PA 19154-3003
215-276-4379
CULF, MD, NORRIS K GS
644 NORRISTOWN RD
HORSHAM PA 19044-1104
215-646-2697
CULOTTA, DO, TINA M OPH
8201 HENRY AVE APT I-22
PHILADELPHIA PA 19128
215-487-7110
CULP, MD, RANDALL W HS
THE PHILADELPHIA HAND CTR
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-629-0980
CUNNANE, MD, MARY F PTH
726 MANATAWNA AVE
PHILADELPHIA PA 19128-1019
CUNNINGHAM, CHARLES D ST
1080 S MEDIA LINE RD
NEWTOWN SO PA 19073-4417
CURCILLO, MD, PAUL G GS
505 S TANEY ST
PHILADELPHIA PA 19146-1044
215-545-7420
CURLEY, DO, JOHN F PD
3380 MEMPHIS ST
PHILADELPHIA PA 19134-4510
215-426-5566
CURRAN, SEAN C ST
5489 VICARIS ST
PHILADELPHIA PA 19120
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8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
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PHILADELHIA PA 19149
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CUTLER, MD, NEIL *FP
801 N 24TH ST
PHILADELPHIA PA 19130-1913
215-236-4848
CYPHERS, MATTHEW D ST
941 E BEST AVE
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CZARNECKI, MD, CASIMIR *OPH
9412 ACADEMY RD
PHILADELPHIA PA 19114-2693
215-676-2242
CZARNECKI, MD, DOROTHY G GYN
9412 ACADEMY RD
PHILADELPHIA PA 19114-2624
215-676-2242
CZARNECKI, MD, NANCY S FP
9410 ACADEMY RD
PHILADELPHIA PA 19114-2624
215-934-7947
CZINCILA, ROBERT A ST
66 HOLLY OAK DR W
VOORHEES NJ 08043
D'ALONZO, MD, WALTER A GS
733 S 9TH ST
NE COR 9TH & FITZWATER
PHILADELPHIA PA 19147-5907
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D'ANDREA, DO, JEFFERY P IM
777 W GERMANTOWN PIKE
STE 721
PLYM MTG PA 19462-1021
610-278-6757
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250 MAPLE HILL RD
GLADWYNE PA 19035-1308
610-896-5331
DAGATA, CARIE A ST
14 SCHILLER AVE
PENN VALL PA 19072-1534
DAIE, HAMID ST
TEMPLE UNIV HOSP
BROAD & ONTARIO STS
PHILADELPHIA PA 19140-5192
DAITER, MD, DONALD P
1221 COTTMAN AVE
PHILADELPHIA PA 19111-3649
215-742-1192
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37 E COVENTRY CIR
MARLTON NJ 08053-2860
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3 COOPER PLZ STE 411
CAMDEN NJ 08103
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DAMSKER, JASON A ST
317 N BROAD ST APT 712
PHILADELPHIA PA 19107-1018
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7840 CEDAR LN
ELKINS PARK PA 19027-1129
215-782-1189
DAMSKER, KEITH E ST
7840 CEDAR LN
ELKINS PARK PA 19117-1129
DANCHA, DO, ANDREW J IM
2274 GOLDEN ROD CT
JAMISON PA 18929
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DANDEGIAN, MD, ALBERT N US
2149 LARDNER ST
PHILADELPHIA PA 19149-3529
215-831-1562
DANDOLU, MD, B REDDY GS
108 BAYSWATER
ANDALUSIA PA 19020
215-638-1087
DANDRIDGE, MARCELLUS A ST
5009 GAINOR
PHILADELPHIA PA 19131
DANGVU, ANGELA S W ST
1213 NORDMAN DR
CAMARILLO CA 93010
DANIELS, JASON B ST
5435 MONTGOMERY
PHILADELPHIA PA 19131
DANIELS, MD, ROGER B *IM
727 DELANCEY ST
PHILADELPHIA PA 19106-4002
215-829-3523
DANTE, MD, STEPHEN J *NS
702 PINE ST
PHILADELPHIA PA 19106-4005
215-627-6791
DANZI, MD, JOSEPH T *GE
603 CORNERSTONE LN
BRYN MAWR PA 19010-2073
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DAS, SANDEEP R ST
6717 HOLFORD LN
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501 MARYWATERSFORD RD
BALA CYNWYD PA 19004-2008
610-667-8667
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1002 SPRUCE ST
PHILADELPHIA PA 19107-6075
215-923-3231
DAVIDSON, REBECCA S ST
5500 WISSAHICKON AVE APT 201A
PHILADELPHIA PA 19144
DAVIDSON, RICHARD S ST
1 FRANKLIN TOWN BLVD
APT 1809
PHILADELPHIA PA 19103-1249
DAVIES, MD, PAUL W GS
5501 OLD YORK RD STE 510
PHILADELPHIA PA 19141
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1271 COUNTRY CLUB RD
GLADWYNE PA 19035-1417
610-525-7647
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PHILADELPHIA PA 19103-6514
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135 S 19TH ST APT 603
PHILADELPHIA PA 19103-4912
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633 W RITTENHOUSE ST
APT A522
PHILADELPHIA PA 19144-4302
DAY, MD, SUSAN C IM
345 MT AIRY AVE
PHILADELPHIA PA 19119
215-242-5000
DAYNO, MD, JEFFREY M N
ONE PENN BLVD
PHILADELPHIA PA 19144
215-951-8926
DE, MD, NIRMAL K IM
1923 E ALLEGHENY AVE
PHILADELPHIA PA 19134-3121
215-634-5891
DE MOYA, MARC A ST
6417 WISSAHICKON AVE
PHILADELPHIA PA 19119-3720
DE PIETRO, MD, MICHAEL R N
1206 MEADOW DR
BLUE BELL PA 19422-3302
410-955-5020
DE SOUZA, MD, BRYAN X US
2115 NAUDAIN ST
PHILADELPHIA PA 19146
412-732-2897
DE VITA, MD, JACK J IM
127 PENSDALE ST
PHILADELPHIA PA 19127
215-483-2716
DE VLIEGER, MD, KELLI J RO
3914 CEDAR LN
DREXEL HILL PA 19026-3201
610-446-2115
DEBALLI, PETER ST
617 N CAROLINE ST
EBENSBURG PA 15931-1110
DEBERARDINIS, MD, CAMILLO T IM
8314 JENKINTOWN RD
ELKINSPARK PA 19117-2215
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DECARLO, MD, JOHN P GP
14 OVERHILL RD
BALA CYNWYD PA 19004-2246
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DECASTRO, MD, NIEVES D AN
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255 S 17TH ST
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215-735-4220
DEININGER, MD, JOHN T IM
24 GOLFVIEW DR
IVYLAND PA 18974-1660
215-396-0559
DEITCH, MD, BERNARD IM
6 S BUCK LN
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215-955-2542
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1111 BUTTONWOOD DR
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DEMOPOULOS, MD, JAMES T PM
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3401 N BROAD ST
PHILADELPHIA PA 19140-5189
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115 LEEDOM DR
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DENIZARD, MD, CARL E PD
7916 LOUISE LN
WYNDMOOR PA 19038
215-426-0411
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MANALAPAN NJ 07726
DEPACE, MD, NICHOLAS L *IM
2422-24 S BROAD ST
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DEPAULA, MD, CARL J *ORS
1347 WENTZ DR
FT WASHINGTON PA 19034-1732
215-643-2986
DEPMAN, MD, STANLEY T *FP
8201 CRAIG ST
PHILADELPHIA PA 19136-2304
215-333-9561
DEPPERT, MD, ERIC J IM
223 CONGRESS AVE
LANSDOWNE PA 19050-1438
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DERR, DAVID ST
222 S WEST ST
SHENANDOAH PA 17976-2245
DESAI, MD, AJIT M ON
9880 BUSTLETON AVE
PHILADELPHIA PA 19115-2185
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DESAI, MD, PARUL FP
1311 LOMBARD ST APT 301
PHILADELPHIA PA 19147
DESANTOLA, MD, JOSEPH R *CD
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801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064
DESILVA, NISHAN M ST
3 SUNRISE TERR
KINNELON NJ 07405
DESILVERIO, ROBERT V ST
1409 STOCTON RD
MEADOWBROOK PA 19046-1130
DETIEGE, PIERRE G ST
7631 FIELDSTON RD
NEW ORLEANS LA 70126
DETKE, MICHAEL J ST
3131 MTGHS RD #H-18
BOOTHWYN PA 19061-2966
DETUERK, MD, JOHN J GS
10150 N OCEAN DR
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ST CHRISTOPHERS HOSP
ERIE AVE AT FRONT ST
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13 FINCH RUN
AVON CT 0600L
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5249 CEDAR AVE
PHILADELPHIA PA 19143-1524
215-471-1817
DEVINE, BRIAN D ST
209 WISSINGER HOLLOW RD
JOHNSTOWN PA 15904
DEVINE JR, JOHN G ST
3439 BROOKVIEW RD
PHILADELPHIA PA 19154-3311
DEVINE, SEAN T ST
3005 CHAPEL AVE APT 2R
CHERRY HILL NJ 08002
DI CAMILLO, VITO J ST
2620 BANCROFT DR
ASTON PA 19014-1702
DI GIULIO, CHRISTOPHER P ST
561 N JUDSON ST
PHILADELPHIA PA 19130-3122
DI LORENZO, LORI ST
2300 NAUDAIN CT UNIT W
PHILADELPHIA PA 19146
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1000 FELL ST
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APT 2204
PHILADELPHIA PA 19103-1236
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STE 219
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215-587-9363
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164 LATCHES LN
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20 FAIRHILLS DR
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420 W SCH HSE LN 3RD FLR
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GALLO, KRISTIN J ST
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HOLLAND PA 18966-2571
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109 MERION RD
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HALPERN, MD, BARRY R U
1210 GAINSBORO RD
BALA CYNWYD PA 19004-2015
610-667-1883
HALSTEAD, JEFFREY E ST
1892 STEUBEN DR
LANSDALE PA 19446-5436
HAMANN, MD, JOSE G *P
PENNDEL MEN HLTH CTR
1517 DURHAM RD FISCAL DEPT
PENNDEL PA 19047-5707
215-752-1541

HAMILTON, MD, RALPH W *PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2046
HAMILTON, MD, WILLIAM C ORS
7500 CENTRAL AVE STE 108
PHILADELPHIA PA 19111-2432
215-745-4050
HAMILTON, MD, WILLIAM L D
1920 LOMBARD ST
PHILADELPHIA PA 19146-1411
215-545-1717
HAMPEL, MD, AVRAHAM OTO
375 TWP LINE RD
ELKINS PK PA 19027
215-663-1121
HAMPTON, MD, JANET A FP
592F ELIZABETH DR
LANCASTER PA 17601-4406
717-291-5684
HAMPTON, REGINA M ST
3913 25TH AVE
TEMPLE HILLS MD 20748
HAN, MD, AARON C PTH
341 RIVERVIEW RD
KING OF PRUSSIA PA 19406-2020
HANAWAY, MD, ANDREA S *EM
1369 KAREN LN
RADNOR PA 19087-2706
215-688-9158
HANES, MD, MARYANN EM
512 WYNNE AVE
HAVERTOWN PA 19083-5615
215-843-6545
HANJANI, MD, PARVIZ ON
ABINGTON MEM HOSP
RORER BLDG STE 311
ABINGTON PA 19001
215-885-0220
HANKS, MD, GERALD E TR
FOX CHASE CANC CTR
7701 BURHOLME AVE
PHILADELPHIA PA 19111-2430
215-728-2940
HANNA, NADINE B ST
12645 BROOKPARK RD
OAKLAND CA 94619
HANNO, MD, PHILIP M U
15 BRIARCREST DR
WALLINGFORD PA 19086-6710
214-662-2895
HARBISON, MD, SEAN P GS
226 U RITTENHOUSE SQ # 1911
PHILADELPHIA PA 19103
215-546-4692
HARDENBROOK, MITCHELL A ST
4000 PRES BLVD
PHILADELPHIA PA 19131-1722
HARGROVE III, MD, WALTER C TS
PHILADELPHIA HEART INST
39TH & MARKET STS STE 2D
PHILADELPHIA PA 19104
215-662-9598
HARIADI, JOHN W ST
329 N DEL MAR AVE
SAN GABRIEL CA 91775
HARKAWAY, MD, RICHARD C U
ALBERT EINSTEIN MC
5501 OLD YORK RD
KLEIN 500
PHILADELPHIA PA 19141
215-456-1177
HARKINS, MD, HERBERT P OTO
701 WOODLEAVE RD
BRYN MAWR PA 19010-1708
610-527-1177
HARMADY, DEBBIE ST
1802 CALLOWHILL ST
PHILADELPHIA PA 19130-4110
HARMATZ, MD, ALEXANDER J IM
2 BALA PLZ STE IL-22-24
BALA CYNWYD PA 19004-1501
610-664-9700
HARNED, MD, E MICHAEL DR
137 W GODFREY AVE
PHILADELPHIA PA 19120-1517
215-927-0244
HARP, MD, JAMES R P
314 BRYN MAWR AVE
BALA CYNWYD PA 19004-2822
610-664-5889
HARPER, DEIRDRE W ST
2814 MIDVALE AVE APT A
PHILADELPHIA PA 19129-1024
HARRIS, MD, DAVID T ON
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-645-2494
HARRIS, DOUGLAS C ST
6 GREY EAGLE CT
PLEASANTON CA 94566
HARRIS, MD, JAMES S GS
1000 W CLIVEDEN ST
PHILADELPHIA PA 19119-3701
215-843-9340
HARRIS, JEFFREY H ST
R D 2 BOX 388
BLAIRSVILLE PA 15717-9030
HARRIS, JOHN S ST
1031 WASHINGTON RD
PITTSBURGH PA 15228-2005

HARRIS, JONATHAN S S
212S S EASTON RD
DOYLESTOWN PA 18901
HARRIS, MD, KENNETH H D
1409 CANDLEBROOK DR
DRESHER PA 19025-1021
215-646-0663
HARRIS, MD, MERLEEN I
6231 CHESTNUT ST
PHILADELPHIA PA 19139-2906
215-748-8303
HARRYHILL, MD, JOSEPH F
299 S 8TH ST
PHILADELPHIA PA 19106
215-829-3409
HARTMAN, SANDRA J S
PO BOX 313
BENTON PA 17814
HARTZ, MD, WILLIAM H D
511 WALDRON PARK DR
HAVERFORD PA 19041-1929
610-649-9017
HARVEY, MD, EDITH E OP
723 NORRISTOWN RD
LOWER GWYNEDD PA 19002
HARWICK, MD, ROBERT D HN
TEMPLE UNIV HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140-5189
215-707-3383
HASSANEIN, MD, ASHRAF M PT
580 AMERICAN AVE APT B201
KING OF PRUSSIA PA 19406
610-265-4486
HASSEY, MD, JOSEPH A I
12 ANN ST
WEST PITTSTON PA 18643-1702
717-655-2400
HASSLACHER, MD, ELISABETH A
117 CLWYD RD
BALA CYNWYD PA 19004-2302
610-664-6583
HAUPT, MD, GEORGE J T
708 OLD LANCASTER RD
BRYN MAWR PA 19010-3109
610-525-6666
HAUPT, MD, HELEN M PT
PENNSYLVANIA HOSP
8TH & SPRUCE STS
PHILADELPHIA PA 19107
215-829-3544
HAUPTMAN, MD, WILLIAM A G
1801 MARKET ST STE 200
PHILADELPHIA PA 19103
215-569-9500
HAURIN, BETH A S
4026 RIDGE AVE APT 2
PHILADELPHIA PA 19129
HAUT, MD, MICHAEL J HE
822 PINE ST STE 2A
PHILA HEM ASSOC
PHILADELPHIA PA 19107-6124
215-922-7200
HAWRYLUK, MD, OREST GP
321 LINDEN DR
ELKINS PK PA 19117-1342
HAYES, MD, BRIAN L I
2151 ST ALBERTS CIR
HUNTINGDON VLY PA 19006-6538
HAYES, MD, GEORGE T I
2115 SOUTH STREET
PHILADELPHIA PA 19146
HECHT, MD, PAUL J *OF
403 MC CLENAGHAN MILL RD
WYNNEWOOD PA 19096-1005
610-660-0691
HEDGEPETH, CHESTER M S
1008 SCHUMAKER WDS RD
SALISBURY MD 21801
HEFFELFINGER, SEAN M S
408 E 2ND ST
NORTHAMPTON PA 18067-1916
HEINE, MD, WILLIAM I C
ELKINS PK HOUSE
7900 OLD YORK RD APT 603B
ELKINS PK PA 19117-2334
215-635-2407
HEISER, MD, MARK S A
DEPT ANES & CRITICAL CARE
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4385
215-596-1877
HEIT, MD, JEFFREY I
OFF OF GRAD MED ED
3400 SPRUCE STREET
PHILADELPHIA PA 19104
HELLER, MD, MELVIN S
2 SCHILLER AVE
NARBERTH PA 19072-1534
610-667-3060
HELWIG JR, MD, JOHN C
2418 ROSEMORE AVE
GLENSIDE PA 19038-3514
215-886-1117
HEMACHANDRA, ANUSHA H S
3601 CONSHOHOCKEN AVE #501
PHILADELPHIA PA 19131-5371
HENDLER, MD, BARRY H *C
BERRIS PLZ SUITE 304
7901 BUSTLETON AVE
PHILADELPHIA PA 19152-3302
215-333-0777

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1800 LOMBARD ST STE 1100
PHILADELPHIA PA 19146-1414
215-893-4442
HENDRIX JR, MD, ANDREW L IM
209 N 4TH ST APT D3
PHILADELPHIA PA 19106
215-925-4754
HENRY, JEAN M ST
35 HIGHLAND RD APT 1312
BETHEL PARK PA 15102
HERBISON, MD, GERALD J PM
TH JEFFERSON UNIV
617 CURTIS 10TH & WALNUT
PHILADELPHIA PA 19107
215-955-6567
HERBST, MD, ALLISON B IM
5500 WISSAHICKON AVE APT 403A
PHILADELPHIA PA 19144-5638
215-843-9157
HERBST, MD, BERNADETTE A N
381 SCHWENKSVILLE ROAD
SCHWENKSVILLE PA 19473-1966
HERMAN, MD, CARL D P
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9483
HERMAN, MD, HAROLD OM
803 PRESTON RD
PHILADELPHIA PA 19038-7328
215-836-4601
HERMAN, MD, LEONARD Y EM
7400 ROOSEVELT BLVD APT R-201
PHILADELPHIA PA 19152-4318
215-331-8365
HERMAN, MD, WALTER M CD
275 N LATCHES LN
MERION STA PA 19066-1726
215-389-0600
HERMANN, JEFF W ST
1365 GATES CIR
YARDLEY PA 19067-4421
HERNANDEZ, MD, ENRIQUE *GO
MCP 3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-6937
HEROLD, MD, SANFORD L GE
GERMANTOWN HOSP
1 PENN BLVD
PHILADELPHIA PA 19144-1498
215-844-3340
HERON, MD, LISMORE B IM
5450 WISSAHICKON AVE APT 749
PHILADELPHIA PA 19144
215-842-3668
HERR, JILL M ST
78 ERB'S BRIDGE RD
LITITZ PA 17543-9198
HERRERO, MD, CARMELO IM
3107 HARBOUR DR
PALMYRA NJ 08065
609-786-0429
HERRERO, MD, REBECCA L OBG
3107 HARBOUR DR
PALMYRA NJ 08065
HERRING, MD, ALLEN B *IM
8017 CASTOR AVE
PHILADELPHIA PA 19152-2701
215-722-2253
HERRING, MD, WILLIAM R
117 COLWYN TER
LANSDALE PA 19446
215-456-6200
HERSH, CRAIG P ST
7 SUNBROOK RD
WOODBRIDGE CT 06525
HERSHOCK, MD, DIANE M IM
2245 EDGE HILL RD
HUNTINGDON VALL PA 19006-5616
215-657-5967
HESKEL, MD, MILTON M END
50 E TWP LINE RD
ELKINS PK PA 19027
215-663-1313
HESS, MD, STEVEN G *CD
1437 HUNTINGDON RD
ABINGTON PA 19001-2103
215-885-1586
HEWLETT, MD, GUY S *OBG
106 S PELHAM RD
VOORHEES NJ 08043-1161
609-795-1513
HIGGINS, MD, YING L PD
1119 BRIGHTON ST
PHILADELPHIA PA 19111-4252
215-722-6278
HILBIG, CLARKE A ST
2528 VIA PACHECO
PVE CA 90274
HILL, MD, CYNTHIA A PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107-5414
215-545-8188
HILTY, CHERYL A ST
1201 HENRY AVE #0-20
PHILADELPHIA PA 19128-2983
HIRSCH, MD, IRVIN H U
1025 WALNUT ST RM 1112
PHILADELPHIA PA 19107-5001
215-928-6961
HIRSHMAN, MD, PHILIP G OBG
100 BARNSWALLOW LN
HUNTINGDON VALL PA 19006-2002
215-947-9998

HOANG, THUY D ST
1002 FIELDSTONE CT
LANCASTER PA 17603
HOBBIB, GEORGE C ST
302 DRUMMERS LN
WAYNE PA 19087-1544
HOCHBERG, MD, ROBERT D DR
1119 N WOODBINE AVE
NARBERTH PA 19072-1244
610-667-4036
HODGES, MD, JOHN H IM
436 SABINE AVE
WYNNEWOOD PA 19096-1402
610-642-8581
HOELLEIN, MD, DEBORAH E PD
7056 GERMANTOWN AVE
PHILADELPHIA PA 19119-1826
215-247-2996
HOERNER, MD, RALPH W A
608 ABINGTON AVE
GLENSIDE PA 19038-5414
215-887-6819
HOFF, KOLIN K ST
3202 WESSYNTON WAY
ALEXANDRIA VA 22309
HOFFMAN, MD, BRUCE I IM
164 SUMMIT LN
BALA CYNWYD PA 19004-2931
215-842-6449
HOFFMAN, MD, J DAVID ORS
2050 LOCUST ST
PHILADELPHIA PA 19103-5614
215-563-7500
HOFFMEIER, MD, CHARLES L OBG
2441 HUNTINGDON RD
HUNTINGDON VLY PA 19006-4311
HOFMANN, MD, MARY T GER
567 MANOR RD
WYNNEWOOD PA 19096-1024
215-637-0249
HOLAK, FRANCINE C ST
216 S 11TH
PHILADELPHIA PA 19107-5501
HOLLANDER, MD, ALEXIS C R
249 GLENMORE RD
GLADWYNE PA 19035-1501
610-649-7555
HOLLANDER, MD, BENTLEY A *R
1017 DELL DR
CHERRY HILL NJ 08003-2910
302-421-4304
HOLLANDER, MD, GEORGE CD
1061 SUSQUEHANNA RD
RYDAL PA 19046-1822
215-887-4441
HOLLANDER, MD, JOSEPH L RHU
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2454
HOLLANDS, MD, CELESTE M GS
128 FORD AVE
WOODBRUY NJ 08096
809-845-3275
HOLMES, ANDREW S ST
1007 ADDISON ST
PHILADELPHIA PA 19147-1212
HOLUMZER, CLINTON C ST
129 RED BARN RD
PINE BUSH NY 12566
HOM, MATTHEW H ST
4883 CATOCTIN DR
SAN DIEGO CA 92115
HONEBRINK, MD, ANN L *OBG
CTR FOR WOMENS HLTH
MONROE BLDG CITY & PRES AVE
PHILADELPHIA PA 19131
215-581-6267
HONG, MD, KEUMSOON *OBG
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-242-2867
HONIGMAN, MD, FREDERIC H PTH
GERMANTOWN HOSP
1 PENN BLVD
PHILADELPHIA PA 19144-1498
215-951-8824
HOPP, JENNIFER L ST
1845 HAWTHORNE PL
PAOLI PA 19301-1044
HORAK, MD, JIRI G IM
501 LAWRENCE RD
BROOMALL PA 19008
215-818-0946
HOROWITZ, MD, CAROLYN J R
18 OLD MILL RUN
MEDFORD NJ 08055-8303
609-953-1145
HOROWITZ, DO, GARY R N
A EINSTEIN MED CTR N DIV
YORK & TABOR RD
PHILADELPHIA PA 19141
215-456-7190
HOROWITZ, MD, GLENN D GS
9892 BUSTLETON AVE
SUITE 206
PHILADELPHIA PA 19115-2184
215-673-0343
HOSCH, AMY J ST
2901 WOOD PIPE LN APT D
PHILADELPHIA PA 19129-1041
HOSTEN, MD, EDWARD B P
31 HAENDEL ST
BINGHAMTON NY 13905-3524

HOUSER, JOHN F ST
8825 MANCHESTER ST
PHILADELPHIA PA 19152
HOUSER, STEPHANIE A ST
240 CHAPEL DR
LEHIGHTON PA 18235
HOWARD, CANDACE M ST
TEMPLE UNIV HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140-5189
HOYDU, ALISON K ST
611 N 20TH ST
PHILADELPHIA PA 19130
HOZACK, MD, WILLIAM J ORS
RECONSTRUCTIVE
ORTHOR ASSOCS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-3458
HSIAO, MD, LI LI US
810 LOCUST ST APT 108
PHILADELPHIA PA 19107
215-925-7593
HSU, CONNIE W ST
2555 HUNTINGDON DR APT 160
SAN MARINO CA 91108
HSU, EDWIN Y ST
4235 OSAGE AVE
PHILADELPHIA PA 19104-4006
HSU, MD, STEVE S CD
1317-19 WOLF ST
PHILADELPHIA PA 19148
215-389-0700
HUANG, MD, CHAO H IM
62 DREXELBROOK DR APT 2
DREXEL HILL PA 19026
215-662-8000
HUANG, KATHY ST
2100 WALNUT ST APT 11H
PHILADELPHIA PA 19103
HUFFMAN, JASON T ST
24 ELLIS ST
HADDONFIELD NJ 08033-1827
HUFFMAN, MD, PAMELA A PD
105 W SCHL HOUSE LN
PHILADELPHIA PA 19144-3348
215-848-9000
HUGHES, MD, JANE S DR
365 STATION AVE
HADDONFIELD NJ 08033-3720
609-795-5341
HUGHES, LESLEY A ST
RD 1 914 FOREST RD
PERKASIE PA 18944
HUGHES, RACHEL A ST
548 GREENHURST DR
PITTSBURGH PA 15243
HUHTA, MD, JAMES C PDC
PERINATAL CARD
8TH & SPRUCE STS
PHILADELPHIA PA 19107
215-829-6841
HUME, MD, ERIC L ORS
501 CURTIS BLDG
1015 WALNUT ST
PHILADELPHIA PA 19107-5005
215-955-6688
HUMPHREY, MD, DAVID M AN
6 HARFORD LN
RADNOR PA 19087-4529
610-688-8341
HUNT, MD, PATRICK J AN
437 MAYNARD DR
STRAFFORD PA 19087-2019
610-254-8239
HUNT JR, MD, WILLIAM T OPH
2000 CAMBRIDGE AVE
WYOMISSING PA 19610-2714
HUNTER, MD, JAMES M HS
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-629-0980
HURLEY, MD, JOHN N AI
314 MEADOW LN
MERION STA PA 19066-1331
HURLOCK, MD, JOAN E FP
ROXBOROUGH MEM HOSP
5800 RIDGE AVENUE
PHILADELPHIA PA 19128-1789
215-482-2412
HUROWITZ, DO, MARC P FP
2915 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-1107
215-232-3866
HURTADO, DAVID ST
101 S 39TH ST #HL-506
PHILADELPHIA PA 19104-3172
HURWITZ, JOSHUA M ST
160 DAMON RD
NEEDHAM MA 02194
HUSMANN, DEREK L ST
9909 CEDARDALE DR
HOUSTON TX 77055
HUSSON, MD, MICHAEL A PTH
PENNSYLVANIA HOSP
DEPT PATHOLOGY
PHILADELPHIA PA 19107
215-829-5136
HUTZ, DAVID P ST
8 GLENDALE DR
MTNTOP PA 18707-2006

HWAN, WARDEN H ST
2200 BEN FRANKLIN PKY
APT 1501S
PHILADELPHIA PA 19130-3692
HYATT, MD, ROBERT W GYN
EPISCOPAL HOSP
FRONT & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7070
HYMAN, MD, HAROLD L IM
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-707-4090
IANNACONE, MD, WILLIAM M ORS
3 COOPER PLZ STE 411
CAMDEN NJ 08103-1438
609-342-3253
IDDENDEN, MD, DAVID A OBG
1328 RITNER ST
PHILADELPHIA PA 19148-3537
215-336-2896
IDICULLA, MD, ANNE A IM
12TH & TABOR RDS
PHILADELPHIA PA 19141
215-456-9457
IHTESHAM, MD, MOHAMMAD P
2321 ORIOLE DR
BENSALEM PA 19020
215-633-7668
ILSON, MD, BERNARD E NEP
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-8548
IMRO, AMY K ST
545 SHUMAKER DR
MONROEVILLE PA 15146-1023
INGAGLIO, MD, PHILIP E *FP
1838 S BROAD ST
PHILADELPHIA PA 19145
215-389-2100
INGERMAN, MD, MARK J ID
LANKENAU MED BLDG E STE 467
WYNNEWOOD PA 19096
610-896-0210
INGERSOLL, MD, CHARLES J FP
611 BRADLEY PL
LAFAYETTE HILL PA 19444-1521
IOBAL, MD, IBRAIZ P
250 BEVERLY BLVD APT C10
UPPER DARBY PA 19082-4526
215-386-1637
IOBAL, MD, SARWAT A PD
4018 N 5TH ST
PHILADELPHIA PA 19140-2612
215-223-0200
IRANI, MD, ROSHEN N ORS
230 S 3RD ST
PHILADELPHIA PA 19106
215-925-4228
IRWIN, JOSEPH J ST
1320 LONGSHORE AVE
PHILADELPHIA PA 19111-4510
IRWIN, SIOBHAN L ST
41 YORK RD
WILMINGTON DE 19803-3731
ISAACSON, MD, HOWARD *OBG
217 WILTSHIRE RD
WYNNEWOOD PA 19096-3332
610-642-2024
ISDANER, MD, NEIL L OBG
357 WYNDMOOR LN
HUNTINGDON VLY PA 19006-7823
215-938-1030
ISENBERG, MD, GERALD A CRS
1015 CHESTNUT ST STE 601
PHILADELPHIA PA 19107
215-923-2450
ISRAEL, MD, HAROLD L PUD
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-955-6590
ITKIN, MD, IRVING H US
29 SOUTH ST
OSTERVILLE MA 02655-1614
ITSKOWITZ, MD, HARVEY Z *P
4641 ROOSEVELT BLVD
PHILADELPHIA PA 19124-2343
215-831-7853
IZZO, MD, KENNETH L PM
1811 BETHLEHEM PIKE
213 FLRTWN CM
FLOURTOWN PA 19031-1111
215-233-2810
JACKSON, KRISTIN A ST
1070 HEREFORD DR
BLUE BELL PA 19422-1924
JACKSON, MD, MELVIN L *IM
5501 GREENE ST
PHILADELPHIA PA 19144-2805
215-849-3553
JACOB, MD, LEONARD S IM
5110 CAMPUS DR
MAGAININ PHARM
PLYM MTG PA 19462-1123
610-941-5218
JACOBS, ELIZABETH S ST
3860 MANAYUNK AVE
PHILADELPHIA PA 19128-5110
JACOBS, MD, LEWIS M *FP
1408 N 17TH ST
PHILADELPHIA PA 19121-4207
215-232-9977

JACOBS, MICHAEL B ST
1321 LOMBARD ST
PHILADELPHIA PA 19147-1003
JACOBS, MD, STANLEY R *PM
GIBBON BLDG
111 S 11TH ST STE 9410
PHILADELPHIA PA 19107-4824
215-955-6580
JACOBSTEIN, MD, JEROME G *NM
GRADUATE HOSP
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1497
215-893-2041
JACOBY, MD, RICHARD A *DMP
2 CORTLANDSHIRE DR
MOORESTOWN NJ 08057-3944
JADALI, MD, NASSRIN OBG
18 SCARLET OAK DR
HAVERFORD PA 19041-1077
610-525-5585
JAFAR, MD, MOHAMMAD A IM
68 W CHELTENHAM AVE
PHILADELPHIA PA 19120-1002
215-548-8822
JAFFARI, MD, MOHAMMED PM
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7379
JAFFE, FREDRIC ST
404 CHAPEL RD
ELKINS PK PA 19027
JAFFEE, DO, LEE PD
1939 W CHELTENHAM AVE
ELKINS PK PA 19117
215-884-5715
JAKRIBETTUU, MD, VAMAN S IM
3600 W SCHL HOUSE LN #B306
PHILADELPHIA PA 19129
215-849-3116
JALALI, MD, SHAILEN AN
8 TALLOWOOD COURT
MANTUA NJ 08051
JAMES, CATHERINE A ST
151 MOHAWK RD
SHORT HILLS NJ 07078
JAMIESON, MD, DARA G N
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-7550
JAN, JAY C ST
45 WOODSTONE DR
VOORHEES NJ 08043
JAN, MD, REHANA A AN
415 GARRISON WAY
GULPH MILLS PA 19428-2515
JAN, MD, RONALD S *GS
2222 S BROAD ST
PHILADELPHIA PA 19145-3923
215-467-8292
JANG, SUNGYON ST
1254 KNOLL MIST LN
GAITHERSBURG MD 20879-3233
JARDINE, MD, LISA M OBG
604 S WASH SQ APT 611
PHILADELPHIA PA 19106-4115
215-629-0176
JAURIGUE, MD, VENERANDO G GS
1917 NICHOLAS DR
HUNTINGDON VLY PA 19006-7930
JAYASUNDERA, MD, TIMOTHY IM
530 S 2ND ST
PHILADELPHIA PA 19147
JEAN, MICHAEL C ST
2809 W QUEEN LN ST #306
PHILADELPHIA PA 19129
JEAN-JEROME, EVA ST
4415 SPRUCE ST #2C
PHILADELPHIA PA 19104-4718
JEFFERS, MD, JOHN B OPH
WILLS EYE HOSP
900 WALNUT ST
PHILADELPHIA PA 19107
215-440-3167
JELEN, MD, JOSEPH A FP
2701 HOLME AVE
STE 301
PHILADELPHIA PA 19152
215-335-3315
JELEN JR, MD, JOSEPH A ORS
2701 HOLME AVE STE 301
PHILADELPHIA PA 19152-2029
215-335-3315
JENG, BENNIE H ST
5 PITTSBURGH AVE
PISCATAWAY NJ 08854
JENKINS II, MD, DONALD EM
111 HARTRANFT ST
NORRISTOWN PA 19401
610-277-0770
JENOFF, JAY S ST
345 KINGS PARK CT
MARLTON NJ 08053
JERDAN, DENNIS A ST
2705 PIONEER RD
HATBORO PA 19040-2558
JESSAR, MD, RALPH A RHU
PO BOX 7244
ST DAVIDS PA 19087-7244
215-887-2442
JEWELL, MD, MELANIE IM
638 WOODBINE ROAD
W CHESTER PA 19382-8539

JIANG, SHAN ST
1911 E SEDGLEY AVE
PHILADELPHIA PA 19124-5621
JIMBO, MD, MASAHITO FP
14 E ABINGTON AVE
PHILADELPHIA PA 19118-3410
215-247-2121
JIN, MD, PAMELA Y IM
109 W ROCKHILL RD
BALA CYNWYD PA 19004
610-668-1043
JOHANSON, DIANA E ST
BOX 729 NICHOLS HOUSE
3600 CHESTNUT ST
PHILADELPHIA PA 19104-6106
JOHANSON, MD, NORMAN A ORS
TEMPLE UNIV HOSP
DEPT ORTHO SURG
PHILADELPHIA PA 19140
215-221-3405
JOHNSON, MD, BERNETT L D
UNIV HOSP
2 MALONEY BLDG 3600 SPRUCE ST
PHILADELPHIA PA 19104
215-662-6153
JDHNSDN, MD, DON E P
347 N SPRING MILL RD
VILLANOVA PA 19085-1924
610-525-3440
JOHNSON JR, MD, HOWARD J FP
127 LINDEN AVE
RUTLEDGE PA 19070-2102
610-544-8617
JOHNSON III, MD, JOSEPH E IM
AMERICAN COLL OF
PHYSICIAN
6TH ST AT RACE
PHILADELPHIA PA 19106-1572
215-351-2690
JOHNSON, LAUREL R ST
19941 NW 2ND ST
PEMBROKE PINES FL 33128
JOHNSON, MD, THOMAS A GE
RYDAL PK MED CTR # 426
RYDAL PA 19046
JOHNSON, TIMOTHY S ST
698 HARWICK RD
WAYNE PA 19087-1921
JOHNSON, MD, WAINE C *PTH
137 S EASTON RD
PO BOX 8
GLENSIDE PA 19038-4535
215-886-3074
JDHNSON-HAMERMAN, MD,
LOIS M *PD
PENNSYLVANIA HDSP
8TH & SPRUCE STS
PHILADELPHIA PA 19107
215-829-3141
JOHNSTON, MD, FRANK B IM
433 HOWARD RD
GLADWYNE PA 19035-1408
JONES, MD, EDWARD R NEP
GERMANTOWN HOSP
ONE PENN BLVD
PHILADELPHIA PA 19144
215-844-2508
JDNES, HDRATIO C ST
1935 WALLACE ST APT 2F
PHILADELPHIA PA 19130-3219
JONES, TIMOTHY R ST
1822 CHESTNUT ST APT 3R
PHILADELPHIA PA 19103-4902
JORGENSEN, MD, BRIAN K IM
740 S CHESTER RD
SWARTHMORE PA 19081-2226
610-326-5455
JORKASKY, MD, DIANE K NEP
2415 WAYLAND RD
BERWYN PA 19312-2140
610-647-0813
JOSEPH, DO, JEFFREY I AN
1335 JUNE LN
PENN VALL PA 19072-1114
610-667-7622
JOSEPH, MD, SAJI P
TEMPLE UNIV HOSP PSYCH
BROAD & TIOGA STS
PHILADELPHIA PA 19140
215-707-4545
JDSHI, MD, HARENDRA V GS
60 TWP LINE RD
ELKINS PK PA 19117-2249
215-379-1410
JOSON, MD, RAYMDND M NS
1501 LANSDOWNE AVE STE 308
DARBY PA 19023-1333
JUDGE, MD, SHEILA P
THE INST OF PA HOSP
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2590
JUDY, MD, KEVIN D NS
HOSP OF THE UNIV OF PA
3400 SPRUCE ST 5 SILVERSTEIN
PHILADELPHIA PA 19104-4228
215-662-7854
JUNEJA, MD, DAMYANTI IM
PO BOX 373
GLADWYNE PA 19035-0373
JUST-BUDDY, MD, SULEIKA K OBG
1203 E JOHNSON ST
PHILADELPHIA PA 19138
215-424-7385

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1C SUNFLOWER RD
MAPLE SHADE NJ 08052
609-779-1431
KAHN, MD, BERNARD L OS
1320 W SOMMERVILLE AVE
PHILADELPHIA PA 19141-2913
KAHN, MD, DONALD L *CD
5401 OLD YORK RD STE 401
PHILADELPHIA PA 19141-3030
215-329-0633
KAHN, EVAN L ST
3160 WILLOW LN
FT LAUDERDALE FL 33331
KAHN, MD, HYMAN R IM
8 TALLY HO LN
WHITPAIN FARM
BLUE BELL PA 19422-2430
215-646-7891
KAHN, MD, MARK B VS
DEPT OF SURG
1025 WALNUT ST RM 605
PHILADELPHIA PA 19107-8304
215-955-8304
KAHN, MD, S BENHAM ON
324 SURREY RD
CHERRY HILL NJ 08002-1540
215-762-4426
KAHN, MD, SANDRA J AN
GRADUATE HDSP
DEPT ANESTHESIOLDGY
PHILADELPHIA PA 19146
215-893-2185
KAHN, DO, STEVEN H ORS
916 RIVERSIDE DR
PHILADELPHIA PA 19154
KAIDBEY, MD, KAYS D
2220 LOMBARD ST
PHILADELPHIA PA 19146-1108
215-732-0776
KAJANI, MD, MEHDI K HEM
5501 OLD YORK RD 4TH FL
PHILADELPHIA PA 19141-3001
215-456-8440
KAJI, MD, ARJUN V DR
4000 GYPSY LN APT 419
PHILADELPHIA PA 19144-5529
215-843-7577
KALANI, MD, GHASSEM *PM
244 OLD LANCASTER RD
MERION STA PA 19066-1750
610-667-6303
KALISH, MD, ROBERT W P
8812 HAWTHORNE LN
WYNDMOOR PA 19038
215-233-1636
KAMBIN, MD, PARVIZ *DRS
1125 LANCASTER AVE
BERWYN PA 19312-1243
610-889-3080
KAMDAR, MD, JAYANT C FP
3598 BROOKVIEW RD
PHILADELPHIA PA 19154-4040
215-632-3598
KAMEN, DD, JONATHAN W OTO
7500 CENTRAL AVE STE 102
PHILADELPHIA PA 19111
215-745-2333
KAMEN, DO, LEONARD B PM
MOSS REHAB HOSP
12TH & TABOR RDS
PHILADELPHIA PA 19141
215-673-6552
KANDULA, MADAN N ST
1601 SPRING GARDEN ST
APT 215
PHILADELPHIA PA 19130-3944
KANE, BRYAN G ST
BOX 35
MECHANICSVILLE PA 18934-0035
KANE, DIANA L ST
454 E SOUTH ST
KENNETT SO PA 19348-3648
KANEFF, MD, SCOTT R DR
715 OLD MILL RD APT G10
WYOMISSING PA 19610-2648
610-376-6488
KANEFIELD, DO, MARVIN P
4641 ROOSEVELT BLVD
PHILADELPHIA PA 19124-2343
215-831-6900
KANEHANN, MD, LISA B R
311 KEITHWOOD RD
WYNNEWOOD PA 19096-1213
610-649-4785
KANG, MD, PAUL B EM
63 CHASE MILL CIR
OWINGS MILLS MD 21117
KANN, BRIAN R ST
1127 TRISTRAN CIRCLE
MANTUA NJ 08057
KANOFF, DO, RICHARD B NS
GSB BLDG STE 514
BALA CYNWYD PA 19004
610-667-0659
KANTNER, MD, THEODORE R FP
MCP DEPT OF FAM MED
3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-7660
KANTOR, MD, GARY R D
219 N BROAD ST 10TH FL
PHILADELPHIA PA 19107
215-299-5190

KANTOR, DO, JAMES G PD
3380 MEMPHIS ST
PHILADELPHIA PA 19134-4510
215-672-7272
KAPADIA, MITESH K ST
1515 NAUDAIN ST
PHILADELPHIA PA 19146
KAPLAN, MD, LEWIS J GS
414 MONASTERY AVE
PHILADELPHIA PA 19128-3433
215-487-2416
KAPLAN, MD, RICHARD H PM
1015 CHESTNUT ST STE 1205
PHILADELPHIA PA 19107-4312
215-923-4001
KAPLOW, MD, GWEN H OBG
1015 CHESTNUT ST STE 312
PHILADELPHIA PA 19107-4303
215-925-8865
KARAFIN, MD, LESTER U
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6566
KARASICK, MD, SHELDDN R R
240 STACEY RD
PENN VALL PA 19072-1321
610-664-3920
KARLIN, DO, PAUL S *IM
2350 WALTON RD
HUNTINGDDN VLY PA 19006-6120
215-884-8824
KARLSTADT, MD, ROBYN GAIL GE
402 DORAL DR
CHERRY HILL NJ 08003-3320
609-354-9793
KARP, MD, JOSEPH S OPH
202 BOWMAN AVE
MERION STA PA 19066-1222
610-667-9787
KARP, MD, LOUIS A OPH
PENNSYLVANIA HOSP
700 SPRUCE ST STE 100
PHILADELPHIA PA 19106-4015
215-829-5311
KASDIN, MD, SHARON L GP
1212 LENOX RD
JENKINTOWN PA 19046-3902
215-885-0215
KASE, EDWIN M ST
421 CHESTNUT AVE
HERSHEY PA 17033
KASE, MD, WILLIAM A P
111 N 49TH ST
PHILADELPHIA PA 19139
215-739-7076
KASEFF, MD, LEDN G R
1783 EL CAMIND REAL
BURLINGAME CA 94010-3205
KASHATUS, MD, WILLIAM C *PTH
400 EGYPT RD
SMITH KLINE BEECHAM CLIN
NORRISTOWN PA 19403-3400
610-631-4677
KASPARIAN, MD, HRATCH *CD
GRADUATE HOSP
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1497
215-893-2495
KASS, DO, RICHARD W CD
5 CAMEO DR
RICHBORO PA 18954-1376
215-659-6416
KASTENBERG, MD, DAVID M GE
223 CHESTNUT ST
HADDONFIELD NJ 08033-1814
609-429-5227
KASTENBERG, MD, JUDITH S P
2120 PINE ST
PHILADELPHIA PA 19103-6535
215-731-0165
KATALAN, MD, MAURICE M *FP
2601 S BDUVIER ST
PHILADELPHIA PA 19145-4506
215-755-1701
KATES, MD, MALCOLM IM
2301 S BROAD ST
PHILADELPHIA PA 19148-3542
215-271-7575
KATOLIK, LEONID I ST
134 DERRY ST
ELKINS PK PA 19117
KATZ, MD, JACOB DPH
SUTTON TERRACE STE 702
BALA CYNWYD PA 19004
KATZ, MD, JANICE D IM
2212 N STONERIDGE LN
VILLANOVA PA 19085-1728
KATZ, MD, JULIAN *GE
701 DODDS LN
GLADWYNE PA 19035-1516
610-642-6012
KATZ, MD, LEO GE
UNIV GASTRO & HEP ASSOC
841 CHESTNUT ST STE 702
PHILADELPHIA PA 19107
215-955-1915
KATZ, MD, LESLIE J OPH
WILLS EYE HOSP
9TH & WALNUT STS
PHILADELPHIA PA 19107
215-928-3197

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1922 WITLER ST
PHILADELPHIA PA 19115
215-671-9488
KATZ, MD, M RICHARD *NS
5401 OLD YORK RD STE 409
KLEIN PROF BLDG
PHILADELPHIA PA 19141-3030
215-457-3322
KATZ, MD, MAX PYA
2005 DELANCEY PL
PHILADELPHIA PA 19103-6509
215-732-3223
KATZ, MD, RICHARD H IM
2212 N STONERIDGE LN
VILLANOVA PA 19085-1728
215-662-8060
KATZ, MD, RICHARD I N
5401 OLD YORK RD STE 405
PHILADELPHIA PA 19141-3030
215-324-3300
KATZ, MD, SHEILA M CDS
HAHNEMANN UNIV HOSP M/S 660
BRDAD & VINE STS BELLET BLDG
PHILADELPHIA PA 19102-1121
215-762-4110
KATZ, DO, STEVEN LEE ID
1502 BOYER BLVD
NORRISTOWN PA 19401-2647
610-239-0469
KATZ, MD, WARREN A RHU
MED ARTS BLDG
39TH & FILBERT STS
PHILADELPHIA PA 19104-6018
215-662-9292
KAUFFMAN, CHRISTOPHER I ST
1930 PINE ST
PHILADELPHIA PA 19103-6626
KAUFMAN, MD, RICHARD E *PUD
314 COTTMAN STREET
JENKINTOWN PA 19046-2821
215-885-6220
KAVESH, MD, WILLIAM N GER
7032 MARION LN
PHILADELPHIA PA 19119-3443
215-844-4644
KAY, MD, MICHAEL L *OPH
130 S 9TH ST STE 1430
PHILADELPHIA PA 19107-5225
215-925-6402
KAYE, MD, DONALD IM
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-762-7765
KAZEM, MD, ISMAIL RO
78 DENOW RD
LAWRENCEVILLE NJ 08648-2047
609-896-1171
KAZEM, KAREN ST
78 DENDW RD
LAWRENCEVILLE NJ 08648
KEAN, MD, HERBERT OTO
1518 SPRUCE ST 1ST FL
PHILADELPHIA PA 19102-4552
215-546-5900
KEANE, MD, WILLIAM M OTO
8TH & SPRUCE STS
PHILADELPHIA PA 19107
215-829-5180
KEATES, MD, EDWIN U OPH
500 OLD YORK RD STE 102
JENKINTOWN PA 19046-2852
215-885-6830
KEATES, JENNIFER A ST
5500 WISSAHICKON AVE
APT 301C
PHILADELPHIA PA 19144
KEEFER, MD, GEORGE P R
610 MONTGOMERY SCHL LN
WYNNEWOOD PA 19096-1014
610-664-3948
KEELER, MD, LOUIS L U
301 WHITE HORSE PIKE
HADDON HEIGHTS NJ 08035
609-547-1115
KEENAN, MD, MARY ANN E ORS
ALBERT EINSTEIN MED CTR
5501 OLD YORK ROAD
PHILADELPHIA PA 19141
215-456-6051
KELHOFFER, MD, ERIC R IM
2020 WALNUT ST APT 20C
PHILADELPHIA PA 19103-5641
215-568-0621
KELLEY, MD, MARK A *PUD
UNIV OF PA CLINICAL AFF
3400 SPRUCE ST 21 PENN TOW
PHILADELPHIA PA 19104-4228
215-662-7277
KELLEY, MICHAEL P ST
2300 WALNUT ST APT 205
PHILADELPHIA PA 19103
KELLEY, MD, WILLIAM N *IM
UNIV OF PA MED CTR
34TH & CIVIC CENER
PHILADELPHIA PA 19104-4385
215-898-5181
KELLY, MD, HABIB R U
6112 TORRESDALE AVE
PHILADELPHIA PA 19135-3718
215-333-7437

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TEMPLE UNIV CTR OF
SPORTS MED
1 GREENTREE RD # 103
MARLTON NJ 08053
609-596-0906
KELLY, MD, KEITH S OBG
2991 SCHOOLHDUSE LN
APT S34E
PHILADELPHIA PA 19144
215-843-6076
KELLY, MD, WILLIAM E P
1026 LA PALOMA BLVD
N FT MYERS FL 33903-1343
813-731-2695
KEMERER, CHERYL L ST
500 WAUGAMAN RD #124
HARRISON CITY PA 15636-9736
KEMMERER, KELLY M ST
34 W MDNT AVE APT 107
ARDMORE PA 19003-1420
KENDALL, MD, BENJAMIN GYN
231 BRYDON ROAD
WYNNEWOOD PA 19096-3306
610-896-7099
KENDL, MD, CLAUDE IM
614 S 8TH ST APT 262
PHILADELPHIA PA 19147
215-829-3000
KEON, MD, THOMAS P AN
CHILDRENS HOSRITAL OF PHILA
34TH CIVIC CTR BLVD
PHILADELPHIA PA 19104-4385
215-590-1878
KEPNER, ANDREW M ST
1000 CTRY CLUB RD APT A12
YORK PA 17403-3400
KERNUS, DO, JAY EM
810 ELMWAY CIR
BLUE BELL PA 19422
KERSTEIN, MD, MORRIS D VS
BROAD & VINE ST
M/S 413
PHILADELPHIA PA 19102-1178
215-762-1033
KESMODEL, D, SUSAN B ST
2411 LOMBARD ST
PHILADELPHIA PA 19146
KESSEL, MD, LAWRENCE J *IM
8200 HENRY AVE APT G1
PHILADELPHIA PA 19128-2959
215-482-2336
KESWANI, MD, ASHOK K OBG
9215-B JAMISON AVE
PHILADELPHIA PA 19115-4282
215-464-9180
KEYKHAH, MD, MOHAMMAD M AN
329 FAIRHILL RD
WYNNEWOOD PA 19096-1803
KHAN, MD, KHIZAR A P
885 N EASTON RD APT 4A4
GLENSIDE PA 19038
215-884-0328
KHAN, MD, NIAZ A P
3400 HENRY AVE APT 3R
PHILADELPHIA PA 19129
215-844-5546
KHANNA, MD, OM P U
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8176
KHAROD, AMIT S ST
2201 PENNA AVE APT 418
PHILADELPHIA PA 19130-3513
KHAW, OMMER ST
3329 INDIAN OUEEN LN APT 1
PHILADELPHIA PA 19129
KHAWAJA, MD, WASEEM A IM
305 POND VIEW HEIGHTS
ROCHESTER NY 14612
716-227-7559
KHELLA, MD, LEWIS PM
45 OLD GULPH RD
GLADWYNE PA 19035-1526
610-642-1291
KHELLA, MD, SAMI L N
45 OLD GULPH RD
GLADWYNE PA 19035-1526
610-642-1294
KHO, MD, MITCHELL R P
255-D SHAWMONT AVE
PHILADELPHIA PA 19128
215-482-7893
KHODADADI, NAVID ST
1546 AMHERST AVE #202
W LOS ANGELES CA 90025
KHONA, MD, NITHYASHUBA B PM
28 ASHBROOKE DR
VOORHEES NJ 08043-2817
609-346-4292
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BROAD & VINE STS
PHILADELPHIA PA 19102-1178
215-448-8101
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PHILADELPHIA PA 19152-2803
215-342-8118
KHUSID, MD, RUDOLF US
MED COLL HOSP INT MED
3300 HENRY AVE
PHILADELPHIA PA 19129

IBELSTIS, THOMAS E ST
3775 FOX RUN DR
ALLENTOWN PA 18103
IEHN, MARK W ST
4 CURHAM DR
DILLSBURG PA 17019
ILE, JEFFERY R ST
1329 N WASHINGTON ST
WILKES BARRE PA 18705-1821
IM, ANJE ST
1626 WHITENER ST
CAPE GIRARDEAV MD 63701
IM, CAROLINE S ST
605 ANTHONY DR
PLYM MTG PA 19462
IM, CHI Y ST
2204 ST JAMES ST #3C
PHILADELPHIA PA 19103-5502
IM, CHONG M ST
435 E 70TH ST
NEW YORK NY 10021-5349
IM, DANNY C ST
120 PARRY RD
STAMFORD CT 06907
IM, MD, DAVID Y IM
1801 BUTTONWOOD ST # 1415
PHILADELPHIA PA 19130-3955
215-568-7414
IM, MD, JOHN H OBG
334 CHESTNUT ST #1018
PHILADELPHIA PA 19107-5142
215-829-1833
IM, JOHN J ST
139 VICTORIA LN
HORSHAM PA 19044
M, MD, JUNG S *PD
7901 ROLLING GREEN RD
CHELTENHAM PA 19012-1709
215-379-2201
M, MD, KWAN E NEP
7901 ROLLING GREEN RD
CHELTENHAM PA 19012-1709
215-379-2201
M, KYUNG N ST
100 PLZ DR APT 107
DOWNINGTOWN PA 19335
M, MD, PATRICK K GS
2601 PENNA AVE APT 227
PHILADELPHIA PA 19130
M, MD, PETER W IM
4041 RIDGE AVE BLDG 5 APT 109
PHILADELPHIA PA 19129-1550
215-438-4989
M, SOO Y ST
617 PINE ST STE H310
PHILADELPHIA PA 19143-1832
MBALL, MD, HARRY R IM
624 MARKET ST
BIM
PHILADELPHIA PA 19104-2675
215-243-1500
MMEL, MD, MURRAY H U
301 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-3124
215-563-0847
NG, MD, LORRAINE C *END
2140 2ND AVE
TONE HBR NJ 08247-1057
609-368-7618
NG JR, MD, WILLIAM F PD
301 LARCHWOOD APT 3
HILADELPHIA PA 19104-3903
NNIRY, PAUL A ST
517 N FIEDLER RD
IAPLE GLEN PA 19002-2718
RCHNER, R MICHAEL ST
14 DELP RD
ANCASTER PA 17601
RK, KEVIN L ST
XEC HOUSE APT # PH114
100 CITY AVE
HILADELPHIA PA 19131
RKLAND, MD, MATT L GS
01 S 8TH ST
HILADELPHIA PA 19106-4014
215-829-3697
RSCHBAUM, DO, MICHAEL J CD
KILBURNE CT
HERRY HILL NJ 08003-1965
609-424-6819
RSHBAUM, MD, BERNARD A D
RES APTS
128 MADISON HOUSE
HILADELPHIA PA 19131
15-877-6620
SICK, MD, WILLIAM L GPM
21 RALSTON-PENN CTR
515 CHESTNUT ST
HILADELPHIA PA 19104-2676
15-898-6385
TLER, JONATHAN A ST
13 EVANSBURG RD
OLLEGEVILLE PA 19426
EI, MD, MILTON N GP
243 S 9TH ST
HILADELPHIA PA 19148-3102
5-334-4049
NCNIK JR, JAMES M ST
15 S 21ST ST
HILADELPHIA PA 19146-1325
NSS, MD, DANIEL J IM
50 MARKET ST
HILADELPHIA PA 19104
5-590-9644

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CONSULT
101 PAPPER PAV 1 GRAD PLZ
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KLEIN, ANN T ST
3570 INDIAN QUEEN LN
PHILADELPHIA PA 19129-1523
KLEIN, MD, DOROTHY E PD
3300 S PENINSULA DR
SEVEN SEAS MARINA
DAYTONA BCH FL 32118-6301
KLEIN, HARLAN P ST
HAHNEMANN UNIV
HOSP
BROAD & VINE STS MS 300
PHILADELPHIA PA 19102-1192
KLEIN, MD, SHELDON GP
SCOTCHBROOK DR
9301-03 BANES STREET
PHILADELPHIA PA 19115-4201
215-464-9000
KLEIN, MD, THOMAS A OBG
241 S 6TH ST APT 1801
PHILADELPHIA PA 19106-3727
215-413-0278
KLEINER, MD, ROBERT C OPH
MANOR MED BLDG
124 DEKALB PIKE
N WALES PA 19454-1803
215-699-7600
KLIGERMAN, MD, MORTON M TR
220 W RITTENHOUSE SQ
PHILADELPHIA PA 19103-5709
215-546-4643
KLIGMAN, MD, ALBERT M D
CLINICAL RES BLDG
RM 219
422 CURIE BLVD
PHILADELPHIA PA 19104-6140
215-898-3230
KLINE JR, MD, JOHN A PM
409 S ISEMINGER ST
PHILADELPHIA PA 19147
215-545-6889
KLINE, MD, MATTHEW T AN
7901 BUSTLETON AVE STE 10
PHILADELPHIA PA 19152
215-624-8145
KLINE, MD, MICHAEL R PUD
EPISCOPAL HOSP MAB105
100 E LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7052
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3161 CREAMERY RD
TUCKWIMENSING FARM
NEW HOPE PA 18938-5636
215-297-5489
KLINGHOFFER, MD, JUNE F IM
MCP 3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-6962
KLINGHOFFER, MD, LEONARD ORS
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-732-0606
KLINMAN, MD, STEVEN W IM
209 CEDAR RD
ELKINS PK PA 19027
215-887-8202
KLINMAN, MD, WILLIAM CRS
4025 PULITZER PL
APT 245
SAN DIEGO CA 92122-4212
619-452-3903
KLUFT, MD, RICHARD P *P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2484
KNABE, STEPHANIE ST
4595 BELMONT DR
EMMAUS PA 18049
KNAUSS-BROWN, CHRISTINA C ST
623 N LIME ST
LANCASTER PA 17602-2217
KNIGHT, MD, BARBARA S IM
517 RANDOLPH CT # C
PHILADELPHIA PA 19147-1419
215-592-0413
KNORR, MD, ERIC J IM
3443 TILDEN ST
PHILADELPHIA PA 19129
215-438-4401
KNOX, MD, GLENN W OTO
5 RAVDIN DEPT OF ORL
3400 SPRUCE ST
PHILADELPHIA PA 19104-4283
215-662-6017
KO, MD, MIN-HSIUNG *FP
10890 BUSTLETON AVE STE 209
PHILADELPHIA PA 19116-3313
215-245-5120
KODSI, MD, MAGDI S PS
1322 RYDAL RD
RYDAL PA 19046-1417
KOHL, MD, E JAMES *ORS
931 HAVERFORD RD
BRYN MAWR PA 19010-3838
610-527-1544

KOIWAI, MD, EICHI K PTH
11 FORRESTER RD
HORSHAM PA 19044-1726
215-672-3616
KOKLANARIS, NIKKI ST
1330 ROSTRAVER
MONESSEN PA 15062
KOLANSKY, MD, HAROLD PYA
ELKINS PK HOUSE 109B
ELKINS PK PA 19027
215-635-1666
KOLATIS, MARY ELLEN ST
910 FRANKO ST
THROOP PA 18512-1116
KOLTES, MD, JOHN A P
530 SPRING LN
PHILADELPHIA PA 19128-1002
215-482-2337
KOMMINENI, MD, VIJAYA K IM
MED COLL HOSP
3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-6957
KONDRATOWSKI, MD,
RICHARD Z OTO
124 SWEDESFORD RD
VICTORIA FARM
MALVERN PA 19355
KONG, MD, ANNA W S GS
4000 PRES BLVD # 410
PHILADELPHIA PA 19131-1716
215-879-7744
KONG, PEI ANN ST
118 KENT RD
U DARBY PA 19082-3211
KONKLIN, SHARON A ST
HCR 1 BOX 240
SAYLORSBURG PA 18353
KOOLPE, MD, HARVEY A DR
161 SERRILL RD
ELKINS PK PA 19027-1616
215-572-5734
KOOLPE, MD, LOUIS IM
8228 WESTMINSTER RD
ELKINS PK PA 19027
215-884-5316
KORENTZWITT, MD, EDITH IM
7 SORREY ROAD
MELROSE PK PA 19126-1409
KOREY, MD, JOSEPH J GS
SACRED HRT FOR CANC
PATIENT
1315 W HUNTING PK AVE
PHILADELPHIA PA 19140-2094
215-634-4159
KORNBLUTH, IRA D ST
9812 WOODFORD RD
POTOMAC MD 20854
KORNSGOLD, MD, LAURA M PD
1622 NAPFLE AVE
PHILADELPHIA PA 19111-3440
215-722-3513
KOSMAS, MD, CONSTANTINE E CD
221K S MACDADE BLVD
GLENOLDEN PA 19036-2010
610-586-5274
KOSTOPOULOS, KIMON A ST
6164 RADECKE AVE
BALTIMORE MD 21206
KOTAKIS, MD, JOHN IM
23 N LANSDOWNE AVE
LANSDOWNE PA 19050-2205
610-626-4397
KOTAPKA, MD, MARK J NS
5 SILVERSTEIN
3400 SPRUCE ST
PHILADELPHIA PA 19104-4228
215-349-8325
KOTLER, MD, BARRY M OM
244 IRONWOOD CIR
ELKINS PK PA 19117-1315
215-885-3665
KOTLOFF, MD, LEON IM
1001 CITY AVE
GREENHILL CONDO
UNIT WB313
WYNNEWOOD PA 19096-3902
610-649-5671
KOUTCHER, MD, MARTIN E IM
2221 S BROAD ST
PHILADELPHIA PA 19148-2938
215-336-0655
KOVALSKY, MD, DON A ORS
DEL CTY MED CTR
1999 SPROUL RD
BROOMALL PA 19008-3504
610-353-1113
KOVEN, MD, NORMAN L AI
720 2ND ST PIKE STE 102
SOUTHAMPTON PA 18966-3949
215-364-3688
KOVTUN, MD, NATALIA IM
117 N 15TH ST APT 906
PHILDELPHIA PA 19102-1518
215-557-7193
KOZERA, MD, RICHARD J IM
3400 N BROAD ST
PHILADELPHIA PA 19140-5104
215-707-4516
KOZIN, MD, SCOTT H HS
TEMPLE UNIV HOSP
BROAD & ONTARIO STS
PHILADELPHIA PA 19140
215-707-3405

KOZLOVSKAYA, MD, SVETLANA IM
11228 JEANS ST
PHILADELPHIA PA 19116
215-969-0454
KRAFT, MD, ELIZABETH A EM
2500 BELMONT AVE APT B305
PHILADELPHIA PA 19131-2723
215-877-9404
KRAKOVITZ, MD, JAY A IM
1162 DIXON LN
RYDAL PA 19046-1802
215-886-0445
KRAMER, MD, E MICHAEL DMP
130 S 9TH ST STE 1410
PHILADELPHIA PA 19107
215-955-6123
KRAMER, MD, FREDERICK L DR
7 WORTHINGTON DR
MEDIA PA 19063-1157
KRAMER, MD, GARY S DR
2209 MT VERNON ST
PHILADELPHIA PA 19130-3114
215-765-8513
KRAMER, MD, MARK S P
10 SENTRY PKWY BL-2-5
BLUE BELL PA 19422
610-397-2606
KRAMER, MD, MARK S NEP
A EINSTEIN MED CTR
YORK & TABOR RDS
PHILADELPHIA PA 19141
215-456-6970
KRAMER, MD, SELMA CHP
3902 NETHERFIELD RD
PHILADELPHIA PA 19129-1014
215-849-7272
KRANE, MD, MARVIN A OBG
1115 OLD GULPH RD
BRYN MAWR PA 19010-1739
215-546-6475
KRANTZ, MD, KATHRYN E *OBG
3029 W QUEEN LN
PHILADELPHIA PA 19129-1034
215-849-5965
KRASNOFF, MD, SIDNEY O CD
1801 S FLAGLER
WEST PALM BCH FL 33401
305-372-2330
KRAUS, MD, THEODORE J *GP
3153 RICHMOND ST
PHILADELPHIA PA 19134-5808
215-739-5978
KRAUSE, MD, MARILYN PD
433 WARICK RD
WYNNEWOOD PA 19096-2343
610-649-4559
KRAUSE, MD, ROBERT L CD
RED LION & KNIGHTS RDS
STE 201
PHILADELPHIA PA 19114
215-281-0800
KRAUSZ, MD, MARTIN R *GP
7739 LYCOMING AVE
MELROSE PK PA 19027-3520
KREGENOW, ROBERT D ST
5221 RIDGE AVE 1ST FLR
PHILADELPHIA PA 19128
KREMENS, MD, VICTOR R
406 RANDALL RD
WYNCOTE PA 19095-2106
215-884-3352
KREMER, MD, FREDERIC B *OPH
200 MALL BLVD
KING OF PRUSSIA PA 19406-2902
KREMER, MD, HOWARD U *IM
1901 JFK BLVD APT 2004
PHILADELPHIA PA 19103-1516
215-561-3479
KRENZEL, MD, ARCHIBALD R P
191 PRES BLVD APT 113
BALA CYNWYD PA 19004-1208
610-664-8464
KRESSLER, MD, ROBERT J PD
600 E CATHEDRAL RD APT 8315
PHILADELPHIA PA 19128-1933
215-984-8954
KREULEN, MD, THOMAS H *CD
GRADUATE HOSP
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1497
215-893-2495
KRIEDMAN, MD, TERRY F OBG
8815 GERMANTOWN AVE
STE 40
PHILADELPHIA PA 19118
215-248-3100
KRIEGER, MD, BENSON FP
2401 PENNA AVE APT 12C45
PHILADELPHIA PA 19130
215-763-1141
KRIZA, KAREN L ST
80 5TH AVE
MAPLE SHADE NJ 08052
KROME, CHARLES N ST
16 WIMBLEDON LN
OWINGS MILLS MD 21117
KRON, MD, KENNETH M P
WYNCOTE HOUSE BOX A
WYNCOTE PA 19095
215-576-0350
KRON, MD, SAMUEL D GS
2555 COLLINS AVE # 404
MIAMI BEACH FL 33140
305-534-5766

KROOP, MD, HOWARD S *GE
TH JEFFERSON UNIV HOSP
480 MAIN BLDG
132 S 10TH ST
PHILADELPHIA PA 19107
215-955-8900
KROSER, DO, ALBERT S FP
2855 WELSH RD
PHILADELPHIA PA 19152-1647
215-464-2121
KROSER, MD, JONATHAN M GS
2855 WELSH RD
PHILADELPHIA PA 19152-1647
215-464-2123
KROSER, MD, JOYANN A GE
7901 HENRY AVE APT A-507
PHILADELPHIA PA 19128-3062
215-483-7159
KROSER, MD, LILA S *GP
2855 WELSH RD
PHILADELPHIA PA 19152-1647
215-464-2121
KROUSE, MD, THEODORE B PTH
EPISCOPAL HOSP
DEPT PATHOLOGY
PHILADELPHIA PA 19125
215-427-7280
KRUPP, JASON A ST
834 CHESTNUT ST APT 1714
PHILADELPHIA PA 19107
KUBEK, PERRY B ST
5436 WOODCREST AVE
PHILADELPHIA PA 19131-1332
KUBER, MD, MATTHEW E CD
1534 HUNTINGDON PK
HUNTINGDON VLY PA 19006-7702
215-947-5742
KULICK, AARON F ST
1110 LOMBARD ST UNIT 1
PHILADELPHIA PA 19147-1206
KUMAR, ATUL ST
8200 HENRY AVE APT J25
PHILADELPHIA PA 19128
KUMAR, KAVITA ST
3026 W QUEEN LN APT B4C
PHILADELPHIA PA 19129
KUMAR, VEENA V ST
3 CRESTVIEW DR
OIL CITY PA 16301
KUMAR, MD, VEERANDRA IM
161 E LEHIGH AVE
PHILADELPHIA PA 19125-1011
215-426-5100
KUROKI, MD, HELEN M *OBG
CROZER CHESTER MED CTR
AMB CARE PAV #333
UPLAND PA 19013
610-594-0850
KURTH, MD, CHARLES D AN
CHILDRENS HOSP
DEPT OF ANES
PHILADELPHIA PA 19104
215-590-1853
KURTZ, MD, ALFRED B *DR
1050 INDIAN CREEK RD
WYNNEWOOD PA 19096-3407
KURTZ, MD, J STEPHEN OBG
717 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2111
215-836-1313
KURTZ, KENNETH S ST
190 BROOKLINE ST
NEWTON CENTRE MA 02159
KURYAN, ALEX S ST
9267 DARLINGTON RD
PHILADELPHIA PA 19115
KUSH, SCOTT J ST
3904 SPRUCE ST
PHILADELPHIA PA 19104
KUSHEL, MD, STEVEN M IM
106 SURREY CT
RAMSEY NJ 07446-1265
201-818-4897
KUSIAK, MD, JOSEPH F PS
7701 BURHOLME AVE
PHILADELPHIA PA 19111-2430
215-728-2662
KUSIAK, MD, VICTORIA M CD
7022 LAFAYETTE AVE
FT WASHINGTON PA 19034-2101
215-646-0948
KUWAHARA, RAYMOND T ST
8605 BEACON AVE S
SEATTLE WA 98118
KVASNICKA, ANNA L ST
1000 WALNUT ST APT 1800
PHILADELPHIA PA 19107
KYLE, MD, G CLAYTON DIA
UNIV OF PENNA STE 1
PHILADELPHIA PA 19104-6291
215-662-2468
LABE, MD, ALEXANDER GS
60 TWP LINE RD
ELKINS PK PA 19117-2249
215-379-4600
LABKOFF, MD, STEVEN E IM
60 WASHINGTON ST #1STFL
WELLESLEY MA 02181-3209
617-734-5220
LABORDE, MD, ANDREA T PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9537

LADENHEIM, MD, STEVEN E OTO
1920 CHESTNUT ST
PHILADELPHIA PA 19103-4634
215-561-2546
LAFER, MD, EDMUND L IM
1510 S 13TH ST
PHILADELPHIA PA 19147-6205
215-755-7419
LAFKAS, MICHAEL P ST
861 HILLSIDE DR
LONG BEACH CA 90815
LAFONTANT, MD, RAYMOND F PM
1977 AMBASSADOR ST
PHILADELPHIA PA 19115-4635
LAGHAEE, MD, SHAHIN IM
2583 BALWYNNE PIKE RD
1ST FLR
PHILADELPHIA PA 19131
215-878-6758
LAIBSON, MD, PETER R OPH
445 MULBERRY LN
HAVERFORD PA 19041-1911
610-896-6533
LAMBERT, MD, BARBARA A TR
1751 STOCKTON RD
MEADOWBROOK PA 19046-1152
215-884-9409
LAMBERT, MD, ROBERT L LM
409 ALLENDALE WAY
CAMP HILL PA 17011-8407
717-737-2356
LAMBERTSEN, MD, CHRISTIAN J PA
3500 W CHESTER PK
NEWTOWN SQUARE PA 19073-4101
LAME, MD, EDWIN L R
1400 WAVERLY RD
WAVERLY HTS VILLA 48
GLADWYNE PA 19035-1254
610-645-8697
LAMONTE, MD, MARIAN P N
4721 FOWLER ST
PHILADELPHIA PA 19127-1001
215-482-8707
LAMSBACK, MD, EDWARD G *IM
1441 LEWIS RD
RYDAL PA 19046-1411
717-947-7005
LANCIANO, MD, RACHELLE M RO
7701 BURHOLME AVE
PHILADELPHIA PA 19111
215-728-2963
LANDEFELD, RALPH N ST
154 TAYLOR AVE
BEAVER PA 15009-2820
LANE, MD, SALLY D ON
5735 RIDGE AVE STE 101
PHILADELPHIA PA 19128-1745
215-487-3070
LANG, MD, NIKKI EM
634 PINE ST
PHILADELPHIA PA 19106-4109
215-627-1300
LANGIERI, MD, GARY OTO
925 ROBERTS AVE
DREXEL HILL PA 19026-4421
215-848-3271
LANGSCHWAGER, LARSON F ST
1121 LAKESHORE CIR
GRAND BLANC MI 48439
LANIGAN, MD, CHRISTINE J IM
19 ABBOTT RD
WELLESLEY HLS MA 02181-7518
617-235-1570
LANOCE, MD, LOUIS F GP
581 PAOLI AVE
PHILADELPHIA PA 19128-3215
215-482-4476
LANZA, MD, DONALD C OTO
149 FAIRVIEW RD
PENN VALL PA 19072-1330
610-667-5125
LAPAT, MD, RICHARD C PD
10125 VERREE RD
PHILADELPHIA PA 19116-3611
215-698-9200
LAPAYOWKER, MD, MARC S R
2301 CHERRY ST APT 16-E
RIVERS EDGE CONDO
PHILADELPHIA PA 19103-1043
215-569-4182
LARGOZA, MD, NACIANCENO T FP
186 LANSDOWNE AVE
LANSDOWNE PA 19050
610-284-6080
LARICCIA, MD, PATRICK J IM
446 KENNERLY RD
SPRINGFIELD PA 19064-2132
610-259-5512
LAROSSA, MD, DONATO D PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2044
LARSON, KENNETH A ST
19669 RIVERSIDE DR
TEQUESTA FL 33469
LASALVIA, MD, LUCY A GYN
METH HOSP MED BLDG
2301 S BROAD ST STE 204
PHILADELPHIA PA 19148-3542
215-467-5300
LASKE, MD, DOUGLAS W NS
3401 N BROAD ST
PHILADELPHIA PA 19140
215-707-4069

LAU, MD, DIAN C AN
4000 PRES BLVD #506
PHILADELPHIA PA 19131-1717
215-871-4421
LAUCIUS, MD, J FREDERICK IM
1025 ARBORETUM RD
WYNCOTE PA 19095-2109
215-885-3739
LAURY, MD, WILLIAM L IM
834 EAST UPSAL ST
PHILADELPHIA PA 19119
215-924-4440
LAUTZ, MD, VIRGINIA H *OTO
BRYN MAWR TER APT 88
HAVERFORD & RUGBY RDS
BRYN MAWR PA 19010
LAVAN, MD, DONALD W IM
1420 LOCUST ST STE 100
PHILADELPHIA PA 19102-4223
215-735-1200
LAVERAN STIEBER, MD, RUDOLF F P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2470
LAW, DO, STEPHEN W EM
602 COVINGTON RD
HAVERTOWN PA 19083
610-446-7993
LAWRENCE, JOHN T ST
765 PINE AVE
WAYNESBORO VA 22980
LAWSON, ERIKA G ST
14 FIELDCREST DR
EAST BRUNSWICK NJ 08816
LAZAR, MICHAEL H ST
859 CARDINAL LN
HUNTINGDON VALL PA 19006-2111
LAZARO MORAN, MD,
MIGUELA D FP
11991 AUDUBON AVE
PHILADELPHIA PA 19116-2418
215-677-2003
LAZARUS, MD, MARK D ORS
ALBERT EINSTEIN MED CTR
5501 OLD YORK RD
PHILADELPHIA PA 19141
215-456-7903
LE, HOANG T ST
640 N VALL SPRINGS
WALNUT CA 91789
LE, TINA ST
1475 SHAGBARK CT
CHESTERFIELD MO 63017
LEAMAN, TIMOTHY J ST
5908 LANGDON ST
PHILADELPHIA PA 19149-3618
LEARNER, MD, NORMAN IM
2401 PENNSYLVANIA AVE
THE PHILADELPHIAN APT 6B35
PHILADELPHIA PA 19130-3061
215-763-5504
LEAVITT, DO, RICHARD JAY IM
210 RIDINGS WAY
AMBLER PA 19002-5246
215-540-9777
LEBBY, ERIC B ST
1227 DILLON RD
FT WASHINGTON PA 19034-1755
LEBER, ERNEST H ST
260 LYCEUM AVE APT 2
PHILADELPHIA PA 19128-4829
LECKS, MD, LEONARD E CD
RITTENHOUSE CLARIDGE
PHILADELPHIA PA 19103
215-546-3587
LEDBETTER, SUSAN L ST
1741 ALOMA AVE
WINTER PARK FL 32789
LEDDY, MD, CHERYL *CD
2701 HOLME AVE STE 105
PHILADELPHIA PA 19152-2029
215-335-4944
LEDESMA, MD, ELIHU J GS
330 S 9TH ST
PHILADELPHIA PA 19107-6153
215-922-7901
LEE, ALAN C ST
325 N 15TH ST APT 608
PHILADELPHIA PA 19102
LEE, MD, BERNARD L U
FOXCROFT SQUARE
APT 309
JENKINTOWN PA 19046
LEE JR, MD, CHARLES T *IM
8811 GERMANTOWN AVE
PHILADELPHIA PA 19118-2718
215-247-6212
LEE, IRIS J ST
271 S 15TH ST #1902
PHILADELPHIA PA 19102-5051
LEE JR, MD, JAMES H OBG
1722 BAYSHORE DR
COCOA BCH FL 32931-2314
LEE, JANE A ST
1379 BRENTWOOD RD
YARDLEY PA 19067-3925
LEE, JOSEPH R ST
3695 MANOR RD
BETHLEHEM PA 18017-8609
LEE, MD, KWANG W AN
CHILDRENS HOSP OF PHILA
34TH & CIVIC CTR
PHILADELPHIA PA 19104-4385
215-590-1860

LEE, PETER P ST
950 WALNUT ST APT 614
PHILADELPHIA PA 19107-5570
LEE, MD, ROTAN GP
7999 RTE 130 SOUTH
PENNSAUDEN NJ 08110
609-488-6204
LEE, SUSIE I ST
120 WHIPPLE AVE
CRANSTON RI 02920
LEE, TERRENCE H ST
118 HILLTOP CT
CHERRY HILL NJ 08003
LEE, MD, W ROBERT RO
FOX CHASE CANC CTR
7701 BURHOLME AVE
PHILADELPHIA PA 19111
215-728-2581
LEE, MD, YI-CHUN OBG
1015 AFTON ST APT 16
PHILADELPHIA PA 19111-3234
215-745-7280
LEEGARD, MD, ROBERT L AN
2701 HOLME AVE STE 201
PHILADELPHIA PA 19152-2029
215-332-7605
LEFKOE, MD, ROY T ORS
GRADUATE MED
OFFICE BLDG
1740 SOUTH ST STE 401
PHILADELPHIA PA 19146-1529
215-546-8343
LEFTON, MD, HARVEY B GE
TWO BALA PLZ IL22 24
BALA CYNWYD PA 19004
610-664-9700
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3901 CONSHOHOCKEN AVE
#1203
PHILADELPHIA PA 19131-5427
215-473-2463
LEHMAN, ANDREW P ST
1 TROTTER WAY
COLLEGEVILLE PA 19426-2857
LEHRER, MD, LEWIS AN
40 E RIDING DR
CHERRY HILL NJ 08003-2707
LEHRER, MICHAEL S ST
2031 LOCUST ST APT 602
PHILADELPHIA PA 19103
LEIGHTON JR, MD, JOHN C HEM
719 MILLWOOD RD
PHILADELPHIA PA 19115-4127
215-671-9624
LEINWEBER, MD, BRUCE K *OBG
DEPT OB/GYN LEVY 2
5501 OLD YORK RD
PHILADELPHIA PA 19141-3001
215-456-7700
LEISER, MD, JONATHON B IM
1521-A STONEY LN
PHILADELPHIA PA 19115-4280
215-676-9425
LEMOLE, MD, GERALD M CDS
CHRISTIANA MED CTR STE 205
4745 STANTON &
OGLETOWN RDS
NEWARK DE 19713
302-738-0448
LENAHAN, R SEAN ST
60 E PETTEBONE ST
FORTY FORT PA 18704-4928
LENCHNER, MD, GREGORY S PUD
1001 CITY LN AVE APT WB113
WYNNEWOOD PA 19096
610-896-0280
LENNOX, TRICIA L ST
BARRINGER BLDG APT 610
950 WALNUT ST
PHILADELPHIA PA 19107
LEO, MD, LOUIS R CD
439 LANKENAU MED BLDG W
100 LANCASTER AVE
WYNNEWOOD PA 19096-3427
610-658-0489
LEONARD JR, MD, EDWARD C P
1435 CLOVERLY LN
RYDAL PA 19046-1403
215-886-2129
LEPAR, MD, EDWIN R
1040 KINGSLEY RD
RYDAL PA 19046-3338
LERNER, MD, HARVEY J ON
1 PENN BLVD
GERMANTOWN HOSP & MED CTR
PHILADELPHIA PA 19072-1498
215-951-8014
LESHNER, DO, RICHARD T CD
ST MARY MED STE 310
1205 LANGHORNE-NEWTOWN RD
LANGHORNE PA 19047
215-750-6657
LESSER, MD, RAYMOND W *OTO
HAHNEMANN UNIV HOSP
BROAD & VINE STS
PHILADELPHIA PA 19102-1178
215-762-3700
LESSIG, MD, HARRY J NM
60 EAST TWP LINE RD
ELKINS PK CAMPUS
ELKINS PK PA 19027
215-663-6044

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78 ROCK ROAD W
GREEN BROOK NJ 08812
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LETO, MD, FRANCESCO *IM
1419 S BROAD ST
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215-462-3191
LEUNG, YUEN-POK ST
7900 CORTE REY
BAKERSFIELD CA 93309
LEVICK, MD, STANLEY N ND
5401 COLLINS AVE APT 1528
MIAMI BEACH FL 33140
LEVIEN, MD, DAVID H GS
EPISCOPAL HOSP
FRONT ST & LEHIGH AVE
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215-427-7042
LEVIN, MD, DAVID C *R
THOS JEFFERSON UNIV HOSP
PHILADELPHIA PA 19107
215-955-7264
LEVIN, MD, I HOWARD N
3836 RIDGEVIEW RD
HUNTINGDON VLY PA 19006-2807
215-938-7106
LEVIN, MD, MICHAEL D PD
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PHILADELPHIA PA 19152-2029
215-331-0888
LEVIN, MD, NORMAN P PTH
EPISCOPAL HOSP
FRONT & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7333
LEVIN, MD, RONALD M IM
21 CHESWOLD DR
SOUTHAMPTON PA 18966-3012
215-322-1482
LEVINE, MD, ARNOLD H DR
1307 RUTLAND LN
WYNNEWOOD PA 19096-2422
610-896-0917
LEVINSKY, MD, WALTER J IM
611 BROAD ACRES RD
PENN VALL
NARBERTH PA 19072-1510
610-664-7636
LEVINSON, MD, STUART L P
117 N 15TH ST APT 1001
PHILADELPHIA PA 19102-1518
215-568-8277
LEVIT, MD, EDITHE J OS
210 W RITTENHOUSE SQ APT 2305
PHILADELPHIA PA 19103-5709
LEVIT, MD, LAWRENCE S AN
151 DARTMOUTH RD
BALA CYNWYD PA 19004-2226
610-660-9677
LEVITAN, MD, MARK OPH
5001 FRANKFORD AVE
PHILADELPHIA PA 19124
215-288-5000
LEVY, CHARLES L ST
1101 CHARLESTON GREENE
MALVERN PA 19355
LEVY, MD, MICHAEL H ON
FOX CHASE CANC CTR
7701 BURHOLME AVE
PHILADELPHIA PA 19111
215-728-3637
LEVY, MD, ROBERT J HEM
1843 S BROAD ST
PHILADELPHIA PA 19148
215-468-8008
LEVY, STEVEN A ST
R D 3 WYNDWOOD RD
DALTON PA 18414
LEWIS, MD, ALAN E END
VALL END ASSOC
1450 S DOBSON RD STE A202
MESA AZ 85202
602-827-1220
LEWIS, MD, DANIEL W CD
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-545-2521
LEWIS JR, MD, GEORGE C ON
721 SUSSEX RD
WYNNEWOOD PA 19096-2445
610-642-7772
LEWIS, HENRY J ST
118 MONTANA DR
CHADDS FORD PA 19317-9283
LEWIS, MD, PAUL L PTH
521 BAIRD RD
MERION STA PA 19066-1301
215-952-0962
LEWIS, RYAN D ST
68 APPLE DR
EXTON PA 19341-2108
LEYZIN, MD, FELIX GP
8025 CASTOR AVE
PHILADELPHIA PA 19152-2733
LEYZIN, MD, MARA S FP
8025 CASTOR AVE
PHILADELPHIA PA 19152-2733
LIACHOWITZ, MD, CLAIRE H PM
SUTTON TER APT 501
BALA CYNWYD PA 19004
610-667-9067

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3381 CARL CT
ANN ARBOR MI 48105
LIAW, MD, MING T GS
125 W BROAD ST
TAMAQUA PA 18252-1916
717-668-5177
LIAW, MD, WEN HAW EM
10 GUM TREE RD
LAFAYETTE HILL PA 19444-2432
610-825-5681
LICHTENSTEIN, MD, ISRAEL IM
7909 OXFORD AVE
PHILADELPHIA PA 19111-2224
215-745-8803
LICHTENSTEIN, MD,
STEPHEN B OPH
152 LANKENAU MED BLDG
WYNNEWOOD PA 19096
610-649-2600
LICHTENSTEIN, DO, STEVEN GE
1501 LANSDOWNE AVE
DARBY PA 19023
610-534-6270
LICHTMAN, MD, JOSEPH M US
1819 FIRESIDE LN
CHERRY HILL NJ 08003-3244
609-354-0120
LIEBENBERG, MD, ROBERT E ORS
KLEIN PROF OFF BLDG
STE 200 5401 OLD YORK RD
PHILADELPHIA PA 19141
215-456-9400
LIEBERMAN, MD, DANIEL F
1 RIVER RD
PHILADELPHIA PA 19128-3902
LIEBERMAN, MD, DONALD H IM
9501 ROOSEVELT BLVD FL 312
PHILADELPHIA PA 19114-1028
215-673-7070
LIEBERMAN, MD, GEORGE E OTO
CEDARBROOK APTS A306
WYNCOTE PA 19095
215-576-0326
LIEBERMAN, DO, RONALD M PM
443 OAKMONT CT
HARLEYSVILLE PA 19438-3075
215-482-8985
LIEBMAN, MD, EMIL P OTO
2106 SPRUCE ST
PHILADELPHIA PA 19103-6504
215-790-1553
LIEF, MD, HAROLD I P
987 OLD EAGLE SCHL RD # 719
WAYNE PA 19087
610-971-0700
LIEN, WILLIAM J ST
2001 BRIDGEWATER CT
CHESTER SPR PA 19425-8715
LIMBERAKIS, MD, ANTHONY J *DR
636 CROSSWICKS RD
RYDAL PA 19046-3002
215-576-5390
LIMOGES, MD, RICHARD F P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2428
LIN, GEORGE ST
80 WILLIAM FEUTHER DR
VOORHEES NJ 08043
LIN, HENRY ST
80 WILLIAM FEATHER DR
VOORHEES NJ 08043
LIN, MD, PAUL M NS
1100 MILL RD
RYDAL PA 19046-2527
LINDENMAYER, MD, A EARLE PTH
717 SPRUCE ST APT 3F
PHILADELPHIA PA 19106
215-627-0647
LINDQUIST, MD, JOHN N IM
422 SABINE AVE
WYNNEWOOD PA 19096-1402
610-642-0140
LING, MD, DAVID *FP
314 YORK RD
JENKINTOWN PA 19046
215-884-7620
LINN, DO, ROBERT P
419 LAWRENCE RD
BROOMALL PA 19008-3748
610-353-2800
LINNEMANN, MD, ROGER E R
3021 DARNELL RD
PHILADELPHIA PA 19154
215-824-1300
LIPMAN, MD, BERNARD L PDA
1384 CROSSOVER DR
BIRMINGHAM AL 35223
LIPPIN, MD, RICHARD A OM
3801 W CHESTER PK
NEWTOWN SQ PA 19073-2320
610-359-2955
LIPPMAN, MD, DEBORAH S *AN
7 E LANGHORNE AVE
HAVERTOWN PA 19083-4706
610-446-8060
LIPPO, MD, FRANK L OBG
2301 S BROAD ST
PHILADELPHIA PA 19148-3542
LIPSCHUTZ, MD, ARTHUR PDA
1250 GREENWOOD AVE APT 726
JENKINTOWN PA 19046-2905
215-233-3484

PSCHUTZ, MD, LOUIS B P
175 RIDINGS WAY
AMBLER PA 19002-5245
215-641-1572
PSCHUTZ, MD, STEVEN M *FP
170 W OLNEY AVE
PHILADELPHIA PA 19120-2457
PSHUTZ, MD, HAROLD U
147 HILLSBORO MILE APT 302S
HILLSBORO BCH FL 33062-1715
PSIUS, MD, EDWARD I OPH
919 CHESTNUT ST APT 1504
PHILADELPHIA PA 19103-3424
215-567-4422
SAN, MD, PHILIP CD
68 MERION RD
MERION STA PA 19066-1350
215-839-3339
SI, MD, LOUISE M PD
08 PELHAM RD
PHILADELPHIA PA 19119-3110
215-849-4069
SKER, MD, SHELDON A ND
840 SOUTH ST
ND FLOOR
PHILADELPHIA PA 19146-1419
15-735-4942
STA, MD, WILLIAM A CD
25 JAMESTOWN AVE STE 101
PHILADELPHIA PA 19128-1751
15-482-1400
TRENTA, CHRISTINA ST
ALDEBERAN DR
URNERSVILLE NJ 08012
TTMAN, MD, JEFFREY JAY AN
01 HIGHLAND AVE
MEDIA PA 19063-2209
10-566-6620
TVIN, SHANE J ST
5 STELLA DR
CHURCHVILLE PA 18966-1157
J, AARON L ST
440 N BROAD ST BOX 641
HILADELPHIA PA 19140-5104
VOLSI, MD, PHILIP D GP
30 BARBY RD
LUE BELL PA 19422-1717
15-548-2878
VORNESE, MD, DOUGLAS S PUD
PIONEER CT
RENTON NJ 08628-3604
09-538-8345
VORNESE JR, MD, LAWRENCE L ID
ANKENAU MED BLDG
TE 467
YNNEWOOD PA 19096
10-896-0210
CK, W SCOTT ST
012 DUNLEER RD
ALTIMORE MD 21222
DISE, MD, RAYMOND J *IM
950 OAK RIDGE FARM RD
UNTINGDON VLY PA 19006-4902
FTUS, MD, THOMAS A P
78 MAPLE ST
AWORTH NJ 07641-1122
GAN, CAROLINE V ST
703 AVENUE J
ROOKLYN NY 11210-4339
GUE, MD, JAMES G GYN
23 ORCHARD CT
LUE BELL PA 19422-2834
15-646-2478
MAX, MD, LORENE S PTH
01 KENT DR
ORTH WALES PA 19454
15-699-8336
MAX JR, MD, WALTER P IM
00 HIGH POINT DR
HALFONT PA 18914-3925
15-822-1550
NDON, MD, PHILIP ORS
558 SANZO RD APT B
ALTIMORE MD 21209-2442
10-484-4705
NDON, MD, W THOMAS IM
OX CHASE CTR
701 BURHOLME AVE
HILADELPHIA PA 19111-2412
15-728-2204
NG, LISA M ST
O 1 BOX 430
UMMERHILL PA 15958-9619
NGNECKER, MD, DAVID E AN
NIV OF PA DEPT ANES
00 SPRUCE ST
HILADELPHIA PA 19104-4283
5-662-3738
NSDORF, MD, RICHARD G P
5 OLD GULPH RD
ARBERTH PA 19072-1442
0-664-9797
PES, JOANNE E ST
R 3 BOX 216A
ALLICA HILL NJ 08062
PEZ, MD, AISA G PM
46 CRITTENDEN ST
HILADELPHIA PA 19118-2909
5-248-0209
PEZ, MARK A ST
-B STENTON CT
ENTON NJ 08610

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211 EMERALD LN
PALM BCH FL 33480
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J RICARDO OBG
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3263 ALANI DR
HONOLULU HI 96822
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216 W CHELTEN AVE
PHILADELPHIA PA 19144-3803
215-848-8800
LOVE, MD, MICHAEL B DR
205 E FIEDLER RD
AMBLER PA 19002-2716
215-646-0258
LOWRY, MD, LOUIS D OTO
660 SHELLBARK LN
ROSEMONT PA 19010-1743
610-527-4857
LOWRY, MORGAN A ST
3949 GLOUCESTER CT
BENSALEM PA 19020-4813
LUBIN, MD, JOSEPH D AN
226 LOCUST ST
PHILADELPHIA PA 19106-3901
LUBIZKA, MD, ALEXANDRA P
6357 WAYNE AVE APT B1
PHILADELPHIA PA 19144-3117
215-843-9334
LUCAS, MD, R DUBOIS GP
237 E PRICE ST
PHILADELPHIA PA 19144-2147
215-438-7745
LUCAS-FEHM, MD,
LYNN MICHELE *R
8309 CRITTENDEN ST
PHILADELPHIA PA 19118-2913
215-247-0490
LUCEY III, MD, DENIS J *US
40 W HIGHLAND AVE
PHILADELPHIA PA 19118-3310
215-247-3476
LUDOLPH, MD, CAROL ANN NS
5049 OXFORD AVE
PHILADELPHIA PA 19124-2652
215-288-2343
LUEHRS, CHERYL HAZE ADM
JEFFERSON MED COLL
104 COLL BLDG
1025 WALNUT ST
PHILADELPHIA PA 19107-5083
215-955-2575
LUK, JOHN C ST
325 N 15TH ST # 1603
PHILADELPHIA PA 19102-1011
LUM, MICHAEL H ST
29 SALMON ST
SAN FRANCISCO CA 94133
LUND, MARK E ST
530 S 2ND ST APT 627
PHILADELPHIA PA 19147-2423
LUNDBORG-GRAY, MD, MAJA L EM
323 SHAWMONT AVE
PHILADELPHIA PA 19128
215-509-7636
LUNDY, MD, THEODORE IM
NEUMANN MED CTR
1741 FRANKFORD AVE STE 496
PHILADELPHIA PA 19125
215-634-6274
LUNG, ERIC A ST
600 W HARVEY ST APT A423
PHILADELPHIA PA 19144
LUONGO JR, MD, ROMEO A OTO
2054 LOCUST ST
PHILADELPHIA PA 19103-5614
215-567-2262
LUSCOMBE, MD, HERBERT A D
111 S 11TH ST
PHILADELPHIA PA 19107-4824
215-928-0212
LUSH, MD, DAVID T *IM
2020 WALNUT ST APT 21B
PHILADELPHIA PA 19103-5642
215-988-0812
LUSTINE, MD, HOWARD T IM
6234 RIDGE AVE APT 2
PHILADELPHIA PA 19128
215-487-2630
LUTCAVAGE, CHRISTOPHER M ST
100 TRUMP RD
DANVILLE PA 17821
LUTZ, MD, WENDY J IM
532 HARBOUR DR #B2
BENSALEM PA 19020-7727
LYNCH, MD, JAMES J GP
2318 E CUMBERLAND ST
PHILADELPHIA PA 19125-2206
215-634-4092
LYNCH, STEPHEN F ST
5500 WISSAHICKON AVE APT 710C
PHILADELPHIA PA 19144-5635
LYTTON, MD, MARGARET S FP
1015 WALNUT ST
DEPT OF FAMILY MED
PHILADELPHIA PA 19107
610-667-0650

MAC LACHLAN, CAROL E ST
2979 W SCHL HOUSE LN
APT K1212
PHILADELPHIA PA 19144
MACDONALD, MD, JOHN S ON
3322 N BROAD ST
PHILADELPHIA PA 19140-5102
215-221-8030
MACEK, MD, ANNE L PD
1 MCKINLEY AVE
MALVERN PA 19355-2919
610-337-0888
MACFADYEN, MD, BRUCE V OBG
245 CHATHAM WAY
HERSHEY MILL
W CHESTER PA 19380
610-692-3920
MACHT JR, MD, ELMER L GYN
3 STEEPLECHASE LN
BLUE BELL PA 19422-2460
215-283-0828
MACHTAY, MD, MITCHELL RO
HUP DEPT OF RADATION/
ONCOLOGY
3400 SPRUCE ST
PHILADELPHIA PA 19104-4228
215-662-3694
MACKELL, MD, JAMES V PD
PO BOX 265
GWYNEDD VALL PA 19437-0265
MACKEY, AMY R ST
R D 6 BOX 179
INDIANA PA 15701-8417
MACKIE, MD, JULIUS A GS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2012
MACKLER, MD, DENISE L N
318 TEAROSE LN
CHERRY HILL NJ 08003
609-428-9586
MACMORAN, MD, JAY W R
435 RIGHTERS MILL RD
NARBERTH PA 19072-1422
610-664-5115
MACVAUGH III, MD, HORACE *CDS
GRAD HOSP STE 901
PEPPER PAVILION
PHILADELPHIA PA 19146
MADDOW, CHARLES L ST
2201 PENNSYLVANIA AVE
APT 1306
PHILADELPHIA PA 19130-3513
MADEIRA, ROBERT G ST
1609 BUTTERCUP RD
LANCASTER PA 17602-3901
MADIANOS, MD, EVAN F DR
6100 CITY AVE APT 1805
PHILADELPHIA PA 19131-1248
215-878-4617
MADIANOS, MD, MICHAEL IM
2614 WOODWARD STREET
PHILADELPHIA PA 19152-1334
215-676-9223
MADONNA, MD, DINO GS
9367-B NEIL RD
PHILADELPHIA PA 19115-4275
215-969-4669
MADOW, MD, LEO PYA
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-471-2339
MAGARGAL, MD, HELGA O OPH
9601 MILNOR ST
PHILADELPHIA PA 19114-3198
215-824-3844
MAGARGAL, MD, LARRY E OPH
WILLS EYE HOSP
9TH & WALNUT STS
PHILADELPHIA PA 19107
215-824-3920
MAGEE, MD, MICHAEL C U
PENNSYLVANIA HOSP
800 SPRUCE ST
PHILADELPHIA PA 19107-6192
215-829-6502
MAGILNER, MD, LOUIS R
124 OLYMPUS CIR
JUPITER FL 33477-7302
MAGNO, REBECCA M ST
1101 METFIELD RD
BALTIMORE MD 21286
MAGRAN, MD, LEONARDO CHP
2401 PENNSYLVANIA AVE
PHILADELPHIA PA 19130-3056
215-635-2482
MAGUIRE, MD, DAVID P AN
524 MAIN BLDG
132 S 10TH ST
PHILADELPHIA PA 19107-5244
215-955-7089
MAHONEY, MD, MARIA M PD
74 E GREENWOOD AVE
LANSDOWNE PA 19050
610-259-6762
MAITIN, MD, ELLEN C US
7500 CENTRAL AVE STE 108
PHILADELPHIA PA 19111-2402
215-342-8330
MAJOR, MD, DAVID A IM
2020 WALNUT ST APT 32E
PHILADELPHIA PA 19103
215-849-2096

MAKLER, MD, JACOB S OS
225 S 18TH ST APT 915
PHILADELPHIA PA 19103-6128
MAKOUS, MD, NORMAN *IM
829 SPRUCE ST
PHILADELPHIA PA 19107-5797
215-627-5707
MALEK, MD, MANSOUR FP
4160 N SCOTTSDALE RD
SCOTTSDALE AZ 85251-3908
MALICKI, MARK M ST
RD 1 BOX 382
OSCEOLA MLS PA 16666-9706
MALKIN, MD, ALAN G EM
1301 FAIRY HILL RD
RYDAL PA 19046-2937
215-884-1318
MALKIN, MD, RICHARD L PD
9501 ROOSEVELT BLVD STE 410
PHILADELPHIA PA 19114
215-969-4917
MALKOWICZ, MD, STANLEY B U
HOSP OF UNIV OF PENNA
3400 SPRUCE ST
PHILADELPHIA PA 19104
215-662-7330
MALLOY, MD, TERRENCE R U
299 S 8TH ST
PHILADELPHIA PA 19106-4010
215-829-3409
MALMUD, MD, LEON S *NM
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-707-7078
MALTZMAN, JONATHAN S ST
1 FR TOWN BLVD APT 819
PHILADELPHIA PA 19103-1244
MAMBU, NICCOLE C ST
123 TOOKANY CREEK
CHELTENHAM PA 19012
MANALIS, HELEN ST
889 JACOBUS DR
RIDGEFIELD NJ 07657
MANCUSO, LISA M ST
452 ARBOR LN
PITTSBURGH PA 15236-4127
MANDAL, MD, SANAT K CD
829 SPRUCE ST STE 105
PHILADELPHIA PA 19107-5752
215-829-3530
MANDARINO, MD, MICHAEL J *ORS
2832 BELMONT AVE
PHILADELPHIA PA 19131-1519
215-878-1212
MANDEL, MD, MARTIN M N
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MEADOWBROOK PA 19046-8095
215-938-7730
MANDEL, MD, STEVEN N
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125 S 9TH ST SUITE 200
PHILADELPHIA PA 19107-5115
215-574-0075
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5401 OLD YORK RD STE 401
PHILADELPHIA PA 19141-3030
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233 S 6TH ST APT 709
PHILADELPHIA PA 19106-3752
215-925-3434
MANI, MD, ALEYAMMA J IM
546 BASILICA CIR
PHILADELPHIA PA 19128
215-482-8022
MANI, MD, SHOBHA T AN
479 ROLLING RD
ROSEMONT PA 19010-1228
MANISCALCO, MD, MARY M FP
834 CHESTNUT ST APT 1126
PHILADELPHIA PA 19107
215-413-2839
MANLEY, MD, DONELSON R OPH
226 WINDSOR LA
HAVERFORD PA 19041
610-642-5789
MANLOVE, MD, FRANCIS R P
77 MIDDLE RD APT 363
BRYN MAWR PA 19010-1758
MANN, BARBARA L ST
2129 N 17TH ST
READING PA 19604-1305
MANNES, MD, ANDREW J AN
10121 PARKWOOD DR
BETHESDA MD 20814
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1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-5095
MANNO JR, MD, BRUNO V IM
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MEADOWBROOK PA 19046-8097
215-947-9218
MANSFIELD, MD, CARL M TR
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MANSTEIN, MD, GEORGE PS
1400 RYDAL RD
RYDAL PA 19046-1217
215-884-6492
MANSTEIN, MD, MARK E PS
1221 BARROWDALE RD
RYDAL PA 19046-2415
215-887-4377
MANTIONE JR, JOHN R ST
3924 DELANCEY ST
PHILADELPHIA PA 19104-4107
MANUS, MD, NATHAN GP
1001 CITY AVE APT ED 629
WYNNEWOOD PA 19096
MARCELIS, MD, JOHN F IM
2 PENN BLVD APT 202
PHILADELPHIA PA 19144-1403
215-362-5302
MARCHANT, MD, LEWIS K DR
5500 WISSAHICKON AVE APT 403A
PHILADELPHIA PA 19144-5638
215-843-9157
MARCHETTO, MD, PAUL A ORS
TEMPLE HOSP
BROAD & TIOGA STS
PHILADELPHIA PA 19140
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MARCOTTE, MD, PAUL J NS
HOSP OF THE UNIV OF PA
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PHILADELPHIA PA 19104
215-349-8327
MARCUS, MD, DONALD K ID
80 HESTON CT
LANGHORNE PA 19047-1444
215-757-0974
MARDEN, MD, PHILIP A OTO
163 VASSAR RD
BALA CYNWYD PA 19004-2135
610-664-0743
MARGATE, MD, PEDRO R *DR
CALLOWHILL OPEN MRI
417 N 8TH ST SUITE 501
PHILADELPHIA PA 19123-3907
215-574-9400
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7342 BROOKHAVEN RD
PHILADELPHIA PA 19151-2205
215-473-8444
MARGOLIS, KENNETH J ST
8201 HENRY AVE APT U17
PHILADELPHIA PA 19128
MARGOLIS, MD, STEPHEN H IM
CEDARBROOK HILL APTS
8480 LINEKILN PIKE
WYNCOTE PA 19095-2801
215-886-6348
MARICI, DO, KATHLEEN B FP
8201 HENRY AVE APT L9
PHILADELPHIA PA 19128
215-483-8660
MARINO, ALLEN T ST
610 VALENCIA DR
BLDR CITY NV 89005-1519
MARINO, MD, RALPH PM
111 S 11TH ST
STE 9410 GIBBON BLDG
PHILADELPHIA PA 19106-4109
215-955-5012
MARIOTTI, DO, LOUIS J OTO
3723 MANAYUNK AVE
PHILADELPHIA PA 19128-3704
215-487-7516
MARK, ARTHUR K ST
2508 KIRK DR
HUNTINGDON VLY PA 19006-5429
MARK, MD, GEORGE E CD
934 COATES RD
MEADOWBROOK PA 19046-2542
215-884-6029
MARK, TIMOTHY W ST
8215 BURHOLME AVE
PHILADELPHIA PA 19111-1841
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PHILADELPHIA PA 19111-2432
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MARKOV, DIMITRI ST
9926 HALDEMAN AVE APT 71B
PHILADELPHIA PA 19115-1613
MARKOWSKI, MD, WILLIAM J ORS
2196 CHASE DR
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MARKS, MD, GERALD GS
MED COLL OF PA - MS413
BROAD & VINE
PHILADELPHIA PA 19102-1192
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217 SPRINGHOUSE LN
MERION STA PA 19066-1114

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1920 CHESTNUT ST
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MAROON, CHRISTINE A ST
1319 PRICE ST
SCRANTON PA 18504-3335
MAROUETAND, MD, RALPH A MFS
616 S 18TH ST APT D
PHILADELPHIA PA 19146-1446
215-387-2120
MARSHALL, MD, E WAYNE PUD
153 MEDFORD LEAS
MEDORD NJ 08055-2231
609-654-3153
MARSTELLER, SCOTT G ST
635 RECTOR ST
PHILADELPHIA PA 19128-1732
MARTIN, MD, CLARENCE H IM
7700-A STENTON AVE STE 1
PHILADELPHIA PA 19118
215-247-6333
MARTIN, LAINIE P ST
200 TOWER RD
VILLANOVA PA 19085
MARTINEZ, MD, IRISAIDA PD
2 E PROVENCE CT
CHERRY HILL NJ 08003-2208
609-424-6741
MARTYAK, NICHOLAS A ST
1035 E CHESTNUT ST
HAZLETON PA 18201-6809
MARTYN, MD, LOIS J OPH
ERIE AVE AT FRONT ST
PHILADELPHIA PA 19134
215-427-5058
MARVA, MD, DONALD J IM
309 PINE ST
PHILADELPHIA PA 19106-4212
215-922-2920
MASLOFF, MD, MELVIN L OTO
2106 SPRUCE ST
PHILADELPHIA PA 19103
215-790-1553
MASON, MD, DANIEL CD
911 BRYN MAWR AVE
NARBERTH PA 19072-1524
610-664-2077
MATHAI, STEPHEN C ST
102 OLD ORCHARD RD
CHERRY HILL NJ 08003
MATHER, SUSAN ST
505 N 20TH ST
PHILADELPHIA PA 19130
MATHEW, MD, SUJA CHP
7403 HILL RD
PHILADELPHIA PA 19128-1412
215-483-2054
MATHEWS, MD, ROBERT A PDC
1225 SCOBEE DR
LANSDALE PA 19446-6510
215-362-2271
MATITYAHU, AMIR M ST
41 SOMERSET PL
PALO ALTO CA 94301
MATSKO, MD, JANINE A OPH
63 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
215-329-2566
MATSON, DAVID A ST
359 DERWYN RD
LANSDOWNE PA 19050
MATSUMOTO, MASAKO ST
14 CHERRYWOOD CT
CHERRY HILL NJ 08003-1900
MATSUMOTO, MD, TERUO GS
1116 SANDRINGHAM RD
BALA CYNWYD PA 19004-2023
610-668-3640
MATSUMURA, DAVID N ST
5109 N PKWY
CALABASAS CA 91302
MATTEI, MD, FRANK A ORS
1421 S BROAD ST
PHILADELPHIA PA 19147-4919
215-465-8900
MATTEUCCI, MD, WALTER V IM
8103 ARDMORE AVE
WYNDMOOR PA 19038-8419
215-233-2180
MATTLEMAN, MD, STEVEN J IM
205 NEWTOWN RD STE 207
WARMINSTER PA 18974-5207
215-674-4227
MAURER, MD, PHILIP M AN
TH JEFFERSON UNIV HOSP
111 S 11TH ST SUITE G6460
PHILADELPHIA PA 19107-4824
215-928-6161
MAURIELLO, DO, CHARLES A ORS
PO BOX 570
VILLANOVA PA 19085
MAURYA, MD, ALPA ST
1250 WESCOTT ST
FLEMINGTON NJ 08822

MAUS, MD, MARLON T OPH
WILLS EYE HOSP
900 WALNUT ST
PHILADELPHIA PA 19107
215-928-1417
MAUST, HEATHER A ST
2855 DEER CHASE LN
YORK PA 17403
MAXSON JR, MD, CHESTER J GE
HOSP OF THE MED COLL
OF PENNA
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6511
MAYER, MD, DAVID P *DR
1840 SOUTH ST
PHILADELPHIA PA 19146-1419
215-893-7272
MAYER, MD, NATHANIEL H PM
7904 WASHINGTON LN
WYNCOTE PA 19095-2209
MAYOCK, MD, ROBERT L *PUD
HOSP OF UNIV OF PA
3400 SPRUCE ST
PHILADELPHIA PA 19104-4274
215-662-2470
MAYRO, MD, JULIAN IM
1134 DEVON RD BOX 218
RYDAL PA 19046-3013
MAZER, MD, HOWARD U
8460 LIMEKILN PK APT A404
WYNCOTE PA 19095-2605
609-428-0299
MC CAUSLAND, JULIE B ST
2215 GREEN ST APT C1
PHILADELPHIA PA 19130-3112
MC CLURE, CHARLES P ST
315 LARCHWOOD RD
SPRINGFIELD PA 19064-2609
MC CLUSKEY, MD, LEO F N
8TH & SPRUCE STS
PHILADELPHIA PA 19107
215-829-5342
MC COLLUM, MICHAEL J ST
3420 SUNNYSIDE AVE
PHILADELPHIA PA 19129-1433
MC COY, KELLY L ST
R D 1 BOX 76B
CLARKSVILLE PA 15322-9801
MC CURLEY, SCOTT D ST
10 TUDOR CT
MOHNTON PA 19540
MC ELYNN, KENNETH R ST
JEFF MED COLL
950 WALNUT ST #508
PHILADELPHIA PA 19107
MC FADDEN, DOMINIC J ST
3336 AINSLIE ST
PHILADELPHIA PA 19129
MC GEHEE, MD, EDWARD H FP
527 E GRAVERS LN
WYNDMOOR PA 19038
215-233-0232
MC GINTY JR, JAMES J ST
21 CADILLAC DR
TOMS RIVER NJ 08755
MC GONIGLE, EDWARD J ST
303 ROLLING HILL RD
ELKINS PK PA 19117
MC GOWAN, MD, DAVID G AM
90 PALAMINO CT
HORSHAM PA 19044-1984
215-674-0505
MC GUIGAN, JOHN J ST
327 S 12TH ST APT 100
PHILADELPHIA PA 19107
MC HUGH, SEAN P ST
1309 SPRUCE ST A-4
PHILADELPHIA PA 19107-5601
MC INTYRE, MD, CATHERINE J OBG
1738 GREEN ST APT 10
PHILADELPHIA PA 19130
215-568-3176
MC KENNA, MD, WILLIAM G RO
3400 SPRUCE ST
PHILADELPHIA PA 19104-4228
215-662-3147
MC KENZIE, MD, CLANCY D P
191 PRES BLVD STE 3-2
BOX 345
BALA-CYNWYD PA 19004
610-664-0948
MC KEOWN JR, MD, JOHN J GS
935 CEDAR GROVE RD
WYNNEWOOD PA 19096-1629
610-642-0715
MC KINNEY, DANA R ST
1830 GREEN ST # 3F
PHILADELPHIA PA 19130-3904
MC LN III, CLYDE ST
1570 SPREADING OAK DR
PITTSBURGH PA 15220-2045
MC LAUGHLIN, MD, ELGIE R PD
8029 CASTOR AVE
PHILADELPHIA PA 19152-2733
215-742-7400
MC LINTOCK, MD, GLENN R IM
1003 WAVERLY ST
PHILADELPHIA PA 19147
215-922-0846
MC MILLAN, CLARE O ST
2214 MANNING ST
PHILADELPHIA PA 19103

MC NAMARA, MD, J ARCH OPH
3 WINGATE CT
FLOURTOWN PA 19031-1117
215-836-5685
MC QUADE, JENNIFER A ST
109 MUSTATO RD
KATONAH NY 10536
MCALEER, MARY F ST
69 MAPLE AVE
PAOLI PA 19301-1258
MCALLISTER, MD, HELEN B P
900 N TAYLOR ST APT 725
ARLINGTON VA 22203
703-528-7630
MCCAFFERTY, MD, JOHN M P
2038 SPR GARDEN ST 1R
PHILADELPHIA PA 19130-3805
215-496-0906
MCCARRON, MD, DANIEL J OBG
2439 HILLCREST RD
DREXEL HILL PA 19026-1220
MCCLOSKEY, MD, RICHARD V ID
1997 ROCHAMBEAU DR
MALVERN PA 19355-9722
610-251-9359
MCCONNELL JR, MD, EDWARD L OBG
115 GYPSY LN
WYNNEWOOD PA 19096-1111
215-462-2220
MCCORMICK, MD, JOHN L GS
PO BOX 110
LK HARMONY PA 18624-0110
MCCUNE, MD, WALLACE G *IM
2 PENN BLVD
PHILADELPHIA PA 19144-1416
215-843-6093
MCCURDY, MD, DINO E P IM
THE STRATH HAVEN APT 802
801 YALE AVE
SWARTHMORE PA 19081-1808
610-543-7611
MCDERMIT, MD, JOHN R EM
1627 S BROAD ST
PHILADELPHIA PA 19148-1003
610-776-4622
MCDONALD JR, DO, JAMES F CD
5401 OLD YORK RD
PHILADELPHIA PA 19141-3030
MCELROY, STEVEN J ST
2979 W SCH HSE LN #312K
PHILADELPHIA PA 19144
MCFARLAND, MD, MALCOLM D IM
95 WILLOW WAY MEADOWOOD
LANSDALE PA 19446-5870
610-584-3902
MCGEADY, MD, STEPHEN J *PDA
233 S 10TH ST STE 550
PHILADELPHIA PA 19107-5566
215-955-8912
MCGILL, MD, HERMAN I IM
923 MACDADE BLVD
COLLINGDALE PA 19023-3719
610-522-1222
MCGLAMERY, MD, MURIEL E N
KLEIN PROF BLDG
5401 OLD YORK RD STE 300
PHILADELPHIA PA 19141-3030
215-456-7190
MCGONNELL, CHRISTOPHER M ST
110 HARVEY LN
CHADDS FORD PA 19317-9728
MCGOWAN, MD, TRACY A IM
325 S FAWN ST
PHILADLEPHIA PA 19107-5912
215-732-7889
MCGRAW, MD, THOMAS E OM
207 65TH AVE
PHILADELPHIA PA 19126-3905
215-548-2769
MCHEDLISHVILI, MD, GELA G IM
3509 INDIAN QUEEN LN APT B
PHILADELPHIA PA 19129
215-843-1323
MCINTEE, MARIE-FRANCE M ST
105 N HIGHLAND AVE
BALA CYNWYD PA 19004
MCKAY, MD, JENNIFER D P
1500 LOCUST ST # 2116
PHILADELPHIA PA 19102
215-735-5648
MCKEE, MD, RODERICK S GS
MED OFF BLDG STE 235
RED LION & KNIGHTS RDS
PHILADELPHIA PA 19114
215-632-3630
MCLAUGHLIN, MD, EDWARD D GS
3112 GARNET MINE RD
BOOTHWYN PA 19061-1718
MCLAUGHLIN, MD, GEORGE E RHU
1401 DEKALB & FORNACE STS
PROF BLDG
NORRISTOWN PA 19401
610-277-2750
MCNAMARA, MD, THOMAS C U
301 WHITE HORSE PK
HADDON HEIGHTS NJ 08030
609-547-1115
MCNEIL-JACOBI, MD, ATHOLE G AN
SUTTON TERRACE APT 308
BALA CYNWYD PA 19004
MCPEAK, MD, VINCENT J OBG
HOLY REDEEMER HOSP
1648 HUNTINGDON PK
MEADOWBROOK PA 19046-8001
215-938-2014

MCSORLEY, MD, MARYANN BIDI PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107-5414
215-545-8188
MECKLER, MD, DAVID I P
2672 WINDY BUSH RD
NEWTOWN PA 18940
215-598-0625
MEEHAN, MD, JOHN J CD
1650 HUNTINGDON PK STE 256
MEADOWBROOK PA 19046-8096
215-938-1550
MEER, JOHN F ST
115 CENTRAL PARK WEST
NEW YORK NY 10023
MEGERIAN, RAFFI G ST
126 BISHOP HOLLOW RD
NEWTOWN SO PA 19073
MEGLI, JOEL D ST
2605 KENT DR
CARBONDALE IL 62901
MEHTA, PRIYA J ST
3276 STEWART DR
DARIEN IL 60561
MEISEL, BEN H ST
2101 CHESTNUT ST APT 1015
PHILADELPHIA PA 19103
MELICK, MD, JUDITH E OPH
3 WINGATE COURT
FLOURTOWN PA 19031
215-836-5685
MELIN, MD, JEFFREY M AI
EPISCOPAL HOSP
FRONT ST & LEHIGH AVE
PHILADELPHIA PA 19125
215-426-5022
MELLER, MD, MENACHEM M ORS
131 RAYNHAM RD
MERION STA PA 19066-1735
215-635-0668
MELNICK, MD, SANDY D *P
14 GREAT VALL PKWY
MALVERN PA 19355
215-471-2483
MELTON, MD, MARY E END
126 MILL BROOK LN
MEDIA PA 19063
610-565-5525
MELVIN, MD, JOHN L PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3099
215-456-9554
MEMBRANO, JAIME H ST
VIPSAL #1523
PO BOX 52-5364
MIAMI FL 33152-5363
MENCONI, KRISTIN M ST
RR 2 BOX 120-R LABRECHT PL
TAMAOUA PA 18252-9619
MENDEL, MD, HOWARD G AN
12 LUCERNE CT
CHERRY HILL NJ 08003
609-751-0547
MENDELSON, MD, LAWRENCE S OTO
8405 ARDLEIGH ST 2ND FL
PHILADELPHIA PA 19118
215-248-2614
MENDELSSOHN, MD, EDWIN GS
8790 HOLLY CT APT 104
TAMARAC FL 33321
305-721-4805
MENDEZ, MD, LEONARDO GE
PO BOX 7700
ARLINGTON VA 22207
703-243-3063
MENDEZ IRIZARRY, MD, LESBIA IM
6635 MCCALLUM ST
PHILADELPHIA PA 19119-3153
MENDOZA, BERNARDO ST
3900 CITY AVE APT B315
PHILADELPHIA PA 19131-5706
MENG, RAYMOND D ST
10 CHARISMA DR
CAMP HILL PA 17011-1004
MENGEL, ALYSSA L ST
1200 FORESTVILLE DR
GREAT FALLS VA 22066-2119
MENIN, MD, WILLIAM GE
CEDARBROOK HILL APTS A104
8460 LIMEKILN PIKE
WYNCOTE PA 19095-2601
215-324-3399
MENON, MD, VENU G AN
610 BOXWOOD CT
TROY OH 45373-4351
MENSCHIK, ELLIOT D ST
718 RODMAN ST
PHILADELPHIA PA 19147-1324
MERKIN, MD, ALVIN AN
3250 S OCEAN BLVD APT 210-N
PALM BCH FL 33480-5636
407-588-6005
MESHKOV, MD, ARNOLD B *CD
1353 GILBERT RD
MEADOWBROOK PA 19046-1815
215-884-3970
MESSNER, KATHLEEN E ST
491 WOODCREST DR
MECHANICSBURG PA 17055
MESSNER, KEVIN L ST
512 BERRYSBURG RD
MILLERSBURG PA 17061-1203

MESSORI, MD, DIVO A *GE
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-247-8070
METHRATTA, MD, SOSAMMA T DR
34 DEPOT ST
VERONA NJ 07044-1338
METRISHYN, LORI ST
105 PARK DR
SCRANTON PA 18505
MEUSBURGER, MD, CHARLES E P
ATLANTIC CITY MED CTR
JIMMY LEEDS ROAD
POMONA NJ 08240
609-652-3551
MEYER, MARGARET L ST
60 SLEEPY HOLLOW RD
RED BANK NJ 07701
MEYERS, MD, KARL R *PTH
PO BOX 379
BALA CYNWYD PA 19004
215-951-8800
MEYERS, MD, ROBERT W P
4524 FOREST PARK AVE
ST LOUIS MO 63108-2166
314-367-8424
MEZZANOTTE, MD, JOHN J IM
221 HUNTSMAN LN
BLUE BELL PA 19422-2819
MICAILY, MD, BIZHAN TR
250 MAPLE HILL RD
GLADWYNE PA 19035-1308
610-896-5331
MICALI, MD, ILLIANA D IM
8200 HENRY AVE F-8
PHILADELPHIA PA 19128-2936
215-482-3958
MICEK, MD, EDWARD W GS
2701 HOLME AVE STE 202
PHILADELPHIA PA 19152-2029
215-331-8691
MICHALS, MD, TIMOTHY J P
125 S 9TH ST STE 1003
PHILADELPHIA PA 19107-5123
215-829-0331
MIKAELIAN, MD, DIRAN O OTO
DEPT OF OTOLARYNG
909 WALNUT ST # 320 COB
PHILADELPHIA PA 19107-5211
215-955-6760
MIKELBERG, MD, ROSE R PD
830 MONT AVE APT 414
BRYN MAWR PA 19010-3319
610-525-3196
MIKHAIL, ALBERT A ST
618 N SYCAMORE AVE
LOS ANGELES CA 90036-2002
MIKUTA, MD, JOHN J OBG
3400 SPRUCE ST
HOSP UNIV OF PA
PHILADELPHIA PA 19104-4219
215-662-3313
MILBOURNE, MD, MICHAEL IM
3738 LANKENAU
PHILADELPHIA PA 19131-2817
215-473-4031
MILEWSKI, MD, FRANCIS J OTO
708 STEEPLECHASE CT
DEPTFORD NJ 08096-6820
609-795-9769
MILLER, MD, ALLEN C P
168 SUMMIT LN
BALA CYNWYD PA 19004-2931
610-664-4416
MILLER, MD, BARBARA A PTH
38 MYSTIC WAY
BURLINGTON NJ 08016-4254
609-988-1007
MILLER, MD, CYNTHIA L R
246 N BOWMAN AVE
MERION STA PA 19066-1222
610-660-9311
MILLER, MD, DAVID M ID
271 COLONIAL DR
PITTSBURGH PA 15216
MILLER, MD, DAVID FP
8550 NW 17TH PL
PLANTATION FL 33322-5533
MILLER, MD, FRANCINE J *EM
3512 ARNSLIE ST
PHILADELPHIA PA 19129
215-844-4843
MILLER, MD, GLADYS M IM
1735 KNOB LN BOX 485
VALL FORGE PA 19481
610-783-5027
MILLER, MD, GLENN D OTO
401 TALCOTTEVILLE RD APT 132
VERNON CT 06066
MILLER, MD, HOWARD A IM
1320 RACE ST
PHILADELPHIA PA 19107
215-963-9760
MILLER, MD, JEFFREY J IM
604 S WASH SO # 1703
PHILADELPHIA PA 19106-4115
215-925-5849
MILLER, DO, JERI L OBG
2420 TERWOOD RD
HUNTINGDON VLY PA 19006-5511
215-657-2390

MILLER, MD, JEROME A
191 PRES BLVD
BALA CYNWYD PA 19004-1207
610-667-7278
MILLER, MD, LEONARD D GS
HOSP UNIV OF PA
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2014
MILLER, MD, MARK A IM
4000 GYPSY LN APT 601
PHILADELPHIA PA 19144-5542
215-849-8173
MILLER, MD, MORRIS P
3001 DEER CR C C BLVD 753
DEARFIELD BCH FL 33442-8442
305-426-5335
MILLIEN, MD, GARRY D *FP
100 LEHIGH AVE
PHILADELPHIA PA 19125
215-427-9839
MILLWARD, PETER A ST
317 S 11TH ST
PHILADELPHIA PA 19107
MILON, MD, CHARLES F AI
834 CHESTNUT ST STE 434
BEN FRANKLIN HOUSE
PHILADELPHIA PA 19107-5127
215-627-2525
MILSTEN, MD, RICHARD U
100 CARNIE BLVD STE A-3
VOORHEES NJ 08043
609-751-7772
MINCZAK, MD, BOHDAN M EM
112 BONCOUER RD
CHELTENHAM PA 19012-1322
215-635-2289
MINEHART, MD, JOHN R GS
208 DOCK ST
LANSDALE PA 19446-6233
MINION, MD, STEVEN L AN
520 S 19TH ST STE 1B
PHILADELPHIA PA 19146-1449
215-545-4173
MINTON, MD, RUSSELL F DR
600 E CATH RD APT 301-G
PHILADELPHIA PA 19128-1933
MINTZER, MD, DAVID M ON
818-24 PINE ST STE 2A
PHILADELPHIA PA 19107-6124
215-922-7200
MIRCHANDANI, MD, HARESH G PTH
321 S UNIV AVE
PHILADELPHIA PA 19104-4543
215-823-7470
MIRZA, MD, NATASHA OTO
HUP DEPT OF ORL
5TH FL RAVDIN
3400 SPRUCE ST
PHILADELPHIA PA 19104-4283
215-662-2979
MISHKIN, MD, MARK M R
1825 DELANCEY PL
PHILADELPHIA PA 19103-6606
MISHRA, GAUTAN ST
6711 HARMONY DR
FAYETTEVILLE NY 13066
MITCHELL, MD, ROBERT M *OBG
211 ARDLEIGH RD
NARBERTH PA 19072-1301
610-664-0841
MITTAL, MD, SUNEET IM
22 ROCKHILL RD
BALA CYNWYD PA 19004-2132
215-877-5199
MITTELDORF, MD, STEPHEN E *N
547 HEATH RD
MERION STA PA 19066-1422
610-667-6092
MIURA, MD, KAREN K P
1810 RITTENHOUSE SQ
PHILADELPHIA PA 19103-5827
215-735-1716
MIURA, LISA N ST
14491 SW ARABIAN DR
BEAVERTON OR 97008
MIZE, DAVID S ST
2215 ARCH ST APT 612
PHILADELPHIA PA 19103-1324
MLECKO, MICHAEL L ST
474 CHAPEL CT
PITTSBURGH PA 15237-4828
MODZELEWSKI, LAURA N ST
203 YORKTOWN BLVD
HAMMONTON NJ 08037
MOFFSES, MD, GARABED H OBG
1340 HARDY AVE
ORLANDO FL 32803-2725
305-898-4600
MOGHADAM, MD, ABDOL NABI CD
LANKENAU MED BLDG STE 567 E
WYNNEWOOD PA 19096
610-649-7263
MOGIL, MD, ROBERT A U
60 LLANFAIR CIR
ARDMORE PA 19003-3342
610-896-6232
MOHAN, MD, KRISHNA K PUD
711 COX RD
MOORESTOWN NJ 08057-3941
MOKADAM, NAHUSH A ST
2429 LOCUST ST APT 205
PHILADELPHIA PA 19103

MOKRYNSKI, MD, GREG IM
103 AUGUSTA DR
BLUE BELL PA 19422-1273
610-279-6026
MOLDOFSKY, MD, PHILIP J NM
935 RYDAL RD
RYDAL PA 19046-1704
MOLL, MD, GEORGE A AI
425 WESTMIN AVE APT 136
HANOVER PA 17331-9141
717-633-6191
MOMENI, REZA ST
214 PRICE AVE APT A11
NARBERTH PA 19072-1824
MONAHAN, TIMOTHY P ST
7373 RIDGE AVE APT 209
PHILADELPHIA PA 19128
MONARI, MARY J ST
141 CUTHBERT RD
OAKLYN NJ 08107
MONHEIT, MD, RICHARD S IM
7900 OLD YORK RD APT 513A
ELKINS PK PA 19027
215-456-7260
MONKOWSKI, DANIEL H ST
919 MORGAN DR
YARDLEY PA 19067
MONTEIRO, MD, DENNIS T *PS
315A HOWELL RD
MALVERN PA 19355-9660
610-933-1167
MONTESANO, MD, ANGELICA T TR
AEMC YORK & TABOR RDS
DEPT RADIATION THERAPY
PHILADELPHIA PA 19141
215-456-6280
MONTGOMERY, MD, OWEN C OBG
TH JEFFERSON UNIV HOSP
111 S 11TH ST STE G4150
PHILADELPHIA PA 19107-4824
215-955-6513
MOON, DAVID M ST
3420 CRAWFORD ST
PHILADELPHIA PA 19129
MOORE, MD, BETH A GS
2122 NAUDAIN ST
PHILADELPHIA PA 19146
215-735-5833
MOORE, MD, JAY R NEP
602 S WASH SQ APT 1802
PHILADELPHIA PA 19106-4151
215-923-4763
MOORE JR, MD, JOHN H PS
135 S 18TH ST
PHILADELPHIA PA 19103-5228
215-563-8557
MOORE, MD, MATTHEW T N
1813 DELANCEY PL
PHILADELPHIA PA 19103-6606
215-545-1813
MOORE JR, MD, SAMUEL R OM
1060 KENYON DR
FT WASHINGTON PA 19034-1626
215-643-0376
MORALES, MD, DIEGO PM
12TH STREET & TABOR RD
PHILADELPHIA PA 19141
215-456-9513
MORALES-PELAEZ, MD, EILEEN S AN
EPISCOPAL HOSP
FRONT ST & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7495
MORANI, MD, ALMA D PS
600 E CATH RD APT B303
PHILADELPHIA PA 19128-1926
MORGANROTH, MD, JOEL CD
1040 STONY LN
GLADWYNE PA 19035-1136
610-527-0973
MORGENSTERN, MD,
KENNETH E GS
2043 SPRING GARDEN ST
PHILADELPHIA PA 19130
215-569-9608
MORITZ, MD, MICHAEL J RO
605 ZOLLINGER WAY
MERION PA 19006-1424
610-667-8194
MOROCCO, MARK V ST
2268 OVERLAND AVE
LOS ANGELES CA 90064-2026
MORRIS, MD, JON B GS
4 SILVERSTEIN HUP
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2131
MORRIS, MICHAEL S ST
1105 KENTUCKY ST
GREEN RIVER WY 82935
MORRIS, MD, ROHINTON J CDS
HAHNEMANN UNIV
HOSP
MS 111
PHILADELPHIA PA 19102
215-762-7802
MORRISON, DANIEL M ST
302 RESERVOIR
MECHANICSBURG PA 17055-6144
MORRISON, JEFFREY A ST
188 HUCKLEBERRY LN
HARRISBURG PA 17112-9668

MORRISON, LAKE D ST
4740 LARCHWOOD ST
PHILADELPHIA PA 19143-2026
MORRISSEY, PAMELA E ST
6 CAMEO RD
BRAINTREE MA 02184
MORRONE, DO, CHARLES C FP
7432 TORRESDALE AVE
PHILADELPHIA PA 19136-4116
215-338-1400
MORTENSEN, ERIC M ST
2810 E SHANGRI-LA
PHOENIX AZ 85028
MOSHIRFAR, ALI ST
2400 CHESTNUT ST #905
PHILADELPHIA PA 19103
MOSLEY, DIAHANN F ST
5450 WISSAHICKON #538
PHILADELPHIA PA 19144-5221
MOSS, MD, EDWARD R GP
6268 ALGARD ST
PHILADELPHIA PA 19135-3502
215-332-3965
MOSTER, MD, MARK L N
AL EINSTEIN MED CTR
5501 OLD YORK RD KLEIN # 300
PHILADELPHIA PA 19141-3001
215-456-7193
MOSTER, MD, MARLENE R *OPH
LANKENAU MED STE 154
WYNNEWOOD PA 19096
610-649-9800
MOTEN, MD, MARRIVAM CD
100 E LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7085
MOTZKIN, DAPHNE K ST
441 S WOODBINE AVE
NARBERTH PA 19072-2027
MOYER, JENNIFER M ST
6661 EASTON RD
PIPERSVILLE PA 18947
MOYER, MD, RAY A ORS
TEMPLE UNIV HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140-5189
215-707-2111
MOYLAN, MD, JAOUELINE D PUD
713 STALLION DR
AUBURN PA 17922-9567
MULHOLLAND, MD, S GRANT U
1025 WALNUT ST RM 1112
PHILADELPHIA PA 19107-5001
215-955-6961
MULLEN, DANIEL J ST
664 N HEILBRON DR
MEDIA PA 19063-4623
MULLEN, MD, JAMES L GS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2089
MULLEN, MD, MARK J IM
43 ROCKING HORSE WAY
HOLLAND PA 18966-2563
215-860-8920
MULLER, MD, ALFONS J PM
1118 GEORGE RD
MEADOWBROOK PA 19046-1110
215-947-8793
MUNOZ, MD, MARTIN GP
8033 ELLEN LN
CHELTENHAM PA 19012-1207
215-663-0376
MUNSHOWER, DO, JOHN C FP
280 N PROVIDENCE RD
MEDIA PA 19063
610-891-1616
MUNZ, MD, MICHAEL US
TEMPLE UNIV HOSP
3401 N BROAD ST STE 658
PHILADELPHIA PA 19140
215-707-4068
MUNZER, MD, STEVEN J R
1103 ANSLEY AVE
MELROSE PARK PA 19027
215-635-3666
MURDOCK, MD, MORTON G DR
1901 WALNUT ST APT 6-A
PHILADELPHIA PA 19103-4664
MUREEBE, MD, LEILA GS
165 'O' STREET APT 2
SOUTH BOSTON MA 02127
617-268-5995
MURPHEY, MD, SHEILA A ID
212 E MEADE ST
PHILADELPHIA PA 19118-2813
MURPHY, MD, JOHN B PS
888 GLENBROOK AVE STE 309
BRYN MAWR PA 19010-2506
610-527-4833
MURPHY, JOSEPH J ST
1705 CLOVERLY AVE
JENKINTOWN PA 19046-2215
MURPHY, MD, THOMAS W P
4735 JAMES ST
PHILADELPHIA PA 19137
610-259-6735
MURRAY, MD, RICHARD K PUD
809 N MT PLEASANT RD
PHILADELPHIA PA 19119-3303
215-247-1557

MURRELL, WILLIAM D ST
PO BOX 13181
PHILADELPHIA PA 19101
MURTHY, MD, MSJ IM
8815 GERMANTOWN AVE
PHILADELPHIA PA 19118-2729
215-247-1405
MUSTIN, MD, ANDREW J OTO
712 KYLE LN
L GWYNEDD PA 19002-2531
MYERS, MD, ABRAHAM ORS
518 WINDING WAY
MERION STA PA 19066-1119
610-664-9789
MYERS, MD, ALLEN R *RHU
TEMPLE MED SCHOOL
3400 N BROAD ST
PHILADELPHIA PA 19140-5196
215-707-4019
MYERS, MD, DAVID *OTO
1919 CHESTNUT ST APT 1119
PHILADELPHIA PA 19103-3418
MYERS, MD, DONALD L *NS
MEZZANINE
1015 CHESTNUT ST
PHILADELPHIA PA 19107-4316
215-627-4380
MYERS, IAN N ST
HAHNEMANN UNIV
HOSP
BROAD & VINE STS MS 300
PHILADELPHIA PA 19102-1192
MYERS, JOHN J ST
645 WASHINGTON ST
ROYERSFORD PA 19468-2415
MYERSON, MD, RALPH M IM
310 MAPLEWOOD RD
MERION STA PA 19066-1031
NAGLE, MD, DEBORAH A CRS
9 KATHLEEN CT
HAVERTOWN PA 19083-1503
215-449-2331
NAGLE JR, MD, FRANK O OPH
1531 MONTICELLO DR
GLADWYNE PA 19035-1206
610-649-2697
NAGORSKY, MD, MATTHEW J OTO
132 DRAKES DRUM DR
BRYN MAWR PA 19010-1127
610-525-2018
NAHMIAS, MD, CORINA M FP
834 CHESTNUT ST APT 907
PHILADELPHIA PA 19107
215-923-1840
NAIDE, MD, DAVID CD
2 BALA PLZ PL-8
BALA CYNWYD PA 19004-1501
610-664-7744
NAIDOFF, MD, MICHAEL A OPH
1100 WALNUT ST
PHILADELPHIA PA 19107-5502
215-922-2455
NAIDS, MD, RICHARD E OPH
1874 AUTUMN LEAF LN
HUNTINGDON VLY PA 19006-1526
215-364-6818
NAJI, MD, ALI GS
3400 SPRUCE ST
4 SILVERSTEIN PAVILION
PHILADELPHIA PA 19104-4219
215-662-2066
NAKHJAVAN, MD, FRED K CD
5401 OLD YORK RD STE 404
KLEIN PROF BLDG
PHILADELPHIA PA 19141-3030
215-456-7023
NALAMACHU, MD, SRINIVAS R IM
310 S EASTON RD APT B218
GLENSIDE PA 19038
215-572-0720
NALAMALAPU, MD, USHA IM
119 MILL CREEK RD APT C25
ARDMORE PA 19003
610-649-9345
NALBANTIAN, MD, MICHEL S DR
1223 HAGYS FORD RD
NARBERTH PA 19072-1103
NALIN, MD, DAVID R ID
MRL (BL 3-4)
SUMNEYTOWN PIKE
WEST POINT PA 19486
610-834-2625
NALLAMOTHU, MD, NASARAIAH CD
331-E SHAWMONT AVE
PHILADELPHIA PA 19128
215-487-1902
NAMJOSHI, MD, SHASHIKALA D AN
213 SUSAN DR
ELKINS PK PA 19117-1832
215-663-0692
NANJI, DANA R ST
2300 WALNUT ST APT 202
PHILADELPHIA PA 19103
NAPIERKOWSKI, DO, STANLEY A GS
8 EMERY HILL CT
MARLTON NJ 08053-2454
609-983-0079
NAPPI, MD, DOMINIC F ORS
1849 S 15TH ST
PHILADELPHIA PA 19145-2301
215-465-5700

NARAYAN, MD, RAJ K NS
3401 N BROAD ST
DEPT OF NEUROSURGERY
PHILADELPHIA PA 19140
215-707-7700
NARVAEZ, MD, RICHARD A CD
86 WYNNEDALE RD
NARBERTH PA 19072-1725
610-664-2819
NASCA, MD, THOMAS J IM
1025 WALNUT ST ROOM 827
PHILADELPHIA PA 19107-5001
215-955-1626
NASH, MD, DAVID B IM
1015 WALNUT ST STE 621
CURTIS BLDG
PHILADELPHIA PA 19107-5099
215-955-6969
NASO, MD, FRANCIS PM
111 S 11TH ST STE 9410
PHILADELPHIA PA 19107-4824
215-955-6548
NASREEN, MD, SHAHANA IM
605 WALNUT LN APT 2 1ST FL
PHILADELPHIA PA 19128
215-487-2532
NASSAR, MD, CARLOS J R
5500 WISSAHICKON AVE
APT 303B
PHILADELPHIA PA 19144
215-849-7730
NAST, JUSTIN B ST
PO BOX 17041
PHILADELPHIA PA 19105-7041
NAST, MD, PHILIP R GE
933 HAVERFORD RD
BRYN MAWR PA 19010-3819
610-525-9570
NATANBLUT, LEAH R ST
165 GYPSY LN
KING OF PRUSSIA PA 19406
NATHANSON, MD, JULIET E GP
2101 WALNUT ST
APT 413
PHILADELPHIA PA 19103
215-563-4104
NATICCHIA, MD, JENNIFER M FP
DEPT OF FAM MED
1015 WALNUT ST 401 CURTIS
PHILADELPHIA PA 19107
215-955-7190
NAUNCZEK, MD, MICHAEL J FP
552 COVENTRY CIR
TELFORD PA 18969
215-721-7221
NAZARI, MD, AHMAD OBG
10 CURTIS PARK DR
WYNCOTE PA 19046-2204
610-649-7733
NEBELSIECK, JEFFREY A ST
W 724 ELWOOD DR
SPOKANE WA 99218
NEDEROSTEK, DOUGLAS F ST
1226 7TH ST
N CATASAUQUA PA 18032-2104
NEIGH, MD, JOHN L AN
520 FAIRFAX RD
DREXEL HILL PA 19026-1211
610-622-3435
NELSON, MD, ANNE S R
3503 RHOADS AVE APT 107
NEWTOWN SQ PA 19073-3896
NELSON, MD, ELEANOR C AN
315 MCCLENAGHAN MILL RD
WYNNEWOOD PA 19096-1028
NELSON, MD, FREDRIC P *PD
2801 ISLAND AVE STE 1
PHILADELPHIA PA 19153-2326
215-365-0205
NELSON, MD, LEONARD B OPH
WILLS EYE HOSP
900 WALNUT STREET
PHILADELPHIA PA 19107
215-928-3244
NELSON, MD, WALDO E PD
1400 WAVERLY RD APT M238
GLADWYNE PA 19035-1257
NEMEZ, MD, ALBERT GP
7001 KINDRED ST
PHILADELPHIA PA 19149-1724
215-745-5662
NEMEZ, MD, JACK S *IM
7001 KINDRED ST
PHILADELPHIA PA 19149-1724
215-745-5662
NEMIROFF, MD, RICHARD L OBG
301 S 8TH ST
PHILADELPHIA PA 19106-4014
215-829-5300
NEMIROVSKY, MD, BORIS PM
9551 BUSTLETON AVE
PHILADELPHIA PA 19115-3801
215-698-2220
NESTI, LEON J ST
1 NESTI BLVD
SHELBURNE VT 05482
NEUMANN-SCHWARTZ, DO,
MELISSA A OTO
121 MONT AVE APT 202
BALA CYNWYD PA 19004-2843
610-668-4316

NEVIN, MD, JANICE E FP
401 CURTIS BLDG
1015 WALNUT STREET
PHILADELPHIA PA 19107
215-955-2352
NEVYAS, MD, HERBERT J OPH
2 BALA PLZ
BALA CYNWYD PA 19004-3108
610-668-2777
NEVYAS-WALLACE, MD,
ANITA S OPH
NEVYAS EYE ASSOC
333 CITY LINE AVE
BALA CYNWYD PA 19004
610-668-2777
NEWBERG, MD, AARON N PD
9150 MARSHALL STREET
N EAST MED CTR STE 14
PHILADELPHIA PA 19114-2287
215-884-5715
NEWCOMBE, MALINDA M ST
3850 WOODHAVEN RD #203
PHILADELPHIA PA 19154-2725
NEWMAN, MD, BENJAMIN E CD
PO BOX 44
POCONO PINES PA 18350
NEWMAN, MD, LEROY PD
7525 CASTOR AVE
PHILADELPHIA PA 19152-4001
215-342-7044
NEWMAN, SETH L ST
315 SPRINGDALE TERR
YARDLEY PA 19067-3473
NGUYEN, CHRISTOPHER T ST
3940 DELANCEY ST
PHILADELPHIA PA 19104
NGUYEN, HOAN-VU T ST
30 OLD ST RD
BERWYN PA 19312
NGUYEN, MD, KENNETH V *IM
448 E WYOMING AVE
PHILADELPHIA PA 19120-4538
215-234-2180
NGUYEN, NGOC T ST
2117 W DOGWOOD AVE
ANAHEIM CA 92801
NGUYEN, OUE P ST
48 ROSSITER CIR
NEWARK DE 19702
NGUYEN, THAO P ST
3717 CHESTNUT ST APT 205
PHILADELPHIA PA 19104-3104
NIBBELINK, MD, DONALD W N
DUPONT CO INC
MED PRODUCTS DEPT
WILMINGTON DE 19898-0001
215-662-3606
NICHOLSON, JAMES J ST
1460 GRANARY RD
BLUE BELL PA 19422
NICOLSON, MD, SUSAN C AN
CHILDRENS HOSP DEPT/ANES
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4385
215-590-1874
NICY, MD, NADIJA L PTH
1910 BAY LAKE WAY
DAYTONA BCH FL 32124-6865
NIEDERMAYER, MD, GEORGE H *IM
711 SPRUCE ST
PHILADELPHIA PA 19106-4006
215-627-2122
NIERENBERG, MD, STEVEN J CD
1339 PORTER ST
PHILADELPHIA PA 19148
215-389-0600
NIEVES, DAVID S ST
17 HAMILTON DR
CRANBURY NJ 08512-9704
NIMOITYN, MD, BENJAMIN S IM
604 WASH SO S APT 415
PHILADELPHIA PA 19106-4115
215-629-1466
NIMOITYN, MD, PHILIP CD
1128 WALNUT ST
PHILADELPHIA PA 19107-5513
215-629-1158
NISENBAUM, MD, HARVEY L *DR
618 GREYTHORNE RD
WYNNEWOOD PA 19096-2509
610-649-5370
NOBEL, MD, GOLDA R P
2006 DELANCEY ST
PHILADELPHIA PA 19103-6510
215-732-2126
NOBEL, MD, JOEL J AN
5200 BUTLER PIKE
MAILSTOP LIBRARY
PLYM MTG PA 19462-1241
610-825-6000
NOCCHI, DAVID M ST
1102 BURTON ST
FREELAND PA 18224-1304
NOCERINI, ROBERT J ST
97 E OAK ST
PITTSTON PA 18640-2417
NOLAN, SHEILA M ST
87 N COLL AVE
FLOURTOWN PA 19031-1931
NOONE, MD, R BARRETT PS
888 GLENBROOK AVE
BRYN MAWR PA 19010
610-527-4833

NOR, EUGENE B ST
1229 LEHIGH AVE
ALLENTOWN PA 18103-8407
NORDSTROM, MD, CARLA R ST
3328 W PENN ST
PHILADELPHIA PA 19129-1408
215-844-6490
NORRIS, MD, CHARLES M LAR
8007 NAVAJO ST
PHILADELPHIA PA 19118-3926
215-242-2065
NORRIS, CRAIG D ST
RR 1 BOX 201
HESSTON PA 16647-9221
NORRIS, ERIC S ST
3728 JAY CT NW
SALEM OR 97304
NORRIS, MD, MARK C AN
1901 WALNUT ST
PHILADELPHIA PA 19103-4664
215-557-8434
NORRIS, MONICA L ST
7901 HENRY AVE APT G206
PHILADELPHIA PA 19128-3071
NORTHRUP, MD, BRUCE E *NS
1015 CHESTNUT ST
PHILADELPHIA PA 19107-5001
215-955-5056
NOSHENY, MD, STANLEY Z RHU
8021A CASTOR AVE
PHILADELPHIA PA 19152-2733
215-745-5605
NOWOSIWSKY, MD, TARAS PH
2001 MARKET STREET
18-D
PHILADELPHIA PA 19101-1418
215-596-2420
NUCIFORA JR, FREDERICK C ST
203 LOCHWOOD LN N
W CHESTER PA 19380
NUSBAUM, MD, MOREYE GS
PRESBYTERIAN MED CTR
39TH & MKT STS 140 MOB
PHILADELPHIA PA 19104
215-662-8026
NWANGBURUKA, MD,
OKECHUKWU N P
5450 WISSAHICKON AVE #708A
PHILADELPHIA PA 19144
215-843-9875
O'BRIEN, MD, MARGARET M AN
1801 BUTTONWOOD ST # 1115
PHILADELPHIA PA 19130-3953
215-981-0298
O'BRIEN, SEAN P ST
108 ASPEN RD
PUNXSUTAWNEY PA 15767
O'BRIEN, MD, WILLIAM R *P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-474-0702
O'CONNOR, MD, ELLEN M *IM
124 CURTIS BLDG
1015 WALNUT ST
PHILADELPHIA PA 19107-5005
215-955-6835
O'CONNOR, LYNN M ST
5555 WISSAHICKON AVE APT 810
PHILADELPHIA PA 19144-4541
O'CONNOR, MD, MAUREEN E AN
JEFFERSON UNIV HOSP
11TH & SANSOM STE 6275NH
PHILADELPHIA PA 19107
215-955-7182
O'HARA, MD, A EDWARD PDR
5812 GARDEN LAKES DR
BRADENTON FL 34203-7235
O'ROURKE, MD, MAUREEN M AN
CHILDRENS HOSP OF PHILA
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1858
OAKES, JENNIFER A ST
5306 HIGHGATE GREEN
WILLIAMSBURG VA 23188-6370
OAKS JR, MD, WILBUR W IM
227 N BROAD STREET
PHILADELPHIA PA 19107
215-963-9760
OBERLANDER, RENEE L ST
8 RADLEY RUN
ELKTON MD 21921
OCONNOR, MD, MICHAEL J NS
1 GRADUATE PLZ
PHILADELPHIA PA 19146-1407
215-893-2566
OCONOR, MD, LORRAINE M P
10 FIELDSTONE LN
BRYN MAWR PA 19010-2071
610-520-2230
ODDIS, CARMINE V ST
340 SIMPSON HOWELL RD
ELIZABETH PA 15037
OFFNER, MD, THEODORE W FP
725 BYBERRY RD
PHILADELPHIA PA 19116-2111
215-464-0577
OH, CHIEN C ST
5931 SNOWDRIFT RD
OREFIELD PA 18069-8910
OH, EUGENE ST
107 WYNNWOOD DR
PITTSBURGH PA 15215-1547

OH, MD, JANG K DR
NORTHEASTERN HOSP
2301 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4497
215-291-3642
OH, MD, SUNG-KYU H OBG
1820 S BROAD ST
PHILADELPHIA PA 19145-2303
215-468-7722
OHARA, MD, IRENE B AN
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-1623
OKAGAWA, MD, RICK *CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
OKAWA, TSUYOSHI M ST
600 W HARVEY ST APT B1005
PHILADELPHIA PA 19144-4322
OKEN, MD, DONALD P
PENNSYLVANIA HOSP
800 SPRUCE ST
PHILADELPHIA PA 19107-6192
215-829-5233
OLEAGA, MD, JUAN A R
13 WILDERNESS DR
VOORHEES NJ 08043
609-751-4506
OLEGINSKI, DO, JAN A VS
3552 CALUMET ST
PHILADELPHIA PA 19129
215-849-1321
OLKEN, MD, MARK D DR
1200 YORK RD
ABINGTON PA 19001-3788
215-576-2050
OLKOWSKI, MD, PIOTR K P
100 W AVE APT 409
S JENKINTOWN PA 19046-2642
215-884-9069
OLSHEFSKI, DANNA M ST
3900 CITY AVE APT 519-C
PHILADELPHIA PA 19131
OLSHIN, MD, IRVING J PD
1500 LOCUST ST #P108
PHILADELPHIA PA 19102-4329
215-925-1778
OLSON, MICHELLE M ST
210 WOLF DR
ALLENTOWN PA 18104-9515
ONDRACEK, ANDREWS J ST
119 N MOLE ST
PHILADELPHIA PA 19102-1404
ONDULICK, BRIAN W ST
136 VALL RD
GREENSBURG PA 15317
ONEILL, MD, HUGH P
441 LANKENAU MED BLDG
100 LANCASTER AVE W
WYNNEWOOD PA 19096-3427
610-642-7676
OPESANMI, TOYIN O ST
44 NERBAY RD
BALTIMORE MD 21221
ORDENTLICH, MD, ELENA CHP
2424 MICHAEL RD
HUNTINGDON VLY PA 19006-6602
ORELLANA, MD, CHARLES F IM
191 PRES BLVD
LN-24
BALA CYNWYD PA 19004
610-668-9999
ORENSTEIN, MD, RAPHAEL S PM
286-3 ECHELON RD
VOORHEES NJ 08043
609-770-9570
ORLANDO, MD, DAVID C AN
2301 GREEN ST APT 3
PHILADELPHIA PA 19130-3143
609-596-1685
ORMAN, HEATHER L ST
4708 GREAT OAK LN
HARRISBURG PA 17110-3246
ORNE, MD, MARTIN T P
290 SYCAMORE AVE
MERION STA PA 19066-1547
215-667-0564
ORR, MD, SIDNEY H GS
2301 CHERRY ST
PHILADELPHIA PA 19103
215-569-1188
OSHEROFF, MD, JEROME A IM
117 PARTREE RD
CHERRY HILL NJ 08003
609-751-9515
OSLICK, MD, THEODORE *PUD
7500 CENTRAL AVE STE 100
PHILADELPHIA PA 19111-2432
215-342-8500
OSMICK, MD, MARY J *IM
18 MARSH WOODS LN
WILMINGTON DE 19810-3942
610-793-3813
OSTERHOLM, MD, JEWELL L NS
579 HUSTON RD
RADNOR PA 19087-4434
OSTERMAN, MD, A LEE *HS
PHILADELPHIA HAND CTR
901 WALNUT ST
PHILADELPHIA PA 19107
215-662-3345

OSTERTAG, ERIC M ST
4810 WARRINGTON AVE #2
PHILADELPHIA PA 19143
OSTRUM, MD, BERNARD J R
2040 RITTENHOUSE SO
PHILADELPHIA PA 19103-5621
215-842-6578
OSWALD, CHRISTOPHER T ST
185 HOFFMANSVILLE RD
PO BOX 145
SASSAMANSVILLE PA 19472
OTOOLE, MD, THOMAS F *GP
415 LYCEUM AVE
PHILADELPHIA PA 19128-3418
215-482-2033
OTT, MD, CAROL E FD
306 MARGARETTA AVE
HUNTINGDON VLY PA 19006-8714
215-379-5406
OTTENBERG, MD, DONALD J OS
144 W ALLENS LN APT C23
PHILADELPHIA PA 19119-4142
215-233-3824
OWENS, MD, JOHN S CD
1228 KAY DR W
CHERRY HILL NJ 08034
609-795-4287
PACKMAN, MD, BARRY E IM
9880 BUSTLETON AVE
PHILADELPHIA PA 19115-2185
215-969-2900
PADDOCK, BRADLEY W ST
1329 W RISING SUN AVE #1
PHILADELPHIA PA 19140-5225
PADOLICK, JOSEPH M ST
153 UNIV MANOR E
HERSHEY PA 17033
PADOLINA, MD, RUBY M AN
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-7972
PADULA, MD, ANTHONY M GS
525 JAMESTOWN ST STE 205
PHILADELPHIA PA 19128-1751
215-483-2400
PAGAN, MD, JOHN J GS
7057 MCCALLUM ST
PHILADELPHIA PA 19119-2921
215-242-2381
PAGAN, MD, PATRICIA PD
125 ELMWOOD AVE
NARBERTH PA 19072-2409
PAGLIA, MICHAEL J ST
2558 SECANE RD
SECANE PA 19018-2817
PALANT, MD, MARINA B IM
107 QUAKER LN
VILLANOVA PA 19085-1323
525-271-9000
PALAT, DO, HERMAN W IM
2469 GRANT AVE
PHILADELPHIA PA 19114-1004
215-947-8357
PALLADINO, MD, DIANE P *GS
KNIGHT & RED LION RD STE 235
PHILADELPHIA PA 19114
215-632-3630
PALMER, MD, ROBERT H IM
SMITHKLINE BEECHAM PHARM
1250 S COLLEGEVILLE RD
BLDG 4 UP4310, PO BOX 5089
COLLEGEVILLE PA 19426-0989
610-832-3980
PALUMBO JR, RALPH ST
11 HANCOCK DR
KENDALL PARK NJ 08824
PAMEIJER, MD, COLETTE R GS
4733 SILVERWOOD ST
PHILADELPHIA PA 19128
215-482-1752
PAN, SHARON M ST
317 N BROAD ST APT 605
PHILADELPHIA PA 19107-1017
PANAHANDEH, MATTHEW R ST
2288 CLEARVUE RD
PITTSBURGH PA 15237-1630
PANDAY, MANOJ M ST
5004 SENECA DR
MECHANICSBURG PA 17055-2574
PANDOLFI, MD, FRANK J OPH
1822 S BROAD ST
PHILADELPHIA PA 19145-2303
PANDYA, NAIMISH B ST
9 RED BIRD LN
CONSHOHOCKEN PA 19428-1397
PANETTIERI, MD, REYNOLD A PUD
900 W WELSH RD
AMBLER PA 19002-2209
215-646-3950
PANIS, MD, ROBERTO IM
2352 PHILMONT AVE
HUNTINGDON VLY PA 19006-6228
215-322-4887
PANTUSO, BETH M ST
225 4TH ST
MCDONALD PA 15057
PAOLINI, DAVID J ST
250 BUFORD AVE
GETTYSBURG PA 17325
PAPOUTSIS, MD, DEAN V CD
541 IRVINGTON RD
DREXEL HILL PA 19026-1322

PARAMESWARIN, MD, R CD
1616 TERRACE DR
MAPLE GLEN PA 19002-3033
215-542-8256
PARASHARA, MD, DEEPAK K *CD
PHYSICIAN OFFICE BLDG
2701 HOLME AVE STE 105
PHILADELPHIA PA 19152-2029
215-335-4944
PARIKH, MD, PRASHANT P GS
7841 RIDGE AVE APT A-123
PHILADELPHIA PA 19128
215-482-5165
PARK, MD, CHONG H GE
1012 DENSTON DR
AMBLER PA 19002-4036
215-643-6445
PARK, MD, JULIE U DR
1420 CENTRE AVE APT 517
PITTSBURGH PA 15219-3518
215-438-8522
PARK, MD, PAULINE K GS
1025 WALNUT ST
SUITE 607
PHILADELPHIA PA 19107-5001
215-928-7673
PARKER, MD, JANET A RO
8801 CREFELD ST
PHILADELPHIA PA 19118-3603
215-242-1455
PARKS, MD, DONALD B FP
2305 N BROAD ST
PHILADELPHIA PA 19132-4504
215-229-2022
PARR, MD, JUSTIN L NA
ARBOUR STREAM
PO BOX 8313
RADNOR PA 19087-8313
610-687-5596
PARRIS, CORDEL Y ST
616 WALNUT LN APT 112
PHILADELPHIA PA 19128-1718
PARRY, MD, CAROLYN E *DF
PENNSYLVANIA HOSP
RADIOLOGY DEPT
PHILADELPHIA PA 19107
215-829-3201
PARRY, MD, H FRAZER PM
2 BRIDLE LN
BLUE BELL PA 19422-2454
215-646-8184
PASHMAN, MD, DAVID R ORS
939 LEOPARD RD
RYDAL PA 19046-2409
215-885-8867
PASKIN, MD, DAVID L GS
301 S 8TH ST
PHILADELPHIA PA 19106-4014
215-829-5010
PASOUARIELLO, MD, PATRICK S IM
3407 W SCHL HOUSE LN
PHILADELPHIA PA 19144-5419
215-843-8833
PASTUSZKO, MD, PETER GS
829 LOMBARD ST
PHILADELPHIA PA 19147
215-928-0981
PATEL, MD, MANUBHAI R IM
2700 HOLME AVE
PHILADELPHIA PA 19152-3011
PATEL, PRASHANT R ST
9929 SANDY RD
PHILADELPHIA PA 19115
PATEL, SARIT M ST
143 WINTHROP RD
EDISON NJ 08817
PATEL, STEPHANIE ST
28641 SILVERTON
LAGUNA NIGUEL CA 92677
PATIL, MD, GARGEY M OBG
3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-7180
PATNAIK, MD, ASHOK K IM
VALL HIGH APTS
7950 HENRY AVE APT 36C
PHILADELPHIA PA 19128
PATTERSON, MD, JOHN R *RHU
111 S 11TH ST STE G6010
PHILADELPHIA PA 19107-4824
215-923-4933
PAUL, MD, ALBERT J IM
BRIAR HOUSE
8302 OLD YORK RD APT C22
ELKINS PK PA 19027-1525
215-885-3977
PAUL, MD, GERSON S OBG
1710 WOODLAND RD
ABINGTON PA 19001-3904
215-887-4345
PAUL, MD, PHYLLIS O IM
1710 WOODLAND RD
ABINGTON PA 19001-3904
PAVAO, MD, JENNIFER H P
2203 ST JAMES PL
PHILADELPHIA PA 19103
215-762-3797
PAVLIDES, MD,
CONSTANTINOS A G
WILLIAM PENN MED BLDG
245 N BROAD ST STE 400
PHILADELPHIA PA 19107-1523
215-568-1015

PAVOURIS, MD, NICOLAS GS
631 DUPONT ST APT A201
PHILADELPHIA PA 19128
215-487-9333
PAWLIK, THEODORE D ST
28 BATTEN DR
DOWNINGTOWN PA 19335-1472
PEARLMAN, SCOTT B ST
414 CHANTIDEER DR
CHERRY HILL PA 08003
PEARLSTINE, MD, BEATRICE GE
1109 ANSLEY AVE
MELROSE PK PA 19027-3046
215-782-1100
PECARSKY, JASON T ST
43 SOUTHWOOD DR
CHERRY HILL NJ 08003
PECK, ERIC A ST
834 CHESTNUT ST #1132
PHILADELPHIA PA 19107-5143
PECORELLA, WENDY A ST
5515 WISSAHICKON AVE
APT D304
PHILADELPHIA PA 19144-4531
PEER, MD, MEETA D PM
2300 DEERPATH RD
HUNTINGDON VLY PA 19006-5908
PEFF, MD, THOMAS C ORS
8407 BUSTLETON AVE
PHILADELPHIA PA 19152-1901
215-722-3200
PEGGS, MD, MICHAEL A IM
130 WESTMINSTER DR
N WALES PA 19454-1222
215-843-3454
PELENSKY, MD, JEANNE M PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9900
PELIAS, MD, ANASTASIOS TS
1233 FOLKSTONE WAY
CHERRY HILL NJ 08034
609-354-2030
PELLIGRA, MD, SALVATORE R US
218 RECTOR ST
PHILADELPHIA PA 19128-5035
215-487-9545
PELLINI, MICHAEL J ST
834 CHESTNUT ST #1532
PHILADELPHIA PA 19107-5148
PELSZYNSKI, MD, EUGENE E FP
5959 HORROCKS ST
PHILADELPHIA PA 19149-3316
215-289-3963
PENG, ALBERT ST
950 WALNUT ST APT 311
PHILADELPHIA PA 19107
PENNE, MD, ROBERT B OPH
256 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-649-1970
PENNEYS, MD, EDITH T P
232 WINDING WAY
MERION STA PA 19066-1218
610-664-6841
PENNOCK, MD, RONALD S CD
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-7578
PEREZ, MD, PEDRO J IM
522 REGIS CT #C-1
ANDALUSIA PA 19020-7719
215-639-2666
PEREZ-SCHWARTZ, MD, LUZ AN
410 ROSLYN LN
WYNNEWOOD PA 19096-2334
PERILLO, MD, RUTHANN IM
5453 HOUGHTON PL
PHILADELPHIA PA 19128-2816
215-483-5188
PERKEL, MD, ROBERT L FP
1015 WALNUT ST 401 CURTIS
PHILADELPHIA PA 19107
215-955-8363
PERKINS, TODD E ST
415 TREGARON RD
BALA CYNWYD PA 19004-2706
PERLIS, CLIFF S ST
8200 GAINSBOROUGH CT W
POTOMAC MD 20854
PERLMAN, MD, ABRAHAM P
9906 BUSTLETON AVE # II-C8
PHILADELPHIA PA 19115-2148
215-552-9216
PERLOFF, JOEL R ST
6389 OVERBROOK AVE
PHILADELPHIA PA 19151
PERROTTO, MD, SANTLE L FP
3839 CHALFONT DR
PHILADELPHIA PA 19154-3407
PERRY, MD, RUTH E *OM
RAHM & HAAS DVI INC
PO BOX 219
BRISTOL PA 19007-0098
215-785-8164
PERSUN, MICHELLE L ST
158 DAVIDSON ST
TARENTUM PA 15084-1142
PESTKA, STEVEN B ST
32 BROOKSIDE TERR
N CALDWELL NJ 07006

PETERS, DO, BRUCE W OTO
35-C VENETIAN WAY APT 103
MIAMI BCH FL 33139
305-532-9011
PETERS JR, CHARLES D ST
5633 CHESTNUT ST
EMMAUS PA 18049-5006
PETERSON, MD, DONALD D PUD
910 STONY LN
GLADWYNE PA 19035-1126
610-642-3796
PETERSON, MD, JUDITH R PM
1015 CHESTNUT ST STE 1205
PHILADELPHIA PA 19107-4312
215-923-4001
PETRO, ANASTASIA ST
13 VIRGINIA DR
DONORA PA 15033
PETRONE, MD, LOUIS R FP
2501 HIRST TER
HAVERTOWN PA 19083-1418
610-449-5824
PETROWSKY, MD, DEBORAH IM
233 S 6TH ST APT 1110 TOWER 2
PHILADELPHIA PA 19106
PETTINELLI, DAMON J ST
8201 HENRY AVE APT N19
PHILADELPHIA PA 19128-2235
PETTINELLI, DO, FRANK P GP
1337 S 9TH ST
PHILADELPHIA PA 19147-5741
215-465-5491
PEZZI, MD, THOMAS A GS
319B S 2ND ST
PHILADELPHIA PA 19106-4301
PFEFFER, MD, WILLIAM H *REN
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-649-0500
PFOHL, MD, DAVID N IM
172 SUMMIT LN
BALA CYNWYD PA 19004-2931
215-662-8000
PFROMMER, MD, JAMES M P
1550 FLAT ROCK RD
PENN VALL PA 19072-1238
610-664-8030
PHAM, MD, CHINH D NM
909 CLINTON ST APT 1A
PHILADELPHIA PA 19107-6109
215-629-3644
PHAM, PAUL P ST
MED COLL HOSP
3300 HENRY AVE
PHILADELPHIA PA 19144-5432
PHAN, MD, NGOC AN IM
909 S 11TH ST
PHILADELPHIA PA 19147-3701
215-923-6080
PHILLIPS, MD, WILLIAM A P
806 COVERED BRIDGE RD
HOLLAND PA 18966
609-924-8512
PICCONE, DO, BRUCE R ON
638 WOODBINE RD
W CHESTER PA 19382-8539
610-399-3132
PICK, MD, ERNEST J DR
10101 ACADEMY RD # 2
PHILADELPHIA PA 19114-1120
215-632-5050
PIKE, MD, ANNE H OBG
1100 OCEAN DR #203-204
AVALON NJ 08202-2465
PILCHMAN, MD, JEFFREY M GE
2 BALA PLZ STE IL22
BALA CYNWYD PA 19004-1503
610-664-9700
PILLAI, MD, ANILKUMAR V US
7901 HENRY AVE APT F401
PHILADELPHIA PA 19128
215-487-0164
PILLAI, MD, ARUNA US
7901 HENRY AVE APT F401
PHILADELPHIA PA 19128
215-487-0164
PINTO, VIJAY P ST
4711 GOULD AVE
LA CANADA CA 91011
PITTENGER, MD, MARY A GP
2103 S 58TH ST
PRESBYTERIAN HOME
PHILADELPHIA PA 19143-5907
PIWOZ, MD, SEYMOUR R
656 FOXCROFT ROAD
ELKINS PK PA 19117-1526
215-886-2854
PIZZICA, DO FAAP, ALBERT L *NPM
EPISCOPAL HOSP
DEPT OF PEDIATRICS/
NEONATOLOGY
FRONT & LEHIGH AVES
PHILADELPHIA PA 19125
215-427-7629
PIZZUTILLO, MD, PETER D *ORS
ERIE AVE AT FRONT ST
PHILADELPHIA PA 19134-1095
215-427-3422
PLATT, MD, RUTH M US
502 ELIZABETH DR
LANCASTER PA 17601-4406

PLOTKIN, ELIZABETH S ST
3428 LANARK LN
PEPPER PIKE OH 44124
PLUMB, MD, JAMES D FP
1015 WALNUT ST STE 410
DEPT OF FAM MED
PHILADELPHIA PA 19107-5005
215-955-8363
PODELL, MD, MORRIS J FP
2401 PENNSYLVANIA AVE
APT 10-B-33
PHILADELPHIA PA 19130-3061
215-232-2211
PODRAZIK, MD, META L EM
221 S 12TH ST APT 406S
PHILADELPHIA PA 19107-5561
POHLAND, MICHELLE L ST
4617 W LAWNVIEW DR
PITTSBURGH PA 15227-1125
POLAKOFF II, MD, PEDRO NS
1010 FOX CHASE RD
ROCKLEDGE PA 19046
215-379-2600
POLAN, MD, SIMON P
286 N HIGHLAND AVE
MERION STA PA 19066-1706
610-664-3463
POLANCO, MD, ALFONSO EM
4502 N 5TH ST
PHILADELPHIA PA 19140-2310
215-457-2411
POLIN, MD, EDWARD B IM
FOXCROFT SQ APTS 611
JENKINTOWN PA 19046
215-886-4064
POLISHOOK, MD, ROBERT D P
SUITE 27
11 BALA AVE
BALA CYNWYD PA 19004
215-471-2082
POLK, MD, LEWIS D GPM
226 W RITTENHOUSE SQ
APT 1706
PHILADELPHIA PA 19103-5748
215-735-1141
POLL, MD, DAVID S CD
PENNA HOSP
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064
POLLACK, MD, DEBRA A N
812 LOMBARD ST APT 26
PHILADELPHIA PA 19147-1308
215-922-4524
POLLACK, MD, HOWARD M R
531 ASHMEAD RD
CHELTENHAM PA 19012-1504
POLLOCK, MD, JEFFREY L D
8033 CASTOR AVE
PHILADELPHIA PA 19152-2733
215-364-2900
POMERANTZ, MD, JOEL D IM
7300 GERMANTOWN AVE
PHILADELPHIA PA 19119-1725
215-242-3912
POMRINK, CHRIS A ST
814 AVE G
ARDSLEY PA 19038
POON, MD, CHERYCE M R
834 CHESTNUT ST
PHILADELPHIA PA 19107
215-922-2180
POPE, DO, RONALD L P
99 LAUREL LN
LANSDALE PA 19446-3214
215-368-7494
POPKO, BRIAN M ST
1034 FRANCIS RD
PITTSBURGH PA 15234-1108
POPKY, MD, GEORGE L *DR
8801 CREFELD ST
PHILADELPHIA PA 19118-3603
215-871-2688
POPORAD, MD, GEORGE A ID
8100 ROOSEVELT BLVD STE 103
PHILADELPHIA PA 19152-2911
215-335-1313
POPOWICH, YALE S ST
4041 RIDGE AVE APT 18-204
PHILADELPHIA PA 19129
PORTER, MD, MARY M CLP
350 WALNUT AVE
WAYNE PA 19087-3624
610-688-2955
PORTNER, MD, JAY H GS
7915 GREEN LN
WYNCOTE PA 19095-1605
215-887-1927
PORTNOY, MD, LARRY NEAL FP
1544 E CHETENHAM AVE
PHILADELPHIA PA 19124-1133
215-743-2573
POST, ANDREW R ST
5 CONDIT RD
MOUNTAIN LAKES NJ 07046
POTH, ROBERT A ST
830 W SPRINGFIELD RD APT E9
SPRINGFIELD PA 19064-1229
POTNIS, MD, AMARISH S IM
3901 CONSHOHOCKEN AVE
APT 532
PHILADELPHIA PA 19131
215-477-4818

POTOCHNY, MD, JOHN D GS
1500 LOCUST ST STE 3103
PHILADELPHIA PA 19102-4322
215-732-6791
POTTASH, MD, RUBEN R P
1205 WYNGATE RD
WYNNEWOOD PA 19096-2426
610-642-8447
POWELL JR, DO, THOMAS F *EM
GIRARD MED CTR
GIRARD AVE AT 8TH ST
PHILADELPHIA PA 19122
215-787-2120
POWER, JULIETTE M ST
MED COLL HOSP
3300 HENRY AVE
PHILADELPHIA PA 19129-1191
POWLUS, JODI L ST
1000 E 7TH ST
BERWICK PA 18603-3431
PRASAD, MD, RAJEEV GS
11 SAWGRASS CT
BLACKWOOD NJ 08012
609-866-0250
PREATE JR, MD, DONALD L U
3400 SPRUCE ST 1 RHOADS PAV
DEPT OF UROLOGY
PHILADELPHIA PA 19104-4269
215-359-5042
PREHATNY, MD, JOHN R *GS
402 PENN ROAD
WYNNEWOOD PA 19096-1811
PREMAZA-MUELLER, DO,
ALICE R NEP
THE HILLS
5 CHESHIRE CT
HOLLAND PA 18966-2598
215-725-1000
PRETORIUS, MD, E SCOTT DR
314 S ISEMINGER ST
PHILADELPHIA PA 19107
PRIANO, STEVEN V ST
5351 ELMWOOD PL
PITTSBURGH PA 15227-3631
PRIBITKIN, MD, EDMUND HNS
909 WALNUT ST 3RD FLR
TJUH DEPT OF ORL H&NS
PHILADELPHIA PA 19107-5211
215-955-6784
PRICE JR, MD, HENRY L AN
510 LYNMERE RD
BRYN MAWR PA 19010-3638
PRICE, MD, RAPHAEL I PS
PO BOX 57015
PHILADELPHIA PA 19111-0515
215-725-8990
PRIEST, MD, BRIAN P CDS
2220 LANKENAU MED
SCIENCS BLD
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-896-9255
PRIVOROTSKY, MD, GALINA PD
48 KASI CIR
IVYLAND PA 18974-1652
215-442-1457
PROFETA-DAMICO,
BERNADETTE C ST
982 MILLBRIDGE APTS
CLEMENTON NJ 08021
PROFETIA, KRISTINE L ST
43 JEFFERSON AVE
SHORT HILLS NJ 07078
PROMISH, MD, DAVID S AN
1901 JF KENNEDY BLVD
APT 2201
PHILADELPHIA PA 19103-1518
215-567-6189
PROMISLOFF, DO, ROBERT A PUD
1001 CITY LINE AVENUE WB113
WYNNEWOOD PA 19096
610-896-0280
PRUDENTE, ERNEST L ST
1926 MT VERNON ST
PHILADELPHIA PA 19130-3214
PRUDOFF, ADAM J ST
5218 BEELER ST
PITTSBURGH PA 15217-1004
PTASZYNSKI, MD, KONRAD M ATP
5450 WISSAHICKON AVE
PHILADELPHIA PA 19144
PUDLES, DO, DAVID M FP
1026 HERKNESS DR
MEADOWBROOK PA 19046-1155
215-886-0182
PUGH, MD, JAMES E CD
2154 NORTON RD
CHARLOTTE NC 28207-2138
919-636-2619
PUGLISI, MD, ANTHONY S ORS
201 OLD YORK RD #202
JENKINTOWN PA 19046-3200
215-742-6303
PUGLISI, JEFFREY S ST
FOREST LN
CROMPORD NY 10517
PUGLISI, MD, VINCENT GP
3900 GALT OC DR APT 2716
FORT LAUDERDALE FL 33308
PUPPALA, SHAYM ST
1110 OLDE HICKORY RD
LANCASTER PA 17601-4938

PURCELL, MD, SUSAN M US
416 S JESSUP ST
PHILADELPHIA PA 19147
215-925-0419
PUZA, MD, SCOTT W OBG
69 CHAIRVILLE RD
MEDFORD NJ 08055
609-654-0413
QUALLS, MD, DONALD M *ORS
157 PIKELAND RD RD 1
MALVERN PA 19355
610-933-7087
QUINLAN, PAMELA M ST
120 LINCOLN ST
GARDEN CITY NJ 11530
RABER, MD, IRVING M OPH
LANKENAU MED BLDG STE 156
WYNNEWOOD PA 19096
610-649-7000
RABINOVICI, MD, REUVEN *GS
777 PERIWINKLE LN
WYNNEWOOD PA 19096-1647
610-642-7278
RABINOVITZ, MD, SHARON I FP
PARK TOWNE PLACE
2200 BEN FRANKLIN PKWY
STE 1614 N
PHILADELPHIA PA 19130
215-636-9753
RABINOWITZ, ELYSE ST
26 LIBERTY LN
CHERRY HILL NJ 08002
RABINOWITZ, MD, HOWARD K PD
26 LIBERTY LN
CHERRY HILL NJ 08002-1638
609-667-9697
RABSON, MD, MOSES ORS
1133 ASHBOURNE RD
CHELTENHAM PA 19012-1108
215-635-2293
RACKOW, MD, LAWRENCE L A
BEAVER HILL APT B-26
JENKINTOWN PA 19046
215-576-6561
RADOSH, LEE J ST
1084 HEMLOCK DR
BLUE BELL PA 19422-1570
RADTKE, BRIAN E ST
2058 LOMBARD ST
PHILADELPHIA PA 19146-1315
RAFFENSPERGER, MD,
BRUCE W GYN
717 BETHLEHEM PIKE
PHILADELPHIA PA 19118-2111
215-233-3331
RAFFERTY, DO, MICHAEL F FP
101 MORELAND RD
HUNTINGDON VALL PA 19006-7944
215-676-3715
RAGONESI, MD, SUSAN B PD
101 CLYMER CT
PHILADELPHIA PA 19147
215-271-2988
RAHAM, MD, VANCE A OBG
173 LOG POND DR
HORSHAM PA 19044-1978
215-675-8272
RAINES, MD, HERBERT S GP
6897 N 19TH ST
PHILADELPHIA PA 19126-1534
RAINES, MD, JONATHAN M P
PO BOX 470
GLADWYNE PA 19035-0470
610-649-8717
RAINVILLE, MD, MICHELLE E EM
TH JEFFERSON
UNIV H
111 S 11TH ST #2170
PHILADELPHIA PA 19107-5096
RAJABI-ASL, MD, AKBAR P
A EINSTEIN MED CTR
5501 OLD YORK RD
PHILADELPHIA PA 19141-3098
215-456-7890
RAJASENAN, KIRAN K ST
317 N BROAD ST APT 406
PHILADELPHIA PA 19107-1016
RAKINIC, MD, JAN CRS
233 S 6TH ST APT 1607
PHILADELPHIA PA 19106-3754
215-922-6431
RALSTON, MD, EDGAR L ORS
3300 DARBY RD APT 3315
HAVERFORD PA 19041-1070
610-642-8056
RAM, MD, NAND *IM
22 ASHBROOKE DR
VOORHEES NJ 08043-2817
609-346-3714
RAMAN, MD, JAYALAXMI PD
900 RONNIE CIR
PHILADELPHIA PA 19128-1045
215-483-9555
RANA, MD, ASHISH V IM
834 CHESTNUT STREET
APARTMENT 1704
PHILADELPHIA PA 19107
215-662-8870
RANA, MAUNAK V ST
724 MAGNOLIA CIR
LOMBARD IL 60148

RANDALL, MD, JOHN L FP
1015 WALNUT ST RM 401
PHILADELPHIA PA 19107-5005
215-955-7272
RANDALL, MD, PETER *PS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-2042
RANEY, JENNIFER J ST
1000 WALNUT ST #806
PHILADELPHIA PA 19107
RANIERI, MD, TITO A GS
2320 S BROAD ST
PHILADELPHIA PA 19145-4417
215-462-7373
RAO, MD, VIJAY M DR
132 S 10TH ST
1092 MAIN BLDG
PHILADELPHIA PA 19107-5244
215-955-4804
RAPHAELY, MD, RUSSELL C AN
CHILDRENS HOSP
PHILADELPHIA PA 19104
215-590-1872
RAPPAPORT, MD, ELIZABETH B PDE
303 BERKLEY RD
MERION STA PA 19066-1403
610-664-8238
RASCOE JR, MD, ROBERT R OBG
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-386-9090
RASEFSKE, JASON P ST
CARRIAGE HOUSE APTS #2
301 ALBINA WAY
LATROBE PA 15650
RASHKIS, MD, HAROLD A P
10 CONSHOHOCKEN ST RD
GLADWYNE PA 19035-1328
610-649-2511
RAUPP, ROBIN L ST
8686 PETERS RD
CRANBERRY TWP PA 16066
RAVANDOOST, MD, PARVANEH FP
490 W TELNER ST
PHILADELPHIA PA 19118
215-242-5066
RAVIOLA, MD, CAROL A VS
301 S 8TH ST STE 2-A
PHILADELPHIA PA 19106-4014
215-829-6520
RAY, MD, TARUN K *END
609 ASHBOURNE RD
ELKINS PK PA 19117-2516
RAYMOND, ALEXA R ST
1000 WALNUT ST APT 1301
PHILADELPHIA PA 19107
RAZI, BABAK ST
138 MONTROSE AVE # 11
ROSEMONT PA 19010
REBISH, JEFF C ST
HAHNEMANN UNIV
HOSP
BROAD & VINE STS MAILSTOP 300
PHILADELPHIA PA 19102-1192
REDDY, MD, GAYATRI P IM
1000 WALNUT ST APT 1306
PHILADELPHIA PA 19107-5521
215-574-9401
REDDY, MD, SHALINI P IM
537 SELMA ST
PHILADELPHIA PA 19116
215-676-5396
REDDY, MD, YESHWANT P PM
537 SELMA ST
PHILADELPHIA PA 19116
215-676-5396
REEVES, PHILLIP R ST
880 ANDORRA RD
LAFAYETTE HILL PA 19444
REID, BRYAN R ST
4481 NANTUCKET RD
HARRISBURG PA 17112-1933
REIHART, DO, MICHAEL J EM
1025 SOUTHERN RD
YORK PA 17403
717-848-8230
REILLY, JOHN P ST
3590 DRIFTING DR
HELLERTOWN PA 18055-3118
REILLY, MD, THERESA K OPH
2418 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4403
215-634-6660
REINACH, MD, ALAN J IM
159 N 3RD ST APT 3 S
PHILADELPHIA PA 19106-1914
215-922-2245
REINECKE, MD, ROBERT D *OPH
WILLS EYE HOSP
9TH & WALNUT STS
PHILADELPHIA PA 19107
215-928-3149
REINPRECHT, MD, JAMES T IM
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-725-8114
REIS, MD, GREGG J CD
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064

REISH, TIMOTHY G ST
545A SALEM CHURCH RD
LEWISBURG PA 17837-8895
REISS III, MD, G RUSSELL GS
2332 S GILINGER RD
LAFAYETTE HILL PA 19444-2226
REITER, MD, DAVID FPS
PO BOX 770
NARBERTH PA 19072-0770
215-955-8682
REITER, MD, SEAN B DR
317 N BROAD ST APT 617
PHILADELPHIA PA 19107-1017
215-574-1558
RENINGER III, CHARLES W ST
6325 HILLTOP RD
OREFIELD PA 18069-8904
RENZI, MD, VINCENT A IM
2317 S 23RD ST
PHILADELPHIA PA 19145
215-336-3553
RESNICK, MD, ALBERT B P
7764 MELLON RD
WYNCOTE PA 19095-2319
215-924-3423
RESNICK, MD, EDWARD J *ORS
TEMPLE UNIV HOSP
BROAD & ONTARIO STS
PHILADELPHIA PA 19140
215-707-8486
RESTREPO, MD, MARIA H IM
1600 CHURCH RD APT C300
WYNCOTE PA 19095
215-572-9609
RESURRECCION, MD, ROSARIO AN
ANAESTHESIA DEPT
YORK & TABOR RDS
PHILADELPHIA PA 19141
215-456-6850
REUBEN, MD, SHALINI IM
612-A SUTTON TOWERS
COLLINGSWOOD NJ 08107
609-854-5726
REZNAK, MD, STEPHEN E N
1514 WOLF ST
PHILADELPHIA PA 19145-4449
215-463-3029
REZNICKOVA, MD, NORA A IM
6436 OVERBROOK AVE
PHILADELPHIA PA 19151
215-878-0946
RHOADS SR, MD, JONATHAN E *GS
3400 SPRUCE ST 4TH FL
DEPT SURG
PHILADELPHIA PA 19104-4220
215-662-2008
RHODES, ERINN ST
66 WABAN HILL RD
CHESTNUT HILL MA 02167
RICCHETTI, MD, ROBERT J PD
1215 MILL CREEK RD
SOUTHHAMPTON PA 18966-4378
RICE, MD, GEORGE E *PTH
834 CHESTNUT ST APT PH209
PHILADELPHIA PA 19107-5127
215-546-6779
RICHARDSON, MD, PAUL A *DR
2007 DELANCEY PL
PHILADELPHIA PA 19103-6509
RICHERTS, MD, JOSEPH L *CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
RICHMAN, MD, KENNETH A AN
1 GRADUATE PLZ
AN DEPT
PHILADELPHIA PA 19146-1407
215-893-2184
RICHMOND, MD, ALLEN C *OPH
3998 RED LION RD STE 302
PHILADELPHIA PA 19114
215-824-1717
RICKELS, MIKE R ST
207 S 24TH ST APT 1F
PHILADELPHIA PA 19103
RIGG, MD, L ISOBEL P
725 BEACON LN
MERION STA PA 19066-1603
610-660-9670
RILEY JR, J TIMOTHY ST
104 BUSTLETON AVE
CHURCHVILLE PA 18966
RINCON-VERACOECHEA, MD,
GUNTHER A US
1124W
1301 NE MIAMI GARDENS DR
MIAMI FL 33179-4764
215-281-9989
RITCHIE III, MD, JOHN C P
3400 W CHESTER PIKE APT 507-C
NEWTOWN SQ PA 19073-4628
610-259-9995
RITTER, MD, CHARLES W AN
102 PINE VALL DR
MEDFORD NJ 08055-9214
215-288-5959
RITTER, MD, DEBORAH E AN
102 PINE VALL DR
MEDFORD NJ 08055-9214
215-955-6161

RIVAS, MD, STEVEN IM
HAHNEMANN UNIV
HOSP
BROAD & VINE STS MS 300
PHILADELPHIA PA 19102-1192
RIZZO, JENNIFER S ST
2901 CLYSTON RD
NORRISTOWN PA 19403-4724
ROBBINS, MD, ELIZABETH L PD
1233 LOCUST ST STE 400
PHILADELPHIA PA 19107-5414
215-427-5000
ROBBINS, MD, MARK S HEM
1907 S BROAD ST
PHILADELPHIA PA 19148-2216
215-334-3787
ROBBINS, MD, ROBERT TR
253 STANISH RD
MERION STA PA 19066-1133
ROBBINS, MD, WILLIAM S P
100 GRAYS LN APT 301
HAVERFORD PA 19041-1753
610-649-7822
ROBERTO, MD, PAUL J GS
700 WELSH RD APT B-19
HUNTINGDON VLY PA 19006-6317
215-871-7432
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3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6533
ROBERTS, MD, BROOKE *GS
6208 SHEAFF LN
FT WASH PA 19034-1819
215-646-4244
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8840 GERMANTOWN AVE
CHESTNUT HILL PA 19118-2725
215-248-4166
ROBERTS, MD, JOHN M GS
234 W ALLENS LN
PHILADELPHIA PA 19119-4138
215-248-4788
ROBERTSON JR, MD, JOHN W GS
1335-49 TABOR RD STE 109
PHILADELPHIA PA 19141-3021
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535 GRADYVILLE RD #B-204
NEWTOWN SQUARE PA 19073-2815
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7500 CENTRAL AVE STE 102
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215-745-2333
ROBINSON, MD, NATHANIEL M GER
5229 SPRUCE ST
PHILADELPHIA PA 19139-4022
ROBY, MD, DAVID S N
7500 CENTRAL AVE
PHILADELPHIA PA 19111-2431
215-725-4604
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115 E MONTGOMERY AVE
ARDMORE PA 19003
ROCHET, ANDREW P ST
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1722 BETHLEHEM PIKE
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1347 ANTHONY WAYNE DR
C/O SAVAGE
WAYNE PA 19087-1350
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211 S 9TH ST STE 4187
PHILADELPHIA PA 19107-5506
215-955-6914
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958 COUNTY LINE RD
BRYN MAWR PA 19010-2502
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5012 LANGLEY CIR
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1722 BETHLEHEM PIKE
FLOURTOWN PA 19118-2816
215-233-9700
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822 PINE ST STE 2A
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6306 FARMAR LN
FLOURTOWN PA 19031-1308
215-233-1424
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PHILADELPHIA PA 19143-1918
ROGERS, MD, R CLAUDE PM
161 HIGHLAND CIR
BALA CYNWYD PA 19004-2909

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248 HUTCHINSON ST
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MERION STA PA 19066-1709
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628 SPRING LN
PHILADELPHIA PA 19128-1046
215-487-2890
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7848 MONTGOMERY AVE
ELKINS PK PA 19117-2668
ROMAN, DO, CHARLES P IM
266 VALL FORGE LKT PL
RADNOR PA 19087
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COATESVILLE PA 19320-2543
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1112 HAGYSFORD RD
PENN VALL PA 19072-1102
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FAIRLESS HLS PA 19030-0055
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ROMY, MD, MAURICE NS
2020 WALNUT ST APT 29-H
PHILADELPHIA PA 19103-5645
215-988-1577
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229 BROOKSIDE DR
FEASTERVILLE PA 19053-6308
215-322-9224
ROSE, BRUCE T ST
10421 PRIMROSE DR
N HUNTINGDON PA 15642-9758
ROSE, MD, ELIZABETH K PD
KENDAL
KENNETT SQ PA 19348
610-388-1822
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502 GREEN ST
LANSDALE PA 19446
ROSE, HARRY J ST
136 WHITLOCK ST
EXETER PA 18643-1022
ROSE, MD, HENRY S DR
1169 WATERWHEEL DR
PHILADELPHIA PA 19067-4551
215-291-3647
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230 N BROAD ST
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111 S 11TH ST STE 6165
PHILADELPHIA PA 19107-4824
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825 OLDE HICKORY RD APT 100
LANCASTER PA 17601-4957
717-569-7454
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241 S 6TH ST APT 2002
PHILADELPHIA PA 19106-3734
215-625-0046
ROSEN, MD, DAVID IM
2375 WOODWARD ST APT 112
EVERGRREN TOWERS N
PHILADELPHIA PA 19115-5121
215-676-4947
ROSEN, JENNIFER E ST
242 S 13TH ST APT 3A
PHILADELPHIA PA 19107-5642
ROSEN, MD, MARC R OTO
130 TRIANON LN
VILLANOVA PA 19085-1441
610-527-4121
ROSEN, MD, MARVIN I GYN
8470 LIMEKILN PIKE
APT 709
WYNCOTE PA 19095-2701
ROSEN, NOAH A ST
608 ARGYLE
WYNNEWOOD PA 19096
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2039 GULF OF MEX DR G3-106
LONGBOAT KEY FL 34228-3252
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322 SYCAMORE AVE
MERION STA PA 19066-1539
610-668-9835
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1225 FAIRY HILL RD
JENKINTOWN PA 19046-2923
215-884-4917
ROSENBERG, MD, KENNETH C *CD
111 S 11TH ST STE G6120
PHILADELPHIA PA 19107-4824
215-923-5255
ROSENBERG, MD, MANUEL IM
7500 CENTRAL AVE STE 105
PHILADELPHIA PA 19111-2434
215-742-0712
ROSENBERG, MD, MORTON PD
8823 PATTON RD
WYNDMOOR PA 19038-7433
215-836-4604
ROSENBERG, MD, RANDY M N
727 WELSH RD
SUITE 202
HUNTINDON VLY PA 19006-6357
215-947-9239
ROSENBERG, MD, ROBIN E CRS
9892 BUSTLETON AVE STE 206
MOSS PLZ
PHILADELPHIA PA 19115-2184
215-663-0554
ROSENBLUM, MD, MINDY F PD
101 MAPLE AVE
BALA CYNWYD PA 19004-3016
610-667-6232
ROSENFELD, JONATHAN F ST
813 NORTHWINDS DR
BRYN MAWR PA 19010-2048
ROSENOW JR, MD, EDWARD C IM
3300 DARBY RD
THE OUADRANGLE C103
HAVERFORD PA 19041-1061
215-567-2180
ROSENSTEIN, DO, RICHARD US
1604 SENECA RUN
AMBLER PA 19002
215-540-0686
ROSENTHAL, MD, DAVID E *IM
1726 CLINTON DR
AMBLER PA 19002-2445
215-628-9328
ROSENWASSER, MD, ROBERT H NS
834 WALNUT ST STE 650
PHILADELPHIA PA 19107
215-928-7000
ROSENZWEIG, MD, MAX GP
337 ROBINSON DR
BROOMALL PA 19008-3724
610-356-8529
ROSETT, MD, JEFFREY S *FP
2375 WOODWARD ST STE 102-06
PHILADELPHIA PA 19115
215-677-6400
ROSNER, MD, ISADOR K IM
7300 DEARWESTER DR BLDG 241
CINCINNATI OH 45236-6110
610-642-1446
ROSNER, JOEL L ST
101 WASHINGTON LN APT 824
JENKINTOWN PA 19046-3500
ROSNER, DO, MARVIN L IM
4190 CITY AVE
PHILADELPHIA PA 19131
215-871-2990
ROSS, MD, DENISE H GEF
1939 FAWN DR
GLENSIDE PA 19038
215-572-8482
ROSS, MD, RONALD D OM
520 GREENWOOD AVE
JENKINTOWN PA 19046
215-885-6408
ROSSBERG, MD, MARK I AN
34TH & CIVIC CTR BLVD
DEPT OF ANEST/CCM
PHILADELPHIA PA 19104
215-590-1858
ROSSINI, GERALD JOHN M ST
1730 S 11TH ST
PHILADELPHIA PA 19148-1636
ROSSMAN, MD, RONALD E ON
1919 CHESTNUT ST
PHILADELPHIA PA 19103-3401
215-561-5490
ROTBERG, MD, NICOLA OBG
631 CROYDEN RD
CHELTENHAM PA 19012
215-379-1986
ROTH, JAMES L ST
317 N BROAD ST APT 713
PHILADELPHIA PA 19107
ROTH, MD, JAMES L GE
567 HIDKORY LN
BERWYN PA 19312-1434
610-296-3716

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5501 OLD YORK ROAD
PHILADELPHIA PA 19141-3098
215-456-7979
ROTHENBERG, MD, MARK D OTO
4040-2009 PRES BLVD
PHILADELPHIA PA 19131-1727
215-473-7687
ROTHKOPF, MD, BRAD M CD
6231 OLD YORK RD
PHILADELPHIA PA 19141-2014
215-924-4411
ROTHKOPF, MD, HENRY IM
6231 OLD YORK RD
PHILADELPHIA PA 19141-2014
215-924-4411
ROTHMAN, MD, GERSON B US
208 PINE ST
PHILADELPHIA PA 19106
215-928-8845
ROTHMAN, MD, RICHARD H ORS
800 SPRUCE ST
PHILADELPHIA PA 19107-6130
215-829-3458
ROTHSTEIN-RUBIN, MD, RENE ON
819 CHAUNCEY RD
PENN VALL PA 19072-1303
610-668-1390
ROTTENBERG, ERIC C ST
511 S 9TH ST APT 3B
PHILADELPHIA PA 19147-1348
ROTTENBERG, DO, LOUIS GP
FRANKFORD AVE FAM
PRACTICE
9300 FRANKFORD AVE
PHILADELPHIA PA 19114
215-332-3931
ROUSE, MD, PAUL V U
96 BUCKS MEADOW LN
NEWTOWN PA 18940-1406
215-968-6171
ROWE, MD, LEE D OTO
2340 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4433
215-423-6670
ROXBY, MD, BRUCE S IM
411 N MIDDLETOWN ROAD
B-202
MEDIA PA 19063-4437
610-566-0923
ROY, MD, DIPANWITA PD
993 BROWNING PL
WARMINSTER PA 18974-3807
215-672-4762
ROY, MD, JOHN AN
1947 PRESTON AVE
WILLOW GR PA 19090-3026
215-659-2738
ROYER, CHRISTIAN T ST
3605 HAMPSHIRE GLEN CT
PHOENIX MD 21131
ROZANSKI JR, MD, LAWRENCE T *CD
PEPPER PAV STE 101
GRADUATE PLZ
PHILADELPHIA PA 19146
215-893-2495
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2175 EUCLID AVE
EL CAJON CA 92019
RUBERG, FREDERICK L ST
100 WALNUT WOODS CT
GAHANNA OH 43230
RUBIN, BRUCE D ST
527 MANOR RD
ELKINS PK PA 19027
RUBIN, DO, CARL S DR
FRANKFORD HOSP
RED LION & KNIGHTS RD
PHILADELPHIA PA 19114
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RUDIN, MD, ROBERT L IM
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215-629-5522
RUDLEY, MD, LLOYD D P
INST OF PA HOSP
111 N 49 ST
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RUDNICK, MD, HERMAN D P
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RUDOLPH, MD, JOSEPH *PYA
270 WILTSHIRE
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610-642-4989

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288 MELROSE RD
MERION PA 19066
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2 PENN BLVD STE 115
PHILADELPHIA PA 19144-1402
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700 SPRUCE ST FL 504
PHILADELPHIA PA 19106-4027
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RUTH, MD, COREY K ORS
520 S 19TH ST 3RD FL
PHILADELPHIA PA 19146-1449
215-985-1772
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315 BERKLEY RD
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610-667-4150
RUTTENBERG, DO, NORMAN F R
FRANKFORD & WAKELING STS
PHILADELPHIA PA 19124
215-934-4020
RYAN, MD, KATHLEEN F IM
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PHILADELPHIA PA 19131-1720
215-871-7864
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7718 MATTHIAS ST
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215-483-8603
SABOL, MD, CAROLYN L OPH
55 RAMPART DR
WAYNE PA 19087-5845
610-296-4509
SABUGO, MD, EVELYN F PD
9972 WOODFERN RD
PHILADELPHIA PA 19115-2011
215-464-6956
SACHS, MD, MARVIN L IM
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-386-7418
SADEL, KEITH E ST
1723 GRIFFITH ST APT 2
PHILADELPHIA PA 19111-2903
SADWIN, MD, ARNOLD N
313 S 17TH ST
PHILADELPHIA PA 19103-6726
215-735-1363
SAFFORD, SHAWN D ST
3806 HAMILTON ST
PHILADELPHIA PA 19104-2316
SAGALOW, MD, BARRY R DR
246 N BOWMAN AVE
MERION PA 19066-1222
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200 LOCUST ST APT 15A
PHILADELPHIA PA 19106-3918
215-627-1553
SAGET, NATHALIE D ST
114 STERLING RD
ELMONT NY 11003
SAHETA, MD, SANJAYA N IM
4040-2712 PRES BLVD
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215-473-8024
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2100 WALNUT ST APT 13B
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215-568-3608
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PHILADELPHIA PA 19131
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SAITO, NAOYUKI G ST
2020 WALNUT ST APT18-M
PHILADELPHIA PA 19103-5640
SAKOLSKY, DARA J ST
2166 BIRCH DR #B
LAFAYETTE HILL PA 19444-2125
SALAK, MD, WASYL W GS
7033 SHEAFF LN
FT WASHINGTON PA 19034-2005

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13 SNOWDEN RD
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610-664-1031
SALOOM, ALBERT T ST
16 COBBLESTONE DR
PAOLI PA 19301-1820
SALTZER, KAREN R ST
1500 LOCUST ST APT 3413
PHILADELPHIA PA 19102
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184D OLD NASSAU RD
JAMESBURG NJ 08831-1556
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WYNNEWOOD PA 19096
610-645-8485
SAMPATH, MD, KRISHNA *PD
1282 TURNBURY LN
N WALES PA 19454-3660
215-699-9619
SAMPATHACHAR, MD,
KAKKADASAN R I AN
6366 SHERWOOD RD
PHILADELPHIA PA 19151-2516
610-237-4280
SAMUELS, MD, LOUIS E TS
BROAD & VINE STS
PHILADELPHIA PA 19102
215-762-1516
SAMUELS, PAUL L ST
9766 VERREE RD
PHILADELPHIA PA 19115
SANDERS, MD, MELINDA E PTH
215 S 9TH ST
PHILADELPHIA PA 19107
215-928-1877
SANDLER, DO, LN M N
5B ALEXANDER AVE
MERCHANTVILLE NJ 08109
609-665-5975
SANDLER, LEONARD L ST
4 EAGLEBROOK CT
MOORESTOWN NJ 08057
SANDO, MD, RALPH S OPH
100 CHURCH RD MED BLDG
ARDMORE PA 19003-2316
610-649-7616
SANFACON, MD, CHERYL L *P
103 W MONT AVE APT 3A
ARDMORE PA 19003-1529
610-649-6371
SANTA MARIA II, RICHARD G ST
263 ALBANY AVE
KINGSTON NY 12401
SANTANGELO, MD, MARSHA F GS
1237 FOREST HILL DR
LOWER GWYNEDD PA 19002
SANTILLI, MD, THOMAS F CD
1415 LORIMER AVE
HUNTINGDON VLY PA 19006-8111
717-947-3638
SANTORO, MD, JEROME *ID
LANKENAU MED BLDG E STE 467
WYNNEWOOD PA 19096
610-896-0210
SAPONARO, MD, STEPHEN A DR
52 BLUEJAY DR
CLEMENTON NJ 08021-5625
609-435-2529
SAPPERSTEIN, SCOTT B ST
7218 DENBERG RD
BALTIMORE MD 21209

SARAGOVI, MD, ARMAND A R
60 TWP LINE RD
ELKINS PK PA 19027
215-663-6069
SARIEGO, MD, JOAOUIN GS
512 MARION BLVD
FOREST MS 39074
601-469-2901
SARIN, MD, LOV K OPH
LANKENAU MED STE 160
WYNNEWOOD PA 19096-3425
610-896-0768
SARKESSIAN, DO, ALBERT M *GP
6412 RISING SUN AVE
PHILADELPHIA PA 19111-5229
215-457-7777
SARKISIAN, STEVEN R ST
ORLOWITZ BLDG APT 2007
1000 WALNUT ST
PHILADELPHIA PA 19107
SARNOSKI, CHRISTOPHER L ST
23 MANNION AVE
CARBONDALE PA 18407
SARSHIK, MD, MILTON PD
527 FOXCROFT SQ APT
JENKINTOWN PA 19046
215-885-3339
SATALOFF, MD, DAHLIA M *GS
34 LODGES LN
BALA CYNWYD PA 19004
610-667-5217
SATALOFF, MD, JOSEPH OTO
1721 PINE ST
PHILADELPHIA PA 19103-6701
215-545-3322
SATALOFF, MD, ROBERT T OT
1721 PINE ST
PHILADELPHIA PA 19103-6701
215-545-3322
SATO, MD, TAKAMI PD
611 CREEKSIDE LN
WALLINGFORD PA 19086-6952
610-626-4707
SAUCO, MD, M CONCEPCION OBG
781 LIVEZEY ST
PHILADELPHIA PA 19128-1526
SAUER, WILLIAM H ST
2037 OCEAN BROOK DR
WALL NJ 07719
SAUL, MD, LEON J P
275 HIGHLAND AVE
MEDIA PA 19063-2205
SAULL, MD, SONDRA C OTO
8101 FENTON RD
LAVEROCK PA 19038-7141
215-233-5748
SAVACOOL, MD, JACOB W IM
519 FORT WASHINGTON AVE
FT WASHINGTON PA 19034-1544
215-641-0715
SAVAGE, MD, MICHAEL P CD
TH JEFFERSON UNIV HOSPITL
CARDIAC CATH LABS STE G5360
PHILADELPHIA PA 19107
215-955-6478
SAVINO, MD, PETER J OPH
WILLS EYE HOSP
900 WALNUT ST
PHILADELPHIA PA 19107
215-928-3130
SAYEN, MD, JOHN J CD
1127 PENN TOWER
3400 SPRUCE ST
PHILADELPHIA PA 19104-4211
215-662-2880
SAYER, ROBYN A ST
HAHNEMANN MED COLL
2900 QUEEN LN STUDENT BOX 205
PHILADELPHIA PA 19129
SAZAMA, MD, KATHLEEN CLP
MED COL OF PA & HAHNEMANN
PATH & LAB MED
BROAD & VINE STS
PHILADELPHIA PA 19102
215-762-8521
SCANZELLO, CARLA R ST
6 CURTIS RD
KUTZTOWN PA 19530-9205
SCHAEFFER, MATTHEW W ST
730 DARBY PAOLI RD
NEWTOWN SQ PA 19073-2257
SCHAFER, MD, CHARLES H GS
2701 HOLME AVE STE 104
PHILADELPHIA PA 19152-2029
215-563-5468
SCHAFFER, MD, DAVID W AN
2701 HOLME AVE STE 201
PHILADELPHIA PA 19152-2007
215-335-7605
SCHAINKER, MD, BRUCE A PTH
FRANKFORD HOSP
DEPT OF PATHOLOGY
PHILADELPHIA PA 19114
215-612-4036
SCHAPIRO, MD, GREGORY D GE
2 BALA PLZ STE IL-22
BALA CYNWYD PA 19004
610-664-9700
SCHATANOFF, MD, JOSEPH DIA
829 SPRUCE ST
PHILADELPHIA PA 19107-5752
215-574-9550

SCHATZ, MD, NORMAN J N
200 OCEAN LN DR APT 305
KEY BISCAYNE FL 33149-1419
305-361-8848
SCHEINER, MD, ADAM J OPH
2601 PENNA AVE # 626
PHILADELPHIA PA 19130-2348
215-235-4408
SCHERR, MD, STUART A *OTO
8020 CASTOR AVE
PHILADELPHIA PA 19152-2732
215-722-4111
SCHEVON, CATHERINE A ST
246 OAKWOOD DR
PARAMUS NJ 07652
SCHIER, JOSHUA G ST
710 STRADONE RD
BALA CYNWYD PA 19004-2114
SCHIFFMAN, MD, RAYMOND J *PTH
497 FERN AVE
CHERRY HILL NJ 08034-3140
609-429-0052
SCHILLER, MD, HERBERT M GP
479 LYCEUM AVE
PHILADELPHIA PA 19128-3420
215-836-4550
SCHILLING, MARIA M ST
GEORGINA 1666
REPARTO DE DIEGO
RIO PIEDRAS PR 00926
SCHIMMER, MD, BARRY M RHU
818-824 PINE ST STE 1-C
PHILADELPHIA PA 19107-6124
215-829-5358
SCHLAFF, MD, LILLIAN T PH
414 NEWBOLD RD
JENKINTOWN PA 19046-2851
SCHLEIFER, MD, CHARLES R NEP
LANKENAU HOSP
SUITE 130
WYNNEWOOD PA 19096
610-649-1175
SCHLESINGER, MD, ROBERT B CD
1 GRAD PLZ STE 101
PHILADELPHIA PA 19146-1407
215-893-2495
SCHLESSEL, MD, RICHARD B CHP
7701 DORCAS ST
PHILADELPHIA PA 19111-2824
215-568-0860
SCHLEZINGER, MD, NATHAN S N
WYNCOTE HOUSE
25 WASHINGTON LN APT 813
WYNCOTE PA 19095-1408
215-887-4165
SCHLOSSBERG, MD, DAVID ID
EPISCOPAL HOSP
FRONT ST & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7068
SCHLOSSBERG, HOWARD R ST
105 LINCOLN CIR
BROOMALL PA 19008
SCHMIDT, MD, COURTLAND M OPH
LANKENAU MED OFF BLDG STE 154
WYNNEWOOD PA 19096
610-649-9800
SCHMIDT JR, MD, ERWIN R ORS
3400 SPRUCE ST
PHILADELPHIA PA 19104-4228
SCHMITTNER, JOHN P ST
717 MILLWOOD RD
PHILADELPHIA PA 19115-4127
SCHMUKLER, DO, ANITA G P
1001 CITY AVE APT WB1012
WYNNEWOOD PA 19096-3942
610-642-6241
SCHNALL, MD, BARRY PM
1350 WARNER RD
MEADOWBROOK PA 19046-2536
215-572-1716
SCHNALL, MD, CHARLES IM
1215 MANOA RD
WYNNEWOOD PA 19096-3325
610-649-9289
SCHNALL, MD, DAVID J PD
3896 PINE RD
HUNTINGDON VLY PA 19006-2306
SCHNALL, MD, NATHAN OBG
702 WYNDMOOR AVE
WYNDMOOR PA 19038
215-233-3677
SCHNEEBERG, MD, ARTHUR L U
922 ROCK LN
ELKINS PK PA 19027
215-887-3813
SCHNEEBERG, MD, NORMAN G END
MADISON HOUSE STE D103
PRES APTS
PHILADELPHIA PA 19131
215-477-3300
SCHNEIDER, MD, BERNARD OPH
1726 S BROAD ST STE 101
PHILADELPHIA PA 19145-2321
215-463-3400
SCHNEIDER, MD, JAN OBG
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-7183
SCHNEIDER, MD, LAWRENCE H HS
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-629-0980

SCHNEIDMILLER, JAMES A ST
1251 REBA WAY
MERCED CA 95340
SCHNEIMAN, MD, MAURICE H *P
561 MEADOWBROOK RD
HUNTINGDON VLY PA 19006-6862
215-947-9080
SCHOCKET, LISA S ST
2400 CHESTNUT ST APT 2801
PHILADELPHIA PA 19103
SCHRAUDENBACH, COOPER C ST
226 WINDERMERE AVE
WAYNE PA 19087-4112
SCHREINER, MD, MARK S PD
CHILD HOSP OF PHILA
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4385
215-590-1857
SCHROEDER, MD, JEROME S DR
8201 HENRY AVE APT E5
PHILADELPHIA PA 19128-2924
215-884-7772
SCHULMAN, MD, EDWARD S PUD
HAHNEMANN UNIV
HOSP
PULMONARY DIV
PHILADELPHIA PA 19102
215-762-8011
SCHULMAN, MD, ELLIOTT A N
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-951-8926
SCHULTZ, MD, CHRISTOPHER F GE
328 DELANCEY ST
PHILADELPHIA PA 19106-4209
215-829-1199
SCHULTZ, MD, JULIUS IM
7804 GAYLE RD
CHELTENHAM PA 19012-1006
215-831-0565
SCHURICHT, MD, ALAN L GS
301 S 8TH ST #4A
PHILADELPHIA PA 19107
215-829-8455
SCHUSTER, MD, ALBERT H U
1930 RITTENHOUSE SO
PHILADELPHIA PA 19103-5735
215-545-3672
SCHUSTER, KEVIN M ST
1145 BAUS RD
E GREENVILLE PA 18041-2010
SCHUTTE, MD, SHARON L GP
2022 DELANCEY PL
PHILADELPHIA PA 19103
215-955-6175
SCHWAB, MD, C WILLIAM *TRS
HUP DIV OF TRAUMA
3400 SPRUCE ST
PHILADELPHIA PA 19104-4220
215-662-7320
SCHWAB, MD, MORTON E P
255 S 17TH ST
PHILADELPHIA PA 19103-6231
SCHWAB, MD, ROBERT H CD
2401 PENNA AVE STE 1A2
PHILADELPHIA PA 19130-3061
215-763-2323
SCHWALB, MD, ALLEN J AN
GRADUATE HOSP
1 GRADUATE PLZ 2ND FL
PHILADELPHIA PA 19146-1497
215-893-2187
SCHWAMM, MD, HARRY A PTH
104 ATLEE CIR
BERWYN PA 19312-2069
610-525-9677
SCHWANN, MD, NANETTE M AN
111 S 11 ST STE 6460
PHILADELPHIA PA 19107-5092
215-955-6161
SCHWARTZ, MD, ALAN J AN
1000 SHARPLESS RD
MELROSE PARK PA 19027-3039
215-782-1767
SCHWARTZ, MD, BARRY J P
214 GSB-BARCLAY BLDG
CITY LINE & BELMONT AVE
BALA CYNWYD PA 19004-1601
610-667-6399
SCHWARTZ, MD, EMANUEL E DR
775 PARKES RUN LN
VILLANOVA PA 19085-1132
610-688-5377
SCHWARTZ, MD, GORDON F ON
1015 CHESTNUT ST STE 510
PHILADELPHIA PA 19107-4305
215-627-8487
SCHWARTZ, MD, HARRY W PM
MOSS REHAB HOSP
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9495
SCHWARTZ, JOEL K ST
307 LAMPLIGHTER LN
HUNTINGDON VALL PA 19006
SCHWARTZ, MD, LINDEN M PM
2020 WALNUT ST APT 25E
PHILADELPHIA PA 19103
215-456-9495
SCHWARTZ, MD, LOUIS *GP
921 S 3RD ST
PHILADELPHIA PA 19147-4206
215-389-3131

SCHWARTZ, MD, MARC L CD
233 S 6TH ST APT 1904
PHILADELPHIA PA 19106-3755
215-564-2310
SCHWARTZ, MD, RAYMOND CD
615 OAK SHADE AVE
ELKINS PK PA 19027
215-884-4094
SCHWARTZ, MD, ROBERT P OBG
2 PENN BLVD STE 203
PHILADELPHIA PA 19144-1403
215-849-1359
SCHWARTZ, MD, STEPHEN L *P
307 LAMPLIGHTER LN
HUNTINGDON VLY PA 19006-3034
215-947-3814
SCIANDRA, DO, LUCYANN M IM
2500 BELMONT AVE #A-102
PHILADELPHIA PA 19131
215-877-6340
SCOPELLITI, MD, DEBRA PD
8201 HENRY AVE APT O-20
PHILADELPHIA PA 19128
215-482-4105
SCOTT, MD, EARL S US
982 FRAZIER RD
RYDAL PA 19046-2408
215-572-0335
SCOTT JR, GLEN R ST
PO BOX 887
WORCESTER PA 19490-0887
SCOTT, MD, HENRY GP
1109 ROCK CREEK
WYNCOTE PA 19095-2013
SCOTTI, MD, DANIEL M DR
METHODIST HOSP
2301 S BROAD ST
PHILADELPHIA PA 19148-3594
215-952-9152
SCRIBNER, MD, BRENDA C P
255 SOUTH 17TH ST STE 1310
MED TOWERS BLDG
PHILADELPHIA PA 19103-6213
215-331-7777
SEAVER, MARK A ST
4307 HILLDALE RD
SAN DIEGO CA 92116
SEBESTYEN, CHRISTINA E ST
30 SCODON DR
RIDGEFIELD CT 06877
SEDACCA, MD, PAUL J IM
2300 S BROAD ST
PHILADELPHIA PA 19145-4417
215-463-2100
SEGAL, MD, BERNARD L CDS
PHILA CARD ASSOC
39TH & MARKET STS STE 2-A
PHILADELPHIA PA 19104
215-662-5050
SEINIGE, MD, URSULA L GS
PEPPER PAVILLION
SUITE 901
PHILADELPHIA PA 19146
215-735-4699
SEITCHIK, MD, MURRAY W PS
YORKTOWN CTYD STE 202
ELKINS PK PA 19027
215-572-6888
SEITCHIK, MD, SCOTT H AN
477 BRIGHTS CIR
PENLLYN PA 19422-1143
215-643-3310
SELICKMAN, MD, MITCHELL A GER
3020 SUMMERVILLE APT 1004
PHILADELPHIA PA 19141
215-329-9899
SELIG, MD, ROBERT M *PD
ANDORRA PEDIATRICS
8945 RIDGE AVE
PHILADELPHIA PA 19128-2028
215-483-8558
SELLERS, MD, ALFRED M CD
718 ARLINGTON RD
NARBERTH PA 19072-1503
610-667-5971
SELTZER, MD, JOSEPH L AN
111 S 11TH ST STE G6460
PHILADELPHIA PA 19107
215-955-7182
SEMBROT, MD, WILLIAM B IM
921 PLYMOUTH RD
NORRISTOWN PA 19401-2527
610-279-3679
SERBER, MD, WILLIAM TR
7301 COVENTRY RD APT 407
MELROSE PARK PA 19027
215-635-2198
SERGOTT, MD, ROBERT C OPH
900 WALNUT ST
PHILADELPHIA PA 19107
215-928-3130
SEROTA, DO, BENJAMIN GP
1420 LOCUST ST APT 15A
PHILADELPHIA PA 19102-4209
SERRANO, MD, ALBERTO C P
PHILA CHILD GUIDANCE CTR
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4322
215-243-2830
SERRIAN JR, MD, JOHN L IM
346 MEADOWBROOK DR
HUNTINGDON VLY PA 19006-6815
215-938-8625

SETH, MD, RAJENDRA N CD
820 HILTON LN
PHILADELPHIA PA 19117-1210
215-831-7000
SEY, MD, MARK J PD
6608 CASTOR AVE
PHILADELPHIA PA 19149-2120
215-342-7711
SGRO, MD, ANTONIO FP
301 CHATHAM ROAD
TURNERSVILLE NJ 08012-1056
SHACKLETT, MD, DOROTHY E IM
CLARA BURK NURSING HOME
APT 4
PLYMOUTH MTNG PA 19462
SHAFIA, MD, HASS IM
3401 W SCHOOL HOUSE LN
PHILADELPHIA PA 19144-5488
215-438-0104
SHAH, ASIT K ST
1317 TANGLEWOOD DR
N WALES PA 19454-3667
SHAH, MD, JITENDRA N PD
7519 TORRESDALE AVE
PHILADELPHIA PA 19136-3335
215-335-2220
SHAH, PAULA S ST
28 BLACKBERRY RD
TRUMBULL CT 06611
SHAH, RAJIV J ST
2400 CHESTNUT ST #2609
PHILADELPHIA PA 19103
SHAH, SACHIN J ST
3900 CITY AVE APT 1021C
PHILADELPHIA PA 19131
SHANAHAN, MD, J RUSH RHU
RR 2 BOX 73B
HONEYBROOK PA 19344-9226
610-273-3318
SHANGOLD, GREGORY L ST
27 BARTLING DR
EASTON CT 06612
SHANGOLD, MD, MONA M REN
HAHNEMANN UNIV
1427 VINE ST STE 315 MS 958
PHILADELPHIA PA 19102
215-762-6866
SHAPIRO, MD, AARON L OTO
1518 SPRUCE ST
PHILADELPHIA PA 19102-4552.
215-546-5900
SHAPIRO, MD, BERNARD NM
417 HIDDEN RIVER RD
NARBERTH PA 19072-1112
215-839-3037
SHAPIRO, MD, MARCELLE J *DR
524 POND VIEW DR
RYDAL PA 19046
215-885-5444
SHAPIRO, MICHAEL ST
145-68 3RD AVE
MALBA TERR NY 11357-1101
SHARE, MD, FREDERICK S R
3341 STONE BOAT RD
SW 57 PL
FT LAUDERDALE FL 33312
305-966-4100
SHARIFI-AZAD, MD, SAID AN
3 COLLAGE COURT
CHERRY HILL NJ 08003
609-424-1443
SHARMA, SUSHANT B ST
4914 TRAMARLAC LN
ERIE PA 16505
SHARPS, MD, FRANK GP
930 MONT AVE APT 106
ROSEMONT PA 19010-3037
610-520-9292
SHARRAR, MD, ROBERT G *PH
2142 MT VERNON ST
PHILADELPHIA PA 19130-3134
215-235-4256
SHAWALUK, MD, PAUL D *OPH
6751 AKRON ST
PHILADELPHIA PA 19149-2329
SHEAR, SHOSHANNA L ST
187 WILLIAMSBURG DR
LONGMEADOW MA 01106
SHECTER, DO, FREDRIC M CHP
245 OLD LANCASTER RD
BALA CYNWYD PA 19004-2932
610-667-4888
SHEEHAN, MD, TERRENCE P *PM
111 S 11TH ST STE 9420
PHILADELPHIA PA 19107
215-955-4206
SHEETS, MD, EVERETT O FP
3158 COTTMAN AVE
PHILADELPHIA PA 19149-1501
215-338-6381
SHEETS, KIMBERLY R ST
76 MERKEL RD
GILBERTSVILLE PA 19525-9549
SHEINBAUM, MD, ROY J AN
111 S 11TH ST STE 524 MAIN
PHILADELPHIA PA 19107-5092
SHELANSKI, MD, SHARON L AI
710 MILL CREEK RD
GLADWYNE PA 19035-1521
610-896-0204
SHELLENBERGER, DIANE M ST
1881 WYNDHURST CT
YORK PA 17404

SHELTON, MD, BARBARA PM
400 MARKET ST STE 400
PHILADELPHIA PA 19106
215-625-0800
SHEN, R ROY ST
PO BOX 293
BRYN MAWR PA 19010
SHENKIN, MD, HENRY A NS
3300 DARBY RD
THE OUADRANGLE ELM 3101
HAVERFORD PA 19041-1061
610-642-1158
SHER, MD, LIANE PM
6 FRANKLIN PLZ
PHILADELPHIA PA 19102-1125
215-635-4613
SHER, MD, PAUL B IM
401 E MAIN ST
MILLVILLE NJ 08332-5355
609-825-5700
SHER, PETER M ST
246 W UPSAL ST APT F-103
PHILADELPHIA PA 19119
SHERMAN, MD, M JACKSON OTO
450 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
SHERWIN, MD, ROBERTA IM
2747 WESLEY AVE
OCEAN CITY NJ 08226
SHIELDS, MD, JERRY A *OPH
9TH & WALNUT STS
PHILADELPHIA PA 19107
215-928-3105
SHIELS, HELEN R ST
4108 VERNER DR
MURRYSVILLE PA 15668-1234
SHIENBAUM, DO, ALAN J PTH
191 PRES BLVD #815
BALA CYNWYD PA 19004-1235
610-668-3043
SHIH, HELEN A ST
2220 SPRUCE ST APT 2C
PHILADELPHIA PA 19103
SHIH, HENRY T ST
6 TEAK LN
PRINCETON NJ 08540
SHILOH, AARON O ST
216 BROOKDALE DR
HUNTINGDON VALL PA 19006-2429
SHIMER, RICHARD T ST
2931 W QUEEN LN APT D
PHILADELPHIA PA 19129-1032
SHIN, BRIAN J ST
5664 NE HOOD ST
WEST LINN OR 97068
SHIN, EDWARD J ST
5550 CYPRESS ST
VANCOUVER BC V6M3R-6
SHINNICK, DO, JAMES P PUD
PRESBYTERIAN MED CTR
51 N 39TH ST
PHILADELPHIA PA 19104-2692
215-662-8060
SHIRAZI-MAJD, MAHSHID ST
17 CONNOVER PL
NEWTOWN PA 18940-1117
SHOEMAKER, DANIEL A ST
420 RAMSEY RD
YARDLEY PA 19067
SHOEMAKER, MD, LARRY D FP
FRANKFORD HOSP
KNIGHTS & RED LION RDS
PHILADELPHIA PA 19114-1436
215-612-4110
SHOLEVAR, DARIUS P ST
950 WALNUT ST #214
PHILADELPHIA PA 19107-5564
SHOPE, TIMOTHY R ST
408 BUCHERT RD
POTTSTOWN PA 19464-1029
SHORE, PAUL M ST
1801 JFK BLVD APT 1810
PHILADELPHIA PA 19103-1715
SHORE, MD, SEYMOUR M IM
BENJ FOX PAV STE 823B
JENKINTOWN PA 19046
215-886-1311
SHOURAIE, MD, ZARRIN PD
9323 LARAMIE RD
PHILADELPHIA PA 19115-2738
SHRAGER, MD, MORTON W IM
845 HUNT RD
NEWTOWN SO PA 19073-3505
610-353-5833
SHRIVASTAVA, RAJ K ST
182-33 AVON RD
JAMAICA ESTATES NY 11432
SHUBIN, MD, HARRY *IM
1829 PINE ST
PHILADELPHIA PA 19103-6601
215-546-6224
SHULKIN, MD, DAVID J IM
944 MERION SQUARE RD
GLADWYNE PA 19035-1510
610-668-1332
SHUMAN, MD, CHARLES R DIA
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-707-3563
SHUMAN, MD, SANDRA J N
5 W HAMPTON RD
PHILADELPHIA PA 19118-3610
215-247-0736

SHUSTER, MD, EUGENE OBG
2601 HOLME AVE
PHILADELPHIA PA 19152-2007
215-601-8924
SHUSTERMAN, MD, NEIL H NEP
451 BALLYTORE RD
WYNNEWOOD PA 19096-2344
610-642-3485
SHYAMALAN, MD, NELLIATE C IM
132 OLD GULPH RD
WYNNEWOOD PA 19096-1017
215-425-2525
SIAM, MD, NABIL A P
2991 SCHOOL HOUSE LN
APT 032W
PHILADELPHIA PA 19144-5357
610-869-0147
SIDDIOI, MD, TARIO NS
W JERSEY & PROF PLZ
120 CARNIE BLVD STE 6
VOORHEES NJ 08043-4520
609-751-6600
SIEGEL, MD, BERNARD OBG
500 OLD YORK RD STE 201
RYDAL SOUARE
JENKINTOWN PA 19046-2852
215-885-5600
SIEGEL, MD, PAUL D IM
1104 GAINSBORO RD
BALA CYNWYD PA 19004-2013
610-664-6458
SIEGEL, MD, SEYMOUR IM
201 OLD YORK RD STE 205
EINSTEIN PLZ
JENKINTOWN PA 19046-3200
215-885-6767
SIEGFRIED, MD, JAY W PM
296 STONEGATE DR
DEVON PA 19333-1857
SIEGLER, MD, PETER E A
3837 RED LION RD
PHILADELPHIA PA 19114-1402
215-824-2995
SIERZENSKI, PAUL R ST
311 GREENWICH ST
PHILADELPHIA PA 19147
SIERZENSKI, MD, RONALD J ST
9323 ANDOVER RD
PHILADELPHIA PA 19114-3501
SIGLER, MD, MILES H NEP
130 LANKENAU MED BLDG W
100 WEST LANCASTER AVE
MERION STA PA 19066-1209
610-649-1175
SIGMAN, MARK J ST
701 CTR ST
TAYLOR PA 18517-2063
SILBERMAN, MD, HARVEY D OTO
156 SERRILL RD
ELKINS PK PA 19117-1617
SILBERMAN, MD, IRA R
205 N LATCHES LN
MERION STA PA 19066-1726
610-667-6028
SILBERSTEIN, MD, MARSHA M AN
417 SPRUCE ST
PHILADELPHIA PA 19106-3706
SILBERSTEIN, MD, STEPHEN D N
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-843-5070
SILER, MD, JANET N *AN
2909 HUNTERDON DR
CINNAMINSON NJ 08077
SILIOUINI, MD, JOHN J OPH
2818 COTTMAN AVE
PHILADELPHIA PA 19149-1419
215-331-4141
SILK, MD, RAYMOND E GS
1701 WALNUT ST 8TH FL
PHILADELPHIA PA 19103-6207
215-569-9870
SILVER, AARON ST
5 MICHELE DR
MEDIA PA 19063
SILVER, MD, BERNICE S GP
127 IRONWOOD RD
LEVITTOWN PA 19057-2751
717-945-4429
SILVER, DO, DAVID M IM
6100 CITY AVE APT 603
PHILADELPHIA PA 19131
215-477-0633
SILVER, MD, FRANK OS
2031 MCDANIEL ST STE 210
N LAS VEGAS VA 89030-7165
SILVER, DO, MARC R R
1612 BRITTANY DR
MAPLE GLEN PA 19002-3151
215-643-7025
SILVER, STEVEN E ST
739 TYSON AVE
PHILADELPHIA PA 19111
SILVERMAN, DO, EDWARD M CDS
649 DODDS LN
GLADWYNNE PA 19035-1514
215-732-4300
SILVERMAN, STEVEN J ST
3900 CITY LINE AVE
JEFFERSON HOUSE C-155
PHILADELPHIA PA 19131-2908

SILVERMAN, MD, WILLIAM S GE
CEDARBROOK HILL APTS B516
8470 LIMEKILN PIKE
WYNCOTE PA 19095-2701
215-576-5552
SIMAN, MD, BERNARD AN
203 HAILEY DR
MARLTON NJ 08053
SIMERMAN, MD, LEE PAUL R
725 LOMBARD ST
PHILADELPHIA PA 19147-1314
215-592-4627
SIMMONS, MICHAEL D ST
624 CAPRI RD
LANCASTER PA 17603-6010
SIMON, JAKUB K ST
374 KIRKS LN
DREXEL HILL PA 19026-2232
SIMON, MITCHELL ST
960 HEDGEROW CT
BLUE BELL PA 19422-2408
SIMON, MD, WILLIAM H *ORS
255 S 17TH ST
PHILADELPHIA PA 19103-6231
215-732-1977
SIMPSON, MD, JOSEPH W OM
11 BUGLE LN
BLUE BELL PA 19422-2462
215-646-5209
SINCLAIR, MD, STEPHEN H *OPH
CCMC ONE MED CTR BLVD
UPLAND PA 19013
610-872-5430
SINGER, MD, EDWARD S CD
60 TWP LINE RD
ELKINS PK PA 19117-2249
215-339-3030
SINGER, MD, FRED IM
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-725-8114
SINGER, MD, IRVIN IM
7604 WEST AVE
PHILADELPHIA PA 19117-2511
SINGH, MD, BINOY K IM
33 LAVISTER DR
MT LAUREL NJ 08054-2643
SINGH, MD, GURCHARAN *PM
6720 RISING SUN AVE
PHILADELPHIA PA 19111-4629
215-342-4777
SINGH, HERB ST
5976 MORAGA AVE
RIVERSIDE CA 92509
SINGHAL, MD, AJAY K GS
AEMC DIV OF TRANSPLANT
5501 OLD YORK RD RM 510 KLEIN
PHILADELPHIA PA 19141
215-456-4985
SINGHAL, SUNIL ST
446 RIDGEWOOD AVE
GLEN RIDGE PA 07028
SINK, MD, JAMES D CDS
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-9167
SINKER, MD, DALE V IM
27 FOXFIELD CT
BROAD AXE PA 19002-5225
215-643-3373
SINNER, SCOTT W ST
2979 W SCHOOLHOUSE LN
APT 717
PHILADELPHIA PA 19144
SIRKEN, DO, DAVID H N
10 DARTMOUTH RD
CHERRY HILL NJ 08034-1222
609-779-9373
SIRVEN, MD, JOSEPH I N
436 FLETCHER RD
WAYNE PA 19087
610-687-6527
SIU, KELLY K ST
53 MERMONT CIR
DARBY PA 19023
SIVA, SADHISH K ST
600 W HARVEY ST APT B-915
PHILADELPHIA PA 19144-4322
SIVALINGAM, MD, ARUNAN OPH
160 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-896-0768
SIVALINGAM, MD, JOCELYN F ID
821 LOMBARD ST
PHILADELPHIA PA 19147-1316
215-238-1239
SIVITZ, MD, MARTA E OPH
1726 S BROAD ST STE 101
PHILADELPHIA PA 19145-2321
215-463-3400
SKLAR, ERIC B ST
8201 HENRY AVE APT K13
PHILADELPHIA PA 19128
SKLAROFF, MD, DAVID M RO
639 STETSON ROAD
ELKINS PK PA 19117-2524
215-782-8182
SKLAROFF, MD, ROBERT B *ON
MED ARTS BLDG
50 E TWP LINE RD
ELKINS PK PA 19027-2253
215-663-8200

SKOLNICK, MD, BRUCE A OTO
8201 HENRY AVE APT R-20
PHILADELPHIA PA 19128-2253
609-482-2704
SKVERSKY, MD, NORMAN J PUD
1935 GULF OF MEXICO DR
101
LONGBOAT KEY FL 34228-3340
813-383-2506
SLANINA, MD, MICHAEL S PD
1080 OAK RIDGE DR
BLUE BELL PA 19422-3002
610-279-0818
SLAP, MD, JOSEPH W P
1601 WALNUT ST FL 1312
PHILADELPHIA PA 19102-2913
215-563-8616
SLAVIK, GRETCHEN M ST
218 MAIN ST
BARNESBORO PA 15714-7500
SLAVIN, MD, JAMES W PS
ALBINGTON MED PLZ
1235 OLD YORK RD STE 218
ABINGTON PA 19001-3828
215-572-7200
SLJAPIC, MD, TATJANA US
MED COLL HOSP
3300 HENRY AVE
PHILADELPHIA PA 19129-1191
215-842-6000
SLOANE, MD, BRUCE B U
634 FOXFIELDS RD
BRYN MAWR PA 19010-2057
610-525-4782
SLOCHOWER, MD, DENNIS OPH
1263 CLUB HOUSE RD
GLADWYNE PA 19035-1003
610-527-2221
SMETANKA, CYNTHIA A ST
4051 BRIGHTON RD
PITTSBURGH PA 15212-1581
SMINK, DOUGLAS S ST
351 LENAPE DR
BERWYN PA 19312
SMITH, MD, A MITCHELL CD
50 E TWP LINE RD
SUITE 328
ELKINS PK PA 19027-2249
215-663-1188
SMITH, MD, ARTHUR E IM
419 S 19TH ST
PHILADELPHIA PA 19146-1415
215-545-0266
SMITH, MD, ARTHUR K FP
535 PINE ST
PHILADELPHIA PA 19106-4110
215-922-5180
SMITH JR, MD, EDGAR C GP
109 GLENN RD
ARDMORE PA 19003-2509
610-649-4044
SMITH, IAN A ST
2310 PINE ST #202
PHILADELPHIA PA 19103
SMITH, JOEL R ST
340 MEDIA STATION RD APT C-227
MEDIA PA 19033
SMITH, MD, KAIGHN OBG
100 LANCASTER AVE
433 LANKENAU MED BLDG W
WYNNEWOOD PA 19096-3426
610-649-5034
SMITH, MARSHA S A ST
3656 OLINVILLE AVE
BRONX NY 10467
SMITH, MD, MUHAMMAD S IM
59 E BROWNING ROAD
BELLMAWR NJ 08031
201-872-0641
SMITH, RYAN P ST
RR 3 BOX 49
KITTANNING PA 16201
SMITH, MD, STEVEN D AI
9150 MARSHALL ST STE 2
PHILADELPHIA PA 19114
215-676-0999
SMITH, MD, TIMOTHY C P
ROOSEVELT BLVD & ADAMS AVE
PHILADELPHIA PA 19124
215-831-4600
SMITH-WHITE, MD, ROXANNE A IM
1913-11 DICKINSON ST
PHILADELPHIA PA 19146
215-389-7346
SMULLENS, MD, STANTON N *VS
111 S 11TH ST STE G6350
PHILADELPHIA PA 19107-4824
215-925-1010
SNOW, MD, LAURENCE H P
846 WAVERLY RD
BRYN MAWR PA 19010-1929
610-527-0335
SNOW, RENEE E ST
62 CLINTON RD
NEW HARTFORD NY 13413
SNYDER, LORRAINE C ST
STEMMLER HALL, BOX 627
3450 HAMILTON WALK
PHILADELPHIA PA 19104-6092
SNYDER, MD, STUART CD
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-7578

SNYDER, SUSAN L ST
813 EUCLID AVE
BETHLEHEM PA 18015-2307
SNYDMAN, MD, LEONARD GP
7813 GAYLE RD
CHELTENHAM PA 19012-1005
215-635-0520
SOBEL, MD, ADAM C ON
1344 GARDEN RD
WYNNEWOOD PA 19096-3624
215-592-7284
SOFFER, MD, MARVIN FP
9726 HOFF ST
PHILADELPHIA PA 19115-3213
215-464-0720
SOKALCHUK, MD, ANDREW IM
14074 ERWIN ST
PHILADELPHIA PA 19116-1041
215-676-6049
SOKIL, MD, ALEXIS BOHDAN *IM
456 ROCKLAND AVE
MERION PA 19066-1363
610-667-3948
SOKOLOSKI, PAUL W ST
1333 W MULBERRY ST
COAL TWP PA 17872-2518
SOLANKI, MD, INDUKUMAR M *DR
4630 STREET ROAD
TREVOSE PA 19053
215-396-8455
SOLI, MD, SOLEIMAN M OBG
5188 NESHAMINY BLVD
BENSALEM PA 19020-1132
215-757-4151
SOLIT, MD, ROBERT W TS
111 S 11TH ST STE 8290
PHILADELPHIA PA 19107-4824
215-922-6460
SOLL, MD, DAVID B *OPH
5001 FRANKFORD AVE
PHILADELPHIA PA 19124-2619
215-288-5000
SOLL, MD, STEPHEN M *OPH
5001 FRANKFORD AVENUE
PHILADELPHIA PA 19124
215-288-5000
SOLOMON, JASON S ST
1326 ALBRIGHT DR
YARDLEY PA 19067-2841
SOLOW, MD, EDWARD A *CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
SOMERS, MD, ROBERT G GS
191 LINDEN DR
ELKINS PK PA 19117-1340
215-887-8484
SOMVANSHI, RAHUL A ST
182 GRANT ST
HAWORTH NJ 07641
SONDER, MD, HESTER M OBG
1337 COTTMAN AVE
PHILADELPHIA PA 19111
215-745-7553
SONDER, MD, MAX J GP
1453 HAGYS FORD RD
NARBERTH PA 19072-1139
610-664-5433
SONG, GLORIA U ST
2058 LOMBARD ST
PHILADELPHIA PA 19146-1315
SONG, MD, YUNG-DOO IM
1829 COBDEN RD
GLENSIDE PA 19038-7219
SONNE, MD, JOHN C *PYA
443 SHADY LN
MOORESTOWN NJ 08057-2700
609-235-3558
SONNEBORN, MD, DUANE G GP
RYDAL PARK 279W
1515 THE FAIRWAY
RYDAL PA 19046-1435
SORDONI, SUSAN F ST
POLE 48 R D 1 BOX 298
HARVEYS LAKE PA 18618
SORIANO, MD, EDWARD T PM
13 HILLCREST RD
STRATDFORD NJ 08084
609-435-4332
SORICELLI, MD, RHONDA L IM
310 CRUM CREEK RD
MEDIA PA 19063-1648
610-566-8296
SOROKIN, EVAN S ST
1813 FIRESIDE CT
CHERRY HILL NJ 08003
SORRENTINO, DAVID F ST
2022 S 10TH
PHILADELPHIA PA 19148-2362
SOSNOVSKY, MD, ISABELLA P
2100 TREEMONT ST APT B5
PHILADELPHIA PA 19115
215-677-9545
SOSS, JASON R ST
402 S 9TH ST APT 3F
PHILADELPHIA PA 19147
SOSS, DO, MURRAY C GP
7600 WOODBINE AVE
PHILADELPHIA PA 19151-2721
215-877-7303
SOTO, DO, MILAGROS FP
5147 PENNWAY ST
PHILADELPHIA PA 19124
215-289-2348

SOWERBY JR, MD, GEORGE W P
3470 QUEEN LN
PHILADELPHIA PA 19129-1441
215-843-4490
SPAETH, MD, GEORGE L OPH
900 WALNUT ST
PHILADELPHIA PA 19107-5598
215-928-3197
SPARKMAN, JEFFREY M ST
23223 OSTRONIC DR
WOODLAND HLS CA 91367
SPARKS, NIGEL W ST
141 SWANSEA MEWS
TORONTO ON M6S4V-4
SPEICHER, MATTHEW A ST
RD 1 BOX 41
BRACKNEY PA 18812-9703
SPERBER, BRIAN R ST
2031 LOCUST ST #602
PHILADELPHIA PA 19103
SPIEGEL, MD, JOSEPH R OTO
1721 PINE ST
PHILADELPHIA PA 19103-6701
215-545-3322
SPIELMAN, MD, SCOTT R CD
1650 HUNTINGDON PK STE 352
MEADOWBROOK PA 19046-8097
215-947-9218
SPITZ, MD, EUGENE B NS
325 S MORTON AVE
MORTON PA 19086-6766
610-544-9880
SPITZ, MD, LAWRENCE K IM
127 PINE STREET
PHILADELPHIA PA 19106-4311
215-925-3428
SPITZER, MD, LAURENCE J GS
265 HAWTHORNE AVE
HADDONFIELD NJ 08033-1403
215-413-1103
SPITZER, MD, STANLEY CD
227 N BROAD ST
PHILADELPHIA PA 19107-1511
215-564-3050
SPORN, CAROLYN J ST
40 E 84TH ST
NEW YORK NY 10028
SPRANDIO, MD, JOHN D *HEM
218 W CHESTNUT HILL AVE
PHILADELPHIA PA 19118-3704
215-248-0227
SPYCHALSKI, JAMES N ST
419 N MAIN ST
GREENSBURG PA 15601-1812
SRI-THARAN, MD, FLORENCE J IM
876 TROMBLEY #1
GROSSE PT PK MI 48230-1837
610-352-7129
SRIDHARA, MD, C R *PM
A EINSTEIN MED CTR N DIV
YORK & TABOR RDS
PHILADELPHIA PA 19141
215-456-7110
SRINIVASAN, RAMESH ST
211 MEADOW DR
MT LAUREL NJ 08054
ST PETER, MD, STEVEN L IM
1827 SPRUCE ST APT 2R
PHILADELPHIA PA 19103
215-545-0831
STAAS JR, MD, WILLIAM E PM
MAGEE REHAB HOSP
6 FRANKLIN PLZ
PHILADELPHIA PA 19102-1177
215-587-3099
STACK, MD, WILLIAM T GP
900 E WESTMORELAND ST
PHILADELPHIA PA 19134-1927
215-634-2409
STANEK, MD, MARJORIE A CD
EINSTEIN MED CTR 363
5401 OLD YORK RD
PHILADELPHIA PA 19141
215-456-7260
STANEK, MD, ROBERT OTO
RED LION & KNIGHTS RD
PHILADELPHIA PA 19114
215-288-2102
STANLEY, MD, JOHN R *D
415 CURIE BLVD 211 CRB
PHILADELPHIA PA 19104
215-898-3240
STANTON JR, MD, JOHN J GP
308 W GODFREY AVE
PHILADELPHIA PA 19120-1410
215-457-1400
STARRELS, MD, SIDNEY H P
60 W PELICAN ST # 703
ISLES OF CAPRI FL 33962
609-822-6357
STAUB, MD, ALICE W IM
7301 SHELBOURNE ST
PHILADELPHIA PA 19111-3093
215-342-9414
STEEL, MD, HOWARD H ORS
SHRINERS HOSP
8400 ROOSEVELT BLVD
PHILADELPHIA PA 19152
215-332-4500
STEERMAN, MD, PAUL H GS
425 WINGATE RD
HUNTINGDON VLY PA 19006-8421
215-728-7774

STEFANYSZYN, MD, MARY A OPH
2501 INDEPENDENCE PL II
233 S 6TH ST
PHILADELPHIA PA 19106-3749
215-592-7148
STEIKER, MD, DANIEL D PD
1939 W CHELTENHAM AVE
PHILADELPHIA PA 19117-1046
215-884-5715
STEIN, MD, ANTHONY IM
1 FRANKLIN TOWN BLVD #1905
PHILADELPHIA PA 19103
215-574-2926
STEIN, MD, FRANKLIN M FP
9300 FRANKFORD AVE
PHILADELPHIA PA 19114-2861
215-332-8221
STEIN, MD, GEORGE N R
OAK HILL TER UNIT E319
PENN VALL PA 19072
610-664-4042
STEIN, MD, HYMEN D OS
HILL HOUSE APT 206
HUNTINGDON VLY PA 19006
717-947-7094
STEIN, MD, IRVIN ORS
2066 N OCEAN BLVD
BOCA RATON FL 33431-7802
407-392-6161
STEIN, DO, JACK M IM
3247 DARBY RD
HAVERFORD PA 19041-1041
610-896-6005
STEINBERG, MD, DEAN A AN
146 RED RAMBLER RD
LAFAYETTE HILL PA 19444-2109
610-825-4140
STEINBERG, MD, MARVIN E ORS
HOSP U OF P SILVERSTEIN 2
3400 SPRUCE ST
PHILADELPHIA PA 19104-4219
215-662-3340
STEINBERG, MD, NATHAN GP
744 S 2ND ST
PHILADELPHIA PA 19147-3427
STEINFIELD, MD, PAUL H ORS
SMYLES TIMES BLDG
8001 ROOSEVELT BLVD STE 408
PHILADELPHIA PA 19152
215-332-2559
STEINGARD, MD, JOSEPH J *US
33 BELLA RD
MEDFORD NJ 08055-4201
609-267-3072
STEINMETZ III, MD, CHARLES G OPH
1500 LOCUST ST STE 2016
PHILADELPHIA PA 19102-4317
215-546-0813
STEPAK, MICHAEL ST
1518 SPRUCE ST APT 3A
PHILADELPHIA PA 19102
STEPPACHER, MD, LESTER G GS
220 LOCUST ST APT 25A
PHILADELPHIA PA 19106-3932
215-922-6517
STERN, ALAN G ST
23 COLLINGSWOOD RD
NEW CITY NY 10956
STERN, MD, LILLIAN H DR
METHODIST HOSP
2301 S BROAD ST
PHILADELPHIA PA 19148-3594
215-952-9151
STEVEN, MD, JAMES M PD
CHILDRENS HOSP
34TH & CIVIC CTR BLVDS
PHILADELPHIA PA 19104-4399
215-590-1882
STEWART, MD, MICHAEL J *IM
1401 LINCOLN AVE
PROSPECT PARK PA 19076-1107
610-532-4306
STEWART, PATRICIA G ST
251 S 10TH ST APT 3R
PHILADELPHIA PA 19107
STIFFEL, MD, ARTHUR HS
1111 BERGAN RD
ORELAND PA 19075-2505
215-836-5840
STILL, JENNIFER N ST
1924 KARYL LN
YORK PA 17404-1344
STINEMAN, MD, MARGARET G *PM
RM 101 RALSTON PENN CTR
3615 CHESTNUT ST
PHILADELPHIA PA 19104
215-898-6272
STOKES, MD, RANJAN R
601 ROBINSON LN
HAVERFORD PA 19041-1921
STOLAR, MD, NEAL M P
3600 MARKET ST
PHILADELPHIA PA 19104
215-662-3589
STOUDT, DO, MICHELLE L IM
1 OAKLAND TERR #C-2
BALA CYNWYD PA 19004
610-660-0755
STOUT, CHARLES W ST
7007 SUNDAYS LN
FREDERICK MD 21702

STOUT, JOYCE E ST
307 E 6TH ST
LAUREL DE 19956
STOZEK, MICHELLE A ST
203 BRIAR LN
NEWARK DE 19714
STRATTON, MD, HENRY A US
1706 DIAMOND ST
PHILADELPHIA PA 19121-2326
STRENGE, MD, HENRY J AN
COUNTRY CLUB APTS # F-14
11 FAIRWAY LAKES DR
DOVER DE 19901-6576
STRONG, MD, GEORGE H U
447 BRIDGEBORO RD
MOORESTOWN NJ 08057-1409
STRONG III, MD, MICHAEL D TS
HAHNEMANN UNIV HOSP MS 111
BROAD & VINE STS
PHILADELPHIA PA 19102-1178
215-762-7802
STUDDIFORD, MD, JAMES S IM
512 AUBURN AVE
WYNDMOOR PA 19118-2407
215-836-9564
STUDER, MATTHEW A ST
22135 DOCKTON RD SW
VASHON WA 98070
STUDER, MD, SEAN M IM
3402 W PENN ST
PHILADELPHIA PA 19129
610-265-5056
STUHLMILLER, DAVID F ST
2461 SUSQUEHANNA RD
ROSLYN PA 19001-4208
STUPNIKER, MD, SONIA AI
COVENTRY HOUSE #303
7301 COVENTRY AVE
MELROSE PARK PA 19027
215-635-0424
STUTMAN, MD, FRED A FP
3501 NEWBERRY RD
PHILADELPHIA PA 19154-2608
215-632-1400
STYLER, MD, MICHAEL J HEM
2322 BELMONT AVE
ARDMORE PA 19003-2926
610-645-5201
SUBRAMANIAN, MD, SHYAMSUNDER IM
317 N BROAD ST #410
PHILADELPHIA PA 19107
215-922-2907
SUERO, MD, RENE OSCAR GS
310 GREENBANK RD
BRYN MAWR PA 19010-1619
215-662-8000
SUFI, RAMINDRAJIT S ST
2108 QUEBEC CT
MODESTO CA 95356
SUGARMAN, MD, SAMUEL IM
2401 PENNA AVE # 5C44
PHILADELPHIA PA 19130-3023
215-232-8883
SUGIMOTO, GARY D ST
7234 RIMROCK DR
SACRAMENTO CA 95828
SUGIURA, MD, SUMIKO M GP
PO BOX 66
CREEK ROAD
DEVAULT PA 19432
610-933-8744
SULLIVAN, MD, CATHERINE B PD
1080 PUTNAM BLVD
WALLINGFORD PA 19086
215-590-2178
SULLIVAN, MD, CHARLES C EM
495 TIMBERLINE TRAIL
W CHESTER PA 19382-8465
215-930-7755
SULLIVAN, CHRISTOPHER D ST
58 WICKHAMS FANCY
COLLINSVILLE CT 06022-1244
SULLIVAN, DAVID M ST
1720 GREEN ST APT C
PHILADELPHIA PA 19130-3912
SULLIVAN, MD, WILLIAM H GP
5011 SANSOM ST
PHILADELPHIA PA 19139-3534
SULTZ, DO, MARVIN E GP
3131 FRANKFORD AVE
PHILADELPHIA PA 19134-3825
215-425-4895
SUMMERTON, MD, SUSAN L DR
26 FOLWELL LN
MULLICA HILL NJ 08062
609-223-1729
SUN, ANDREW N ST
112 WEDGEWOOD DR
BETHLEHEM PA 18017-3777
SUN, ANTHONY Y ST
8201 HENRY AVE APT N12
PHILADELPHIA PA 19128-2236
SUN, MD, WILLIAM Z OPH
2031 LOCUST ST
PHILADELPHIA PA 19103-5611
215-564-4277
SUND, NEWMAN J ST
1527 SPRUCE ST APT 20B
PHILADELPHIA PA 19102
SUNDERMAN, MD, F WILLIAM PTH
1833 DELANCEY PL
PHILADELPHIA PA 19103-6606
215-735-5030

SUP, STEPHEN J ST
3810 ESTATE DR
SCHERCKSVILLE PA 18078-3044
SUPER, MD, LEONID E FP
PARRISH MED CTR
830 N BROAD ST
PHILADELPHIA PA 19130-2235
215-765-6262
SURDY, JILL D ST
1 KOHLER AVE
OLD FORGE PA 18518
SUTCLIFFE, PETER D ST
2844 E MINTON ST
MESZ AZ 85213
SUTNICK, MD, ALTON I US
2135 ST JAMES PLACE
PHILADELPHIA PA 19103-4804
SUTTER, DO, FRANCIS P CDS
2220 LANKENAU MED
SCIENCE BLD
100 LANCASTER AVE
WYNNEWOOD PA 19096
610-896-9255
SUWAN, SARUN ST
106 RAMBLER DR
SARVER PA 16055-9578
SVIGALS, MD, PAUL J R
1309 PARTRIDGE LN
VILLANOVA PA 19085
610-527-3141
SWAAB, MD, RONALD L IM
514 S 7TH ST
PHILADELPHIA PA 19147-1428
215-625-3970
SWARM, DAWN L ST
3962 ALBRIGHT AVE
LOS ANGELES CA 90066
SWARTZ, MD, JOEL D *R
GERMANTOWN HOSP
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-951-8763
SWARTZ, MD, NANCY G OPH
1615 RIVERVIEW RD
GLADWYNE PA 19035-1210
215-896-8227
SWEINBERG, MD, SHARON K AI
6 BARBARA LN
HAVERTOWN PA 19083-1213
610-853-3346
SWERDLOW, ROBERT L ST
834 CHESTNUT ST #1512
PHILADELPHIA PA 19107-5146
SWIFT, MD, SARAH E IM
428 W ELLET ST
PHILADELPHIA PA 19119-3015
215-848-6054
SYED, SAIF U ST
8806 STONEHAVEN RD
RANDALLSTOWN MD 21133
SYMS, MD, CHARLES A CD
1246 E CHELTENHAM AVE
PHILADELPHIA PA 19124-1032
215-744-0798
SZABO, SCOTT J ST
101 WARWICK DR
PITTSBURGH PA 15241-2106
SZALADOS, MD, JAMES E US
UNC CHAPEL HILL
223 BURNETT-WOMACK BLDG
CHAPEL HILL NC 27599-7010
919-966-5136
SZAYNA, MD, STANLEY FP
2101 SHELMIRE AVE
PHILADELPHIA PA 19152-4210
SZELES, MD, CHRISTOPHER B PM
1720 LOMBARD ST
PHILADELPHIA PA 19146-1544
215-546-4841
TACELOSKY, ELIZABETH A ST
119 YORKTOWN DR
MT LAUREL NJ 08054
TACHDJIAN, MD, VAHAKEN IM
1147 MORRIS RD
WYNNEWOOD PA 19096-2236
610-649-3997
TADLEY, DO, GERALD *US
1068 LONGFIELD RD
SOUTHAMPTON PA 18966
215-455-8735
TAHTINEN, SHERRI A ST
RD 3 HILLTOP DR
TUNKHANNOCK PA 18657
TAKEDA, MD, MISAO *PTH
344 VALL RD
MERION STA PA 19066-1520
TALANGBAYAN, MD, FRANCIS V IM
2244 N FRONT ST
PHILADELPHIA PA 19133-3714
215-739-7400
TALOTTA, SEBASTIAN N ST
10205 PEARL RD
PITTSBURGH PA 15235-1759
TAN, MD, MYRNA M AN
EPISCOPAL HOSP
100 LEHIGH AVE
MERION STA PA 19066-1018
215-427-7495
TANG, JOANNA ST
2601 PENNA AVE #305
PHILADELPHIA PA 19130-2321

TARAS, MD, JOHN S HS
901 WALNUT ST
PHILADELPHIA PA 19107-5211
215-629-0980
TARR, CHAD D ST
335 IVY MILLS RD
GLEN MILLS PA 19374-2
TASMAN, MD, WILLIAM S OPH
WILLS EYE HOSP
900 WALNUT ST
PHILADELPHIA PA 19107
215-928-3073
TAVANI, DO, DEEBEANNE M END
3300 HENRY AVE
PHILADELPHIA PA 19129-1121
215-842-6734
TAYLOR, DANETTE R ST
15501 SURREY CT
RIVERSIDE CA 92506
TAYLOR, MD, JAMES E P
142 LODGES LN
BALA CYNWYD PA 19004-2730
TAYLOR, JASON R ST
3514 LANCASTER AVE, APT 114
PHILADELPHIA PA 19104
TAYLOR, MD, PHILIP C IM
GERMANTOWN HOSP &
MED CTR
2 PENN BLVD STE 202
PHILADELPHIA PA 19144
215-843-8622
TAYLOR, MD, SUSAN C D
101 ANTON RD
WYNNEWOOD PA 19096-1206
215-568-0778
TECCE, MD, MARC A OTO
135 SCARLET DR
CONSHOHOCKEN PA 19428-1388
TELLSCHOW, MD, STEVEN R PTH
512 S 7TH ST APT 1F
PHILADELPHIA PA 19147
215-922-0685
TEMELES, MD, LAWRENCE P
206 E PLEASANT ST
AMHERST MA 01002
207-374-5129
TEMPLETON, MD, BRYCE *P
HAHNEMANN UNIV MS 403
BROAD & VINE STS
PHILADELPHIA PA 19102
215-762-1674
TEMPLETON JR, MD, JOHN M PDS
601 PEMBROKE RD
BRYN MAWR PA 19010
215-590-2753
TEMPLETON III, MD, JOHN Y TS
311 AIRDALE RD
ROSEMONT PA 19010-2805
610-525-2952
TEMPLETON, MD, JOSEPHINE J AN
CHILDRENS HOSP
34TH & CIVIC CTR BLVD
PHILADELPHIA PA 19104-4385
215-590-1884
TENER, TRILBY J ST
7700 DOE LN
LAVEROCK PA 19118-1228
TENEWITZ, TAMMI C ST
2809 W QUEEN LN APT 101
PHILADELPHIA PA 19129
TEPLICK, MD, J GEORGE DR
130 SPRUCE ST
PENNS LANDING SQUARE
PHILADELPHIA PA 19106-4319
215-922-1522
TEPPER, MD, MAURICE C IM
191 PRES BLVD # 625
BALA CYNWYD PA 19004-1226
610-664-1223
TEPPER, MD, RICHARD L ID
7909 OXFORD AVE
PHILADELPHIA PA 19111-2224
215-745-8803
TERSHAK, MD, DANIEL R GS
1119 RODMAN ST
PHILADELPHIA PA 19147
215-351-5467
TESSLER, MD, A ROBERT FP
220 MELROSE CIR
MERION STA PA 19066-1714
610-664-7729
TESTA, DO, MARK A *FP
2601 S 12TH ST
PHILADELPHIA PA 19148-4303
215-389-6461
TESTER, MD, WILLIAM J ON
EINSTEIN CANC CTR
5501 OLD YORK RD
PHILADELPHIA PA 19141-3098
215-456-3880
TEUFEL, MD, SEVERIN CLP
831 YOUNGSFORD RD
GLADWYNE PA 19035-1610
610-642-4484
THACHET, MD, CYRIAC T IM
7403 HILL RD
PHILADELPHIA PA 19128
215-483-2054
THAI, MD, KEIT V PD
695 SPROUL RD
BRYN MAWR PA 19010
610-519-9103

THALER, MD, ERICA R OTO
234 MEETING HOUSE LN
MERION PA 19066-1244
610-660-9089
THETGYI, MD, KATHERINE PM
4010 JOSHUA RD
LAFAYETTE HILL PA 19444-1412
610-825-7948
THODER, MD, JOSEPH J ORS
TEMPLE UNIV HOSP
BROAD & ONTARIO STS
PHILADELPHIA PA 19140
215-221-3405
THOMAS, MD, CARMEN C D
600 E CATH RD APT G305
PHILADELPHIA PA 19128-1929
THOMAS, MD, EVAN J P
111 N 49TH ST
PHILADELPHIA PA 19139-2718
215-242-8958
THOMAS, MD, HARRY L GS
5555 WISSAHICKON AVE
PHILADELPHIA PA 19144-4555
215-843-9050
THOMAS, MD, JOHN J P
101 WEYBRIDGE DR
MALVERN PA 19355-2147
THOMAS, KATHY J ST
509 WALNUTTOWN RD
FLEETWOOD PA 19522
THOMPSON, MD, CORALEE G FP
2979 W SCHL HOUSE LN
APT 203-K
PHILADELPHIA PA 19144-5356
215-849-6549
THOMPSON II, MD, TROY L *P
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-5431
THONET, MD, MARCEL A GS
2310 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4401
215-634-5400
THORNQUIST, MD, STEVEN C OPH
511 GLEN ARBOR DR
WYNNEWOOD PA 19096-2611
610-658-2090
THORON, MD, LOUISA *N
WALNUT TOWERS STE 650
834 WALNUT ST
PHILADELPHIA PA 19107
215-928-7056
THORP, MD, T RAMSEY *OPH
912 E WILLOW GR AVE
WYNDMOOR PA 19038
215-836-1290
THREEWITT, TANYA ST
10525 BELL RD
PLYMOUTH CA 95669
TIGER, MD, MELVYN E *IM
MEETINGHOUSE &
OLD YORK RD
ELKINS PK PA 19117
215-885-8550
TING, MD, ROSALIND Y PD
CHILDREN'S HOSP
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
TIPPERMAN, MD, RICHARD OPH
160 LANKENAU MED BLDG # 156
WYNNEWOOD PA 19096
800-624-8880
TIYYAGURA, SATISH R ST
7209 ROYAL OAK DR
SPRING HILL FL 34607
TODOROVSKA, MD, ZAGORKA FP
600 BOWERS LN
WALLINGFORD PA 19086-6916
610-566-9146
TOKAREK, MD, ROBERT M D
211 SOUTH 9TH STREET
5TH FLOOR
PHILADELPHIA PA 19107
215-955-6680
TOLAND, MD, JOSEPH C OPH
5927 N 5TH ST
PHILADELPHIA PA 19120-1823
215-548-2323
TOLAND III, MD, JOSEPH J ORS
NORTHEAST MED CTR
WELSH RD & ROOSEVELT BLVD
PHILADELPHIA PA 19114
215-677-1040
TOLAT, MD, PRATIMA R OPH
7601 CASTOR AVE STE 204
PHILADELPHIA PA 19152-4026
215-342-0440
TOLEDO, MD, FRANCISCO L GE
617 E ALLEGHENY AVE
PHILADELPHIA PA 19134-2302
215-426-7404
TOLLETT, MD, CHARLES A GS
707 NE 37TH ST
OKLAHOMA CITY OK 73105-7209
405-528-2236
TOM, MD, LAWRENCE WC OTO
CHILDRENS HOSP
DEPT OTOLARYNGOLOGY
PHILADELPHIA PA 19104
215-590-3461
TOMA, MD, MICHAEL J IM
300 E LANCASTER AVE APT 907
WYNNEWOOD PA 19096-2141
215-879-9082

TOMASELLO, MD, DONALD N CDS
456 LANKENAU MED BLDG E
WYNNEWOOD PA 19096
610-642-5889
TOMESCU, DANA ST
4247 LOCUST ST #220
PHILADELPHIA PA 19104
TONDREAU, MD, RODERICK L R
523 OLD GULPH RD
BRYN MAWR PA 19010-3641
610-525-8656
TONSEY, MD, HABIB OM
2450 W HUNTING PARK AVE
PHILADELPHIA PA 19129
215-221-7161
TOORKEY, MD, BEHNAZ C PTH
FRANKFORD HOSP
KNIGHTS & RED LION RD
PHILADELPHIA PA 19114
215-612-4037
TOPOLSKY, MD, DAVID LN IM
BROAD & VINE STS MS412
PHILADELPHIA PA 19102
215-762-8026
TORRES, MD, MARGARITA PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9596
TORRETI, MD, MARYELLEN A PTH
6216 N 5TH ST
PHILADELPHIA PA 19120
215-924-2117
TOURTELLOTTE, MD, CHARLES D RHU
TEMPLE UNIV HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140-5189
215-707-3649
TRABER, MD, PETER G GE
UNIV OF PA SCHL OF MED
415 CURIE BLVD STE 600/CRB
PHILADELPHIA PA 19104-6144
215-898-0154
TRAGER, MD, STUART L *HS
SUITE 802
ONE GRADUATE PLZ
PHILADELPHIA PA 19146
215-893-0132
TRAN, KHOA D ST
4107 CHESTER AVE APT 4I
PHILADELPHIA PA 19104-4539
TRAN, TIMOTHY C ST
6229 EVERETT ST #A
PHILADELPHIA PA 19149-2804
TRAUM, MD, RONALD E END
829 SPRUCE ST
PHILADELPHIA PA 19107-5752
215-922-7766
TRECROCE, CRISTIN M ST
100 CHARLES DR APT B2
BRYN MAWR PA 19010
TREVI, JOHN *EXEC
2100 SPR GARDEN ST
PHILADELPHIA PA 19130-3502
215-563-5343
TRIANA COOPER, MD, LISETTE IM
8 BENNETTS LN
CHEYNEY PA 19319-1012
610-399-9534
TRIANO-RODGERS, MD, MARLA NPM
735 SHERWOOD DR
CARLISLE PA 17013
717-249-1977
TRIBIT JR, MD, CHARLES B FP
8226 WINTHROP ST
PHILADELPHIA PA 19136-1925
TRINH, MD, CHUONG N *GP
5008 OLD YORK RD APT 1
PHILADELPHIA PA 19141-2707
215-455-5403
TROCKI-VIDELL, DO, CYLA P
408 N EXETER AVE
MARGATE CITY NJ 08402-1868
609-823-1989
TROLLINGER, MD, ROBERT J FP
RD 7 BOX 26
MEDFORD NJ 08055-9807
TRONCELLITI, MD, MARIO V AN
3300 DARBY RD
HAVERFORD PA 19041-1061
610-642-4017
TROUTMAN, MICHELE R ST
6527 N PARK AVE 2ND FL
PHILADELPHIA PA 19126
TRUONG, MD, NICHOLAS H IM
133 E LEHIGH AVE
PHILADELPHIA PA 19125-1011
215-426-9344
TRYON, BRIAN C ST
2911 WOODPIPE LN APT D
PHILADELPHIA PA 19129-1041
TSE, MD, ROSE L IM
2 BALA PLZ 1L-51
BALA CYNWYD PA 19004-1501
610-664-3669
TSENG, HENRY C ST
1728 N SANTA ANITA AVE
ARCADIA CA 91006
TSENG, ROBERT R ST
9005 BRIGHTLEA CT
LANHAM MD 20706

TU, RAYMOND H ST
5500 WISSAHICKON AVE APT 902B
PHILADELPHIA PA 19144
TUAN, MD, BAO-KUEN FP
931 ARCH ST 2ND FL
PHILADELPHIA PA 19107-2404
215-592-9259
TUCKER JR, SONNY W ST
2820-A MIDVALE AVE
PHILADELPHIA PA 19129
TULI, RAJ ST
3280 DALE RD
BENSALEM PA 19020-4606
TURCHI, RENEE M ST
444 PENN RD
NORRISTOWN PA 19401-2635
TURNER, MD, CLINTON A OBG
700 SPRUCE ST
GARFIELD DUNCAN BLDG STE 506
PHILADELPHIA PA 19106
215-218-3400
TURTZ, MD, ALAN R *NS
MCP
3300 HENRY AVE
PHILADELPHIA PA 19129
215-842-6558
TWARDZIK, DAVID E ST
1002 NEWGATE DR
ALLENTOWN PA 18103-9798
TYSON, MD, R ROBERT GS
RR 1 BOX 179B
ROME PA 18837-9770
717-247-7949
TZARNAS, MD, CHRIS D PS
1501 LANSDOWNE AVE STE 206
DARBY PA 19023-1333
610-534-6300
UDELL, MD, LOUIS RHU
2131 WELSH RD APT 317
PHILADELPHIA PA 19115-4955
215-969-0739
UKNIS, MD, AUDREY B RHU
TEMPLE UNIV HOSP
3400 N BROAD ST RM 720PP
PHILADELPHIA PA 19140
215-707-3635
UKWU, MD, HENRIETTA N ID
MERCK RESEARCH
LABS
BLA-30A
WEST POINT PA 19486
610-397-7176
ULICHNEY, MD, ANDREW B IM
19 RODNEY RD
BRYN MAWR PA 19010
610-527-7617
ULMER, LORIE R ST
3320 TILDEN ST
PHILADELPHIA PA 19129-1412
ULRICH-LIEBERMAN, MD,
ARIANE OTO
515 W CHELTEN AVE APT 907
PHILADELPHIA PA 19144-4423
215-844-5790
UMEH, MD, ONUORAH I GP
4507 BALTIMORE AVE
PHILADELPHIA PA 19143-2115
215-382-1040
UMERAH, MD, NNAEMEKA M OBG
7701 LINDBERGH BLVD APT 2100
PHILADELPHIA PA 19153
215-365-4957
UNWALA, MD, ASHFAQUE A CD
17 W RED BANK AVE # 306
WOODBURY NJ 08096-1694
609-845-6807
UNYON, MD, CESAR A IM
701 SUMMIT AVE APT B18
PHILADELPHIA PA 19128
215-930-0130
URICCHIO, MD, FRANCIS J CD
2 BALA PLZ IL25
BALA CYNWYD PA 19004-1503
610-891-9952
URICCHIO, MD, JOSEPH F CD
2 BALA CYNWYD PLZ STE 25
BALA CYNWYD PA 19004
610-664-7914
UROSKIE, JONATHAN A ST
200 YALE BLVD
CLARKS SUMMIT PA 18411-1138
URRUTIA, MD, VICTOR C N
MCP
3300 HENRY AVE
PHILADELPHIA PA 19129
USATCH, BEN R ST
9120 AYRDALE CRES
PHILADELPHIA PA 19128
UYESAKA, JON R ST
317 N BROAD ST #308
PHILADELPHIA PA 19107-1015
VACCARO III, MD,
ALEXANDER R ORS
440 SPRUCE ST
PHILADELPHIA PA 19106-4223
215-413-0642
VACCARO, MD, V MICHAEL P
THE WYNCOTE HOUSE
25 WASHINGTON LN STE 14C
WYNCOTE PA 19095-1403
215-887-6770

VACHARAT, MD, NIBONDH OPH
EPISCOPAL HOSP
100 E LEHIGH AVE
PHILADELPHIA PA 19125
215-426-2907
VAGLIA, CHRISTOPHER P ST
RD 1 BOX 1149
RUFFSDALE PA 15679-9649
VAIDYA, MD, SHAILENDRA IM
1633 W GIRARD AVE
PHILADELPHIA PA 19130-1614
215-765-2611
VAKILI, BABAK ST
10 SUNNYSIDE RD
WILMINGTON DE 19807
VALENTINE, MD, JEROME D IM
7145 WISTERIA WAY
TAMARAC FL 33321-5335
305-721-4736
VALKO, MD, GEORGE P FP
8 TROTTER WAY
COLLEGEVILLE PA 19426
610-489-0247
VALLEJO, MD, JOSE A P
HAHNEMANN UNIV
HOSP
BROAD & VINE STS MS 950
PHILADELPHIA PA 19102-1192
VALLOW, MD, MORTON J *OBG
2304 E ALLEGHENY AVE
PHILADELPHIA PA 19134-4401
215-426-0400
VAN DE BEEK, MD, M LOUIS GP
4 PAUL RD
ST DAVIDS PA 19087-3627
610-293-0911
VAN DECKER, MD, WILLIAM A *CD
1051 MONTGOMERY AVE
NARBERTH PA 19072-1605
610-617-3670
VAN DUZER, SCOTT T ST
RR 1 BOX 517
SLATINGTON PA 18080-9801
VAN POZNAK, MD, CATHERINE H IM
834 CHESTNUT ST APT 1410
PHILADELPHIA PA 19107
VAN RIPER, MD, DANIEL F AN
HAHNEMANN HOSP MS310
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PHILADELPHIA PA 19102-1178
215-762-7962
VANDEGRIFT, TARA N ST
RR3 BOX 421
PHILIPSBURG PA 16866
VANGORE, MD, SURYA K GP
1457 AUTUMN RD
RYDAL PA 19046-2310
215-885-9039
VANVOORST, DO, TAMI S EM
5501 OLD YORK RD
PHILADELPHIA PA 19141
215-456-6336
VARADA, MD, ANNAPOORNA *AN
EPISCOPAL HOSP
FRONT ST & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7496
VARDARO, MD, LINA G OBG
7500 CENTRAL AVE STE 208
PHILADELPHIA PA 19111-2433
215-722-3122
VARKER, MD, CAROLYN B *PD
8107 RIDGE AVE
PHILADELPHIA PA 19128-2901
215-483-3444
VASANTHAKUMAR, MD,
SINNATHURAI IM
617 S 18TH ST APT 2
PHILADELPHIA PA 19146-1548
215-546-7587
VASSALLO, DO, FRANK A CHP
19-A E MAIN ST
MOORESTOWN NJ 08057
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VASSALLO JR, MD, RALPH R IM
600 MEADOWVIEW CT
MAPLE GLEN PA 19002
215-628-2967
VASSALLO, MD, RICHARD W *HEM
2701 HOLME AVE STE 105
PHILADELPHIA PA 19152-2029
215-335-4944
VASSALLUZZO, DO, PETER D FP
6190 RISING SUN AVE
PHILADELPHIA PA 19111-6011
215-725-8111
VAUGHN, ANDREW F ST
1419 S BROAD ST
PHILADELPHIA PA 19147-4919
VAUGHN JR, MD, ARTHUR R OPH
5329 RISING SUN AVE
PHILADELPHIA PA 19120-3032
215-455-5353
VELEZ, JONATHAN A ST
2429 LOCUST ST APT 220
PHILADELPHIA PA 19103-5557
VENUTO, MD, GARY P *IM
103 BRIDGESTONE DR
LANGHORNE PA 19053
215-752-3737
VERDI, MD, CAROL A *FP
905 DICKINSON ST
PHILADELPHIA PA 19147-6315
215-467-4562

VERDI, VINCENT J ST
3945 WINTERSET LN
WEST BLOOMFIELD MI 48323
VERGARE, MD, MICHAEL J P
8860 GERMANTOWN AVE
PHILADELPHIA PA 19118-2725
215-247-1555
VERGARI, MD, JOHN A CD
17 W RED BANK AVE
SUITE 306
WOODBURY NJ 08096
609-845-6807
VERNICK, MD, JEROME J *GS
644 KING OF PRUSSIA RD
WAYNE PA 19087-2338
VERNON JR, MD, THOMAS M PH
2134 SPRING ST
PHILADELPHIA PA 19103-1002
215-568-7811
VERRECCHIO, JONATHAN J ST
4 CYPRESS PL
CAMP HILL PA 17011
VICKERY, JOHN P ST
MED COLL HOSP
3300 HENRY AVE
PHILADELPHIA PA 19129-1051
VIDOT, MILAGROS M ST
MED COLL HOSP
3300 HENRY AVE
PHILADELPHIA PA 19129-1191
VIEUX, ULRICK ST
17 CAMERON PL
NEW ROCHELLE NY 10804
VILLARE, MD, ANTHONY W FP
560 MANTUA AVE
PAULSBORO NJ 08066-1177
609-423-5466
VILLASENOR, PAUL P ST
22 N SHORE DR
SEAFORD DE 19973
VINOGRADOV, MD, SOFIA S *GP
31 BELLWOOD DR
UPPER HOLLAND PA 19053
215-364-4560
VIOLA, MD, IRENE C P
374 MEADOWBROOK DR
HUNTINGDON VALL PA 19006
215-938-4575
VISWANATHAN, SUBHASH R ST
950 WALNUT ST APT 501
PHILADELPHIA PA 19107
VITALE, PATTY A ST
577 GLEN CIRCLE S
PALM SPR CA 92262
VIVINO, MD, FREDERICK B RHU
51 N 39TH ST
PHILADELPHIA PA 19104-2640
215-662-9292
VIZZONI, JOSEPH A ST
19 JAPRIL DR
TRENTON NJ 08619-1443
VLAGOPOULOS, PANAGITIS T ST
9 JULES TERR
NEWTON MA 02159
VOCI, MD, GERARDO CD
EPISCOPAL HOSP
FRONT & LEHIGH AVE
PHILADELPHIA PA 19125
215-427-7054
VOGEL, KRISTINA M ST
3719 CALUMET ST 3RD FL
PHILADELPHIA PA 19129-1701
VON SOHSTEN, MD, ROBERTO L IM
7901 HENRY AVE A-501
PHILADELPHIA PA 19128
215-482-2721
VONAH, WILLIAM R ST
4129 VENICE DR
ERIE PA 16506-1932
VORASINGHA, MD, THONGCHAI FP
627 W RITNER ST
PHILADELPHIA PA 19148-3848
215-336-7808
VOYTKO, DIANE ST
645 N 22ND ST
PHILADELPHIA PA 19130
VRABEC, MD, TAMARA R OPH
160 LANKENAU MOB EAST
WYNNEWOOD PA 19096
610-896-0768
WAGENHEIM, MD, HARRY H PYA
1172 ST ANDREWS RD
BRYN MAWR PA 19010
610-527-1278
WAGENHEIM, MD, HELEN S PYA
1172 ST ANDREWS RD
BRYN MAWR PA 19010
610-527-1278
WAGGONER JR, L DOUGLAS ST
1000 WALNUT ST #1309
PHILADELPHIA PA 19107-5518
WAGMAN, MD, ALBERT D *N
1115 PROSPECT AVE
MELROSE PARK PA 19027
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WAGNER, BRIDGET K ST
55 HARRISON AVE
CHERRY HILL NJ 08002
WAGNER JR, MD, FREDERICK B GS
800 CHAUNCEY RD
NARBERTH PA 19072-1304
215-955-7907

WAGNER, KRISTIN E ST
46 S GREEN ST
E STROUDSBURG PA 18301-2608
WAGNER, STEVEN C ST
885 ELEPHANT RD
PERKASIE PA 18944
WAKELEY, MATTHEW A ST
1215 AGNEW DR
DREXEL HILL PA 19026
WALDMAN, MD, JOSEPH OPH
404 MEADOWBROOK LN
ERDENHEIM PA 19038
215-233-5987
WALDMAN, MD, SCOTT A IM
1100 WALNUT ST MOB 813
PHILADELPHIA PA 19107-5502
215-955-5616
WALDMAN, MD, TERRY L IM
1128 SANDRINGHAM RD
BALA CYNWYD PA 19004-2023
WALINSKY, MD, PAUL CD
1025 WALNUT ST
PHILADELPHIA PA 19107-5001
215-955-8880
WALKER, MD, BARRY R IM
714 PENNSTONE RD
BRYN MAWR PA 19010-2913
WALKER, MD, HERBERT I P
1288 CR 205
DURANGO CO 81301
WALKER, JOEL W ST
BROAD & VINE STS
PHILADELPHIA PA 19102
WALKER, MD, KIMBERLY C P
602 E VERNON RD APT E
PHILADELPHIA PA 19119-3815
215-247-2354
WALKER JR, MD, LEROY L CD
4900 OCEAN BLVD
APT 402
SARASOTA FL 34242
813-349-4364
WALKER, MD, M LORENZO FP
5740 W GIRARD AVE
PHILADELPHIA PA 19131-4812
215-877-1110
WALKER, MD, MARGARET E IM
1201 LIMBERLOST LN
GLADWYNE PA 19035-1410
610-642-6115
WALLACE, MD, IRA B OPH
231 TOWER LN
NARBERTH PA 19072-1127
610-668-2664
WALLACE, MD, RICHARD P IM
302 S 19TH ST
PHILADELPHIA PA 19103-6615
215-735-6627
WALLNER, DO, PAUL E RO
COOPER HOSP UNIV MED CTR
1 COOPER PLZ RADIATION ONC
CAMDEN NJ 08103-1400
609-342-2300
WALN, CURTIS L ST
1941 S 11TH ST
PHILADELPHIA PA 19148-2334
WALSH, KEVIN M ST
902 COLUMBIA AVE
PALMYRA NJ 08065
WALTER, BENJAMIN L ST
139 W HIGHLAND AVE
PHILADELPHIA PA 19118
WALTER, MD, DANIEL B AN
2701 HOLME AVE
STE 201
PHILADELPHIA PA 19152-2029
215-332-7605
WANG, KATHY E ST
26 TULLAMORE DR
W CHESTER PA 19382-7065
WANNER, MD, JEFFREY L IM
1222 LOCUST ST APT 401
PHILADELPHIA PA 19107
215-735-2451
WAPNER, MD, KEITH L *ORS
HAHNEMAN UNIV
DEPT OF ORTHOS
MS 420
BROAD & VINE STS
PHILADELPHIA PA 19102-1192
WARD, KENDRA M ST
2106 PINE APT 2R
PHILADELPHIA PA 19103
WAREN, JILL M ST
8201 HENRY AVE #U-3
PHILADELPHIA PA 19128-2263
WARGO, JENNIFER A ST
2204 MT CARMEL AVE
GLENSIDE PA 19038-4610
WARHOL, MD, MICHAEL J *PTH
PENNSYLVANIA HOSP
8TH & SPRUCE STS
PHILADELPHIA PA 19107
215-829-3541
WARK, MD, JAMES E CHN
112 SCHOOL HOUSE LN
ARDMORE PA 19003-3310
610-896-5275
WARNER, MD, HOWARD F *CD
3401 N BROAD ST
PHILADELPHIA PA 19140-5103
215-707-3347

WARONKER, AMY S ST
2 VICTORIA CT
MEDFORD NJ 08055
WARONKER, DO, MICHAEL A IM
8201 HENRY AVE APT O2
PHILADELPHIA PA 19128
215-487-6517
WASSERMAN, MD, KENNETH E *D
223 HEADHOUSE CT
PHILADELPHIA PA 19147-2316
215-925-3251
WATKINS, WILLIAM L ST
6 ELM BLVD
WARREN PA 16365-4831
WATSON, MATTHEW J ST
721 WALNUT ST APT 302
PHILADELPHIA PA 19106
WAXMAN, MD, HERBERT S IM
5401 OLD YORK RD KLEIN 3
DEPT OF MED
PHILADELPHIA PA 19141-3030
215-456-6940
WEAVER, MARGARET E ST
24 DEL PRADO
LAKE OSWEGO OR 97035
WEAVER, MICHAEL W ST
TEMPLE UNIV HOSP
BROAD & ONTARIO STS
PHILADELPHIA PA 19140-5192
WEBBER, MD, JOHN B HS
230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8444
WEBER, MD, JOHN I FP
7254 HORROCKS ST
PHILADELPHIA PA 19149-1219
215-342-2515
WEBER, MD, MARGARET ELLEN OBG
78 AMITY DR
WAYNE PA 19087-5508
610-642-3497
WECHSLER, MD, RICHARD J DR
614 MORENO RD
NARBERTH PA 19072-1619
610-668-8165
WEDELL, MARY T ST
2061 CORINTHIAN AVE
ABINGTON PA 19001-1120
WEENIG, ROGER H ST
7901 HENRY AVE #A504
PHILADELPHIA PA 19128-3062
WEESE, MD, JAMES L GS
1299 GILBERT RD
MEADOWBROOK PA 19046-1813
215-885-9257
WEIBEL, MD, SANDRA B PUD
546 GATES ST
PHILADELPHIA PA 19128-2509
215-509-7444
WEIN, MD, ALAN J U
3400 SPRUCE ST
5TH FL SILVERSTEIN
PHILADELPHIA PA 19104-4219
215-662-2891
WEINBERGER, JEREMY S ST
4994 MAMMOCK LAKE DR
MIAMI FL 33156
WEINBLATT, MD, HOWARD A OBG
4110 COTTMAN AVE
PHILADELPHIA PA 19135-1007
215-333-0900
WEINER, MD, JACK D
1325 W TABOR RD
PHILADELPHIA PA 19141-3020
215-548-2252
WEINER, MD, LEON J IM
9873A BUSTLETON AVE
PHILADELPHIA PA 19115-2611
215-464-1516
WEINGARTEN, MD, MICHAEL S *GS
1212 CHERMAR LN
PENN VALL PA 19072-1138
WEINSTEIN, MD, GREGORY S OTO
HOSP OF THE UNIV OF PA
3400 SPRUCE ST
PHILADELPHIA PA 19104-4274
215-349-5390
WEINSTEIN, JOANNA L ST
729 CHERRY CIR
WYNNEWOOD PA 19096-1225
WEINSTEIN, MD, LISA F IM
3120 SCHL HOUSE LN
APT MB6
PHILADELPHIA PA 19144-5444
215-844-5703
WEINSTEIN, MD, ROBERT S OBG
1521 LOCUST ST FL 10
LOCUST PROF BLDG
PHILADELPHIA PA 19102
215-735-0658
WEINSTOCK, MD, ROBERT M GP
515 W CHELTEN AVE
PHILADELPHIA PA 19144-4449
215-848-6700
WEINTRAUB, MD, JEFFREY T EM
433-B SHAWMONT AVE
PHILADELPHIA PA 19128
215-482-1341
WEISBERG, MD, PAUL B GE
5735 RIDGE AVE STE 201
PHILADELPHIA PA 19128-1745
215-487-0966

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230 N BROAD ST
PHILADELPHIA PA 19102-1121
215-762-8444
WEISS, MD, BURTON P
205 N BROAD ST
PHILADELPHIA PA 19107-1511
215-569-8736
WEISS, MD, EDWARD D CRS
2401 PENNA AVE APT 19B24
PHILADELPHIA PA 19130
215-326-3276
WEISS, JEFFREY G ST
3258 JASON DR
BELLMORE NY 11710
WEISS, MD, JEFFREY P DR
5500 WISSAHICKON AVE
APT 201B
PHILADELPHIA PA 19144-5652
WEISS, MD, JORDAN B GE
EPISCOPAL HOSP
PHILADELPHIA PA 19125
215-427-7046
WEISS, MD, LAURENCE B P
2401 PA AVE APT 18A
PHILADELPHIA PA 19130-3057
215-232-2323
WEISS, MARISSA B ST
9310 LARAMIE RD
PHILADELPHIA PA 19115
WEISS, MD, ROBERT IM
191 PRES BLVD
BALA CYNWYD PA 19004-1207
610-668-9999
WEISS, MD, SIDNEY OPH
2037 LOCUST ST
PHILADELPHIA PA 19103-5613
215-564-4128
WEISS, MD, STEVEN J *CD
5401 OLD YORK RD
KLEIN BLDG STE 206
PHILADELPHIA PA 19141
215-324-5508
WEISS, MD, WILLIAM PUD
3912 NETHERFIELD RD
PHILADELPHIA PA 19129-1014
215-849-4971
WEISSMAN, MD, JOEL M U
7500 CENTRAL AVE STE 107
PHILADELPHIA PA 19111-2437
215-745-4130
WEISSMAN, MD, MARCUS I R
1800 JOHN F KENNEDY BLVD
16TH FLR
PHILADELPHIA PA 19103-7485
WEIZMAN, MICHAEL S ST
781 N 27TH ST
PHILADELPHIA PA 19130-2412
WELCH, JOHN B ST
19 BEHNEY RD
LEBANON PA 17042
WELLENBACH, MD, BURTON L OBG
414 OLD LANCASTER RD
APT 103
HAVERFORD PA 19041-1555
215-247-6049
WELLS, MD, GREGG B PTH
2400 CHESTNUT ST APT 411
PHILADELPHIA PA 19103-4314
215-561-4950
WELSH, FRANK J ST
203 RAVENSCLIFF
ST DAVIDS PA 19087
WELSH, MD, SCOTT R IM
2979 SCH HSE LN APT 811K
PHILADELPHIA PA 19144
215-844-0367
WENDER, MD, RICHARD C FP
1015 WALNUT ST RM 401
PHILADELPHIA PA 19107-5005
215-928-2356
WENDLING, MD, WOODROW W AN
3401 N BROAD ST
DEPT ANESTHESIA
PHILADELPHIA PA 19140-5103
WENGER, MD, SIDNEY U P
PRES APTS D129
3900 CITY LINE AVE
PHILADELPHIA PA 19131
215-878-5233
WERTHAN, MD, MERYLEE E *NS
5049 OXFORD AVE
PHILADELPHIA PA 19124-2652
215-288-2343
WERTHEIMER, MD, JOHN H *CD
A EINSTEIN MED CTR
5401 YORK ROAD STE 400
PHILADELPHIA PA 19141
215-456-7021
WESSEL, MD, ISADORE J DR
7816 CONWELL RD
GLENSIDE PA 19038
WESTFIELD, WENDY K ST
8376 LOVERIDGE CT
RICHMOND VA 23294
WETMORE, MD, RALPH F OTO
CHILDRENS HOSP OF PHILA
34TH ST & CIVIC CTR BLVD
PHILADELPHIA PA 19104
215-590-3458
WETTLAUFER, MD, MARILYN R OBG
3998 RED LION ROAD
SUITE 305
PHILADELPHIA PA 19114
215-281-3000

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5325 OLD YORK RD STE S908
PHILADELPHIA PA 19141-2912
WHALEN, DO, ANNE B FP
2517 DUNKSFERRY RD #G-201
BENSALEM PA 19020
215-244-0791
WHALEN, MD, EDWARD W GP
210 GREENWOOD AVE
JENKINTOWN PA 19046
215-576-7883
WHINNEY, CHRISTOPHER M ST
12 KIRBY DR
MORRISVILLE PA 19067-5924
WHIPPLE, MD, DOROTHY S D
1335 W TABOR RD STE 205
DEPT OF DERM
PHILADELPHIA PA 19141-3040
215-548-7575
WHITAKER, MD, LINTON A *PS
10 PENN TOWER
3400 SPRUCE ST
PHILADELPHIA PA 19104-4228
215-662-2048
WHITCOMB, MD, CLARENCE A OS
100 W WALNUT LN
PHILADELPHIA PA 19144-2612
WHITE, ANDREW A ST
125 N 15TH ST 2ND FL
PHILADELPHIA PA 19102
WHITE, MD, DANETTE IM
111 CHESTNUT ST
CHERRY HILL NJ 08002-1841
609-482-2379
WHITENACK, MD, STEPHEN H TS
8400 ST MARTINS LN
PHILADELPHIA PA 19118-3724
WHYTE, MD, JOHN PM
1200 W TABOR RD
PHILADELPHIA PA 19141-3019
215-456-9495
WIDELITZ, MD, MARTIN M IM
243 SHAWMONT AVE APT C
PHILADELPHIA PA 19128-4210
215-483-4821
WIDER, MD, SAUL PD
359 SPRING VALL RD
SPRINGFIELD PA 19064-2231
WIEDER JR, MD, HENRY S ORS
UNITED MED PHILA
100 N 17TH ST
PHILADELPHIA PA 19103-2736
215-972-3500
WIENER, MD, JACOB S *IM
2408 S 5TH ST
PHILADELPHIA PA 19148-3998
215-334-2418
WIJESINGHE, HIRAN S ST
18773 FRANKFORT ST
NORTHRIDGE CA 91324
WIKLER, MD, LOUIS A IM
1158 OLD YORK RD
ABINGTON PA 19001-3713
215-884-2900
WIKOFF, MD, EDWARD K *PM
MOSS REHAB HOSP
12TH ST & TABOR RD
PHILADELPHIA PA 19141
215-456-9495
WILBUR, MD, SABRINA L OTO
210 LOCUST ST
APT 28-H
PHILADELPHIA PA 19106-3933
215-574-9096
WILEY, FRANKLIN W ST
3503 AINSLIE ST
PHILADELPHIA PA 19129-1629
WILF, MD, HAROLD OTO
375 TWP LINE RD
ELKINS PK PA 19027
215-663-1121
WILFRED, MD, ELIZA N P
5555 WISSAHICKON AVE APT 404H
PHILADELPHIA PA 19144
215-849-8667
WILKERSON, MD, CARLOS J AN
620 STRATH HAVEN RD
SWARTHMORE PA 19081-2307
610-521-5557
WILLCOX JR, MD, THOMAS O OTO
909 WALNUT ST RM 320
PHILADELPHIA PA 19107-5211
215-955-6784
WILLIAMS, MD, ELIZABETH A PD
ENGLISH VILLAGE APTS
BLDG 4 APT A7
NORTH WALES PA 19454
215-542-7529
WILLIAMS, MD, F MARIAN OBG
4115 TIMBER LN
PHILADELPHIA PA 19144-5425
WILLIAMS, MD, JAMES R PTH
700 POLO RD
BRYN MAWR PA 19010-3826
610-525-8112
WILLIAMS, MD, JAY JAMES AN
1 WINEBERRY DR
HOCKESSIN DE 19707-2124
302-239-4299
WILLIAMS, JEFFREY L ST
28 PATRIDGE LN
CHERRY HILL NJ 08003

WILLIAMS, MD, JOHN T ORS
5230 N BROAD ST
PHILADELPHIA PA 19141-1628
215-324-3800
WILLIAMS, MD, KIRKLEY R TS
309 EDGEHILL RD
WAYNE PA 19087-4716
610-687-3444
WILLIAMS, MD, MICHAEL A *CD
5249 CEDAR AVE
PHILADELPHIA PA 19143
215-471-1817
WILLIAMS, MD, MICHAEL J AN
T JEFFERSON UNIV
RM 6460 111 S 11TH ST
PHILADELPHIA PA 19107
215-955-6161
WILLIAMSON, MD, CLARKE E GS
5226 GERMANTOWN AVE
PHILADELPHIA PA 19144-2302
215-849-1270
WILLIG, MD, DORIS P
2401 PENNSYLVAINIA AVE 2C45
PHILADELPHIA PA 19130-3014
WILSON, MD, GEORGE M GS
ROXBOROUGH MEM HOSP
5800 RIDGE AVE
PHILADELPHIA PA 19128-1737
215-483-0555
WILSON, JEFFREY M ST
1948 KARYL LN
YORK PA 17404-1344
WILSON, MD, JOHN F D
1306 ORCHARD RD
WYOMISSING PARK
READING PA 19611
WILSON, MD, LOU ELLEN M US
801 COOPER #251E
DEPTFORD NJ 08096
609-384-8980
WILSON, MD, MARTIN C OPH
305 HARBISON RD
WAYNE PA 19087-5202
610-688-2347
WILSON, MD, RICHARD P OPH
WILLS EYE HOSP
GLAUCOMA SERVS
9TH & WALNUT STS
PHILADELPHIA PA 19107
215-928-3193
WINAND, DAVID A ST
501 BARR AVE
HANOVER PA 17331-2704
WINN, ROBERT J ST
117 N MOLE ST
PHILADELPHIA PA 19102
WINSON, MD, SAMUEL G OBG
250 S 17TH ST
PHILADELPHIA PA 19103-6313
215-735-5213
WINT, MD, ROGER M *CD
7901 BUSTLETON AVE STE 200
PHILADELPHIA PA 19152-3302
215-332-4000
WIRTS JR, MD, C WILMER GE
2401 PENNSYLVANIA AVE
APT 11B35
PHILADELPHIA PA 19130-3061
215-232-7839
WISE, WENDY J ST
736-38 PINE ST UNIT C
PHILADELPHIA PA 19106
WISLER, DARYL J ST
358 DENNY DR
YARDLEY PA 19067-4634
WITHINGTON, MD, AMELIA M P
409 GRANGE RD
WAYNE PA 19087-2919
610-688-6383
WITKOWSKI, MD, JOSEPH A D
3501 RYAN AVE
PHILADELPHIA PA 19136-4313
215-332-6438
WITKOWSKI, MD, THOMAS A AN
204 SUFFOLK RD
FLOURTOWN PA 19031-2118
215-233-1871
WITROCK, JENNIFER A ST
2 PIKE CT
MONROE NY 10950
WITTELS, MD, HEIDI L PM
5500 WISSAHICKON AVE
102 B
PHILADELPHIA PA 19144
215-844-0879
WITTINK, MARSHA N ST
834 CHESTNUT ST APT 829
PHILADELPHIA PA 19107
WOHL, MD, MILTON A *ORS
150 YERGER RD
SCHWENKSVILLE PA 19473-1708
610-287-9452
WOJCIK, BARBARA A ST
834 CHESTNUT ST APT 931
PHILADELPHIA PA 19107
WOLDOW, MD, ASHER CD
5401 OLD YORK RD STE 401
KLEIN PROF OFFICE BLDG
PHILADELPHIA PA 19141-3030
215-456-2927
WOLF, ELIZABETH A ST
1709 SPR GARDEN ST APT D
PHILADELPHIA PA 19130-3915

WOLF, MD, LEWIS R OPH
7948 BUSTLETON AVE
PHILADELPHIA PA 19152-3321
610-436-9826
WOLF, MD, SANDRA M OBG
2211 DELANCEY PLACE
PHILADELPHIA PA 19103-6501
WOLFERTH JR, MD, CHARLES C GS
THE GRADUATE HOSP
1800 LOMBARD ST STE 1101
PHILADELPHIA PA 19146
215-893-7677
WOLFSON, MD, ROBERT J OTO
1920 CHESTNUT ST FL 700
PHILADELPHIA PA 19103-4625
215-561-2546
WOLGIN, MD, WILLIAM U
2450 N W 24TH CT
BOCA RATON FL 33431
WOLK, MD, LARRY A CDS
17 BURNHAM LN
VOORHEES NJ 08043
609-751-2157
WOLLMAN, MD, HARRY AN
1801 BUTTONWOOD ST APT 1020
PHILADELPHIA PA 19130-3953
215-569-8711
WONG, CARRIE C ST
1821 ROLLING HILLS AVE SE
RENTON WA 98055
WONG, KATHLEEN A ST
140 BALDSMERE DR
YORK PA 17403
WONG, MD, KIRK L ORS
2409 FITLERS WALK
PHILADELPHIA PA 19103
WONG, MD, STEPHEN W OPH
3401 N BROAD ST 6TH PP
PHILADELPHIA PA 19140
215-707-3185
WOO, EDWARD Y ST
8 VERKADE AVE
WAYNE NJ 07470
WOOD, MD, MARGARET D OTO
108 W ALLENS LN
PHILADELPHIA PA 19119-4102
215-248-2766
WOODS, MD, KELLY W EM
2C HIGHLAND BLVD
NW CASTLE DE 19720-3981
WOODS, MD, TIMOTHY A IM
333 CITY AVE STE IL40
BALA CYNWYD PA 19004-1503
610-664-1977
WOODWARD, MD, JOHN P GP
699 MAYFAIR ST
PHILADELPHIA PA 19120-2645
215-677-4188
WORRILOW, MD, CHARLES C EM
1106 COVENTRY POINTE LN
POTTSTOWN PA 19464
610-970-8097
WREN, FRANCIS J ST
2142 FARR ST
SCRANTON PA 18504-1138
WRIGHT, ANGELA C ST
307 SEMINOLE LN
GREEN BAY WI 54313
WRIGHT, GEOFFREY A ST
302 E HIGHLAND AVE
PHILADELPHIA PA 19118-2811
WRIGHT, MD, LANCE S P
112 S 4TH ST
DARBY PA 19023-2809
610-461-6225
WRIGHT, MD, SCOTT H GE
PENNSYLVANIA HOSP
8TH & SPRUCE ST
PHILADELPHIA PA 19107
215-829-3561
WU, JULIE ST
701 SUMMIT AVE APT D213
PHILADELPHIA PA 19128
WU, MICHAEL C ST
102 STETTLER DR
CLAIRTON PA 15025
WYNKOOP, MD, WALTER A IM
7901 HENRY AVE APT G501
PHILADELPHIA PA 19128
215-482-2632
WYNNE, MD, BRIAN R IM
1420 LOCUST APT 26J
PHILADELPHIA PA 19102
215-545-3343
WYSOKI, MD, MICHAEL G R
150 RIDGE PK APT 302A
LAFAYETTE HILL PA 19444
215-769-8323
XAVIER, MD, CHERIAN P IM
7505 VALL AVE
PHILADELPHIA PA 19128-3130
215-578-3674
YAMAGUCHI, JON S ST
16460 S KENNEDY RD
LOS GATOS CA 95032
YANG, MD, SHUIN-LIN GS
705 FOX HOLLOW RD
AMBLER PA 19002-2061
215-925-6234

YANKELEVICH, MD, RAUL GP
770 PANORAMA RD
VILLANOVA PA 19085-2030
YANOSCHAK, JENNIFER L ST
1 BAY POINT DR
TOMS RIVER NJ 08753
YANOVSKI, MD, A VIVIAN IM
5501 GREENE ST
PHILADELPHIA PA 19144-2805
215-848-7600
YANOVSKI, MD, ALEXANDER G P
5501 GREENE ST
PHILADELPHIA PA 19144-2805
215-843-8025
YAVIL, DO, JULES S DR
351 BAIRD RD
MERION STA PA 19066-1414
610-664-9958
YAZDANFAR, MD, SHAHRIAR CD
A EINSTEIN MED CTR
YORK & TABOR RDS
PHILADELPHIA PA 19141
215-456-7022
YEH, ERNEST L ST
100 RIDGEWOOD CIR
ST COLL PA 16803-3301
YESENOSKY, GEORGE A ST
717 HARTEL AVE
PHILADELPHIA PA 19111-3112
YOON, MD, CHUNG H GP
5031 N 5TH ST
PHILADELPHIA PA 19120-3834
215-324-0230
YOON, MD, MICHAEL S NS
2020 WALNUT ST APT 11E
PHILADELPHIA PA 19103
215-569-3408
YOUNG, MD, GERALDINE P PTH
681 MTG HOUSE RD # 7
ELKINS PK PA 19027
YOUNG, MD, IRVING PTH
681 MTG HOUSE RD # 7
ELKINS PK PA 19027
215-885-8256
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432 N 6TH ST
PHILADELPHIA PA 19123
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PO BOX 5089
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YOUNG, MD, NANCY ANNE *PTH
925 DALE RD
MEADOWBROOK PA 19046-2513
215-887-3117
YOUNG, MD, WILLIAM B N
1 PENN BLVD
PHILADELPHIA PA 19144-1407
215-951-8926
YOUNG, MD, WILLIAM F NS
TEMPLE UNIV HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140-5189
215-221-6843
YU, MD, BYUNG H IM
101 SREWSBURY CT
TRENTON NJ 08638-1913
609-896-0577
YUN, MD, DANIEL D IM
60 TWP LINE RD
PHILADELPHIA PA 19117-2249
215-663-0246
YUSSEN, MD, PHILIP S DR
1509 SWEET BRIAR RD
GLADWYNE PA 19035-1216
610-896-9489
ZACHIAN, MD, VICTOR A OBG
700 SPRUCE ST STE 508
PHILADELPHIA PA 19106-4027
215-829-3222
ZAGER, MD, ERIC L NS
HOSP UNIV OF PA
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PHILADELPHIA PA 19104-4219
215-662-3497
ZAGGER, GEORGE M ST
316 W 10TH ST #2
ERIE PA 16502
ZAGHLOUL, KAREEM A ST
7121 ARROWOOD RD
BETHESDA MA 20817
ZAKRZEWSKI, PAUL J ST
1100 W CHESTER PK APT J29
W CHESTER PA 19382
ZANGANEH, SHAHIN S ST
4038 MT DIABLO BLVD
LAFAYETTE CA 94549
ZANGRILLI, MD, JAMES G IM
1025 WALNUT ST RM 805
PHILADELPHIA PA 19107
215-955-6590
ZARRO, MD, SUZANNE C IM
1829 S BROAD ST
PHILADELPHIA PA 19148-2115
215-755-1009
ZATUCHNI, MD, JACOB CD
801 SPRUCE ST
PHILADELPHIA PA 19107-5701
215-829-5064

ZAVALETA, MD, JOSE G IM
1111 STEWARDS WAY
PHILADELPHIA PA 19154
215-612-9326
ZECCARDI, MD, JOSEPH A EM
RD 2 BOX 84A
SEWELL NJ 08080-9802
609-464-9705
ZEGEL, MD, HARRY G *R
156 VALL RD
ARDMORE PA 19003-1511
610-649-8332
ZEIDMAN, MD, JOAN H OBG
5038 BRITTANY LN
BRYN MAWR PA 19010-2078
610-525-6036
ZEITZER, MD, KENNETH L TR
310 SAW MILL LN #11A
HORSHAM PA 19044-1920
215-674-8126
ZEITZER, MD, RANDI J FP
310 SAW MILL LN APT 11A
HORSHAM PA 19044-1920
215-674-8126
ZELAC, DANIEL E ST
8150 NEW SECOND ST
ELKINS PK PA 19027
215-635-3914
ZELAHY JR, MD, JOHN W IM
1340 EDGE HILL RD APT A
ABINGTON PA 19001-2521
215-572-7657
ZELKOVIC, PAUL F ST
1000 WALNUT ST APT 1910A
PHILADELPHIA PA 19107-5518
ZELLIS, DO, JOSEPH FP
637 SPRUCE ST
PHILADELPHIA PA 19106-4113
215-922-2072
ZEMBLE, DO, HERBERT A FP
10101 ACADEMY RD
PHILADELPHIA PA 19114-1120
215-632-4000
ZERBY, MD, STEPHEN A P
834 CHESTNUT ST #1214
PHILADELPHIA PA 19107
215-922-3786
ZERITSKY, MD, SAMUEL P
43 SPRINGWOOD DR
SOUTHAMPTON PA 18966-3054
ZERVOS, MD, DENIS G R
517 GLEN ARBOR DR
WYNNEWOOD PA 19096-2611
610-649-3987
ZGLESZEWSKI, EDWARD J ST
4950 JEFFERSON DR
BROOKHAVEN PA 19015
ZIBRIDA, JOSEPH T ST
88 HILLTOP ACRES RD
WASHINGTON PA 15301-2941
ZICKLER, ROBERT W ST
34 W PKWY
PEQUANNOCK NJ 07440
ZIMMERMAN, DO, EDWARD GP
619 E ALLEGHENY AVE
PHILADELPHIA PA 19134-2302
215-634-2226
ZIMMERMAN, MD, MARC S ORS
2410-14 S BROAD ST STE 200
PHILADELPHIA PA 19145
215-334-3350
ZIMMERMAN, MICHELLE K ST
4520 MACKALL RD
SOUTH EUELIO OH 44121
ZINGERMAN, MD, ZENA M IM
365 BASSWOOD CIR
LANGHORNE PA 19053
215-953-2031
ZIPIN, MD, HOWARD S IM
1523 CORSLEY CT
MAPLE GLEN PA 19002-3137
215-643-6056
ZIRVI, KHALID M ST
14-21 SADDLE RIVER RD
FAIRLAWN NJ 07410
ZLOTOWSKI, DAVID M ST
911 BROOKMONT CIR
MALVERN PA 19355
ZOJWALLA, NASEEM J ST
207 CRICKET LN
WALLINGFORD PA 19086-6309
ZOLLINGER, RAYMOND H ST
2036 DELANCEY ST
PHILADELPHIA PA 19103
ZUBAIRI, RAHEL M ST
10911 CHANDLER RD
POTOMAC MD 20854
ZUBKOFF, MD, GERALD N *PD
7500 CENTRAL AVE STE 205
PHILADELPHIA PA 19111-2432
215-728-7711
ZUBROW, MD, SIDNEY N IM
301 S 8TH ST
PHILADELPHIA PA 19106-4014
215-829-8484
ZUCKER, MD, IVAN L DR
1703 CHIPPEWA RIDGE
AMBLER PA 19002-3619
215-653-0940
ZUCKERMAN, MD, GILBERT L CD
1722 BETHLEHEM PIKE
FLOURTOWN PA 19031-1644
215-247-9400

ZWEIZIG, MD, HELEN Z PD
538 WALNUT LN
PHILADELPHIA PA 19128-1741
ZWILLENBERG, MD, DAVID A OTO
111 S 11TH ST G4140
PHILADELPHIA PA 19107-5083
215-955-4700
ZWILLENBERG, MD, SETH OTO
1920 CHESTNUT ST
PHILADELPHIA PA 19103
215-842-6569
ZYNDA, ANDREA M ST
2046 WHARTON RD
GLENSIDE PA 19038-5324

POTTER

AKL, MD, MICHEL E PD
LYONS ST
PO BOX 609
SHINGLEHOUSE PA 16748-0609
814-697-7672
ASAR, MD, MARIAM H PD
353 E 2ND ST
COUDERSPORT PA 16915
814-274-9198
BACKES, MD, CELSO L OBG
C COLE MEM HOSP
COUDERSPORT PA 16915
814-274-7101
BARKE, MD, JAMES N *FP
LYON ST BOX 668
SHINGLEHOUSE PA 16748
814-697-7165
CALLAHAN, DO, MICHAEL E FP
RR 1 BOX 203A
GALETON PA 16922-9601
814-435-2942
CRUZ JR, MD, MOISES B GS
COLE MED CTR
COUDERSPORT PA 16915
814-274-8121
CUTRY, MD, JOSEPH J DR
PO BOX 470
COUDERSPORT PA 16915-0470
814-274-8186
DALLAIRE, MD, LOUISE A I DR
COLE MED CTR
PO BOX 470
COUDERSPORT PA 16915-0470
814-274-8186
FREEMAN, MD, RICHARD E FP
1068 S KENDALL AVE
BRADFORD PA 16701-3637
814-486-1659
GLENNEY, MD, ROBERT J *FP
ACADEMY ST
ULYSSES PA 16948
814-848-7556
MILLER, MD, HOWARD J IM
RR 3 BOX 63
COUDERSPORT PA 16915-9803
814-274-7070
MOSCH, MD, GEORGE C *FP
207 CARTEE ST
COUDERSPORT PA 16915-1443
814-274-8450
MOSCH, MD, HERMAN C AN
4 S EAST ST
COUDERSPORT PA 16915-1407
814-274-8550
NURBHAI, MD, MURTAZA E OTO
COLE MED CTR
RT 6
COUDERSPORT PA 16915-9803
814-274-7761
POORE, MD, GEORGE C U
65 SOUTHEAST ST
COUDERSPORT PA 16915-1406
814-274-8123
SHELLEY, MD, MARK H FP
PO BOX 307
PT ALLEGANY PA 16743-0307
814-642-9531
SO, MD, BLESILDA S *OBG
RR 3 BOX 209Q
COUDERSPORT PA 16915
814-274-7486
SO, MD, GEORGE L *CD
WESTFIELD HLTH CTR
222 CHURCH ST
WESTFIELD PA 16950
814-367-5971
SOIKA, MD, CHRISTOPHER W *GS
PO BOX 662
COUDERSPORT PA 16915-0662
SORBER, MD, WILLIAM A IM
COLE MED CTR
RR 1 BOX 205
COUDERSPORT PA 16915-9762
SUPINSKI, MD, ROBERT S *ORS
COLE MED CTR
RR 1 BOX 205
COUDERSPORT PA 16915
814-274-9650
VAN ANTWERP, MD, MARK A AN
C COLE MEM HOSP
RT 6 EAST
COUDERSPORT PA 16915
814-274-8560
VILLA, MD, FRANCISCO B FP
46 S MAIN ST
PT ALLEGANY PA 16743-1345
814-642-2800

WALLISCH, MD, MICHAEL D DR
PO BOX 470
COUDERSPORT PA 16915-0470
814-274-8186
WEI, MD, LAWRENCE C OPH
COLE MED CTR
RR 1
COUDERSPORT PA 16915-9762
814-274-7910
WONGPAKDEE, MD, SOBSAN GS
1011 S MAIN ST
COUDERSPORT PA 16915-1336
ZIBILICH, MD, GLORIA J FP
139 MAIN ST
PO BOX 509
ELDRED PA 16731
814-225-4241

SCHUYLKILL

AHLUWALIA, MD, HARWINDER S PUD
MT HOPE MED CTR
1630 MT HOPE AVE
POTTSVILLE PA 17901-1337
717-622-1575
AKBAR, MD, MOHAMMAD M OTO
26 S CENTRE ST
POTTSVILLE PA 17901-3001
717-622-5751
ASLAM, MD, MOHAMMAD N
101 MILL CREEK AVE
POTTSVILLE PA 17901
717-622-6732
BANE, MD, DENIS M IM
1 NORWEGIAN PLZ
CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3056
717-622-0907
BARCLAY, MD, CLAYTON C R
PO BOX 332
ORWIGSBURG PA 17961-0332
717-366-2174
BARDELL, MD, CRAIG R FP
W MAIN ST PO BOX 660
VALL VIEW PA 17983
717-682-9031
BEAUSANG, MD, THOMAS PD
316 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291
BEMILLER, MD, CARL CD
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
BERGUSON, MD, PAUL D AN
48A W PHILLIPS ST
COALDALE PA 18218-1437
717-645-9470
BILINSKI, MD, CAROL A PD
BLUE MOUNTAIN PED
599 RTE 61 S
SCHUYLHILL HAVEN PA 17972
717-366-7337
BINDIE, MD, RICHARD P PTH
150 AVENUE E
SCHUYLKILL HAVEN PA 17972-1412
717-385-2494
BIZUP, MD, THOMAS GP
PO BOX 148
NEW RINGGOLD PA 17960-0148
717-943-2424
BOHNENBLUST, MD, WALTER R R
520 RARING DR
ORWIGSBURG PA 17961-2204
717-366-2540
BORAN, MD, ROBERT P *ORS
313 WASHINGTON ST
POTTSVILLE PA 17901-3640
717-622-6241
BORAN, MD, THOMAS V *OTO
450 WASHINGTON ST
POTTSVILLE PA 17901-3655
717-621-5010
BOYSEN, MD, HOMER GP
238 W PINE STREET
MAHANOY CITY PA 17948-2539
717-773-0134
CAROL, MD, MARILYN N OBG
ONE NORWEGIANPLZ
STE 315
POTTSVILLE PA 17901
717-622-1000
CHAWLUK, MD, JOHN B N
700 SCHUYLKILL MAN RD
SUITE 3
POTTSVILLE PA 17901-3849
717-622-7704
CHOONG, MD, SHUNG S *GP
SOCIETY HILL TOWERS
220 LOCUST ST # 17B-C
PHILADELPHIA PA 19108
CONNOLLY, DO, WILLIAM S DR
420 S JACKSON STREET
POTTSVILLE PA 17901-3625
717-621-5325
CONRAD, MD, JOSEPH E R
RD 2 BOX 14
HEGINS PA 17938-9306
717-682-3221
CUBLER, MD, EDWARD W AN
119 AVENUE B
SCHUYLKILL HAVEN PA 17972-1304
717-385-1891

CUPINO, MD, ELMER P
1752 OAK CT
ORWIGSBURG PA 17961-9531
717-366-0650
CURRY, MD, THOMAS A PD
316 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291
DANKMYER, MD, FREDERICK L OPH
REDDALE FARM
ORWIGSBURG PA 17961
DAWSON, MD, MICHAEL H O *ORS
739 E NORWEGIAN ST
POTTSVILLE PA 17901-2709
717-622-7051
DECOLLI, DO, ROBERT A IM
205 E LAUREL BLVD
POTTSVILLE PA 17901
717-622-1887
DINICOLA, MD, ARTHUR N IM
28 SUNBURY ST
MINERSVILLE PA 17954-1448
DINICOLA, MD, ARTURO N AN
404 VILLAGE RD
ORWIGSVILLE PA 17961-9659
DIRNBERGER, DO, THOMAS FP
34 S RAILROAD ST
TAMAQUA PA 18252-1927
717-668-4111
FEINBERG, MD, KALMEN A *PTH
ASHLAND STATE GENRAL HOSP
ASHLAND PA 17921
717-875-5949
FEUDALE, MD, RICHARD F GP
GENERAL DELIVERY
PO BOX 25
GORDON PA 17936-9999
717-875-0380
FITZPATRICK, DO, JAMES W IM
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
FORSTER, DO, CARL J GP
211 TIMBER RD
POTTSVILLE PA 17901-4036
717-628-5335
FRABLE, MD, DEAN G IM
413 W MARKET ST
POTTSVILLE PA 17901-2930
717-628-2040
GIANFAGNA, MD, WILLIAM J PD
316 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291
GRAVES, MD, LYNDA C S FP
200 S 4TH ST
MINERSVILLE PA 17954-1104
717-544-9123
GRECO, MD, ROBERT M IM
2 PEAR ST
SCHUYLKILL HAVEN PA 17972-1418
717-385-5137
GREEN, MD, CHARLES *GE
700 SCHUYLKILL MNR RD STE 9
POTTSVILLE PA 17901-3849
717-622-5555
GREEN, MD, ROY AN
PO BOX 70
GIRARDVILLE PA 17935-0070
GUASTAVINO, MD, THOMAS D ORS
700 SCHUYLKILL MNR RD STE 1
PO BOX 510
POTTSVILLE PA 17901-3849
717-622-5672
HALE, MD, THOMAS K GP
117 W FRACK ST
FRACKVILLE PA 17931-1710
HARRING, MD, MAYNARD GP
105 W MAIN ST PO BOX 165
VALL VIEW PA 17983
717-682-3136
HAWLEY, MD, RICHARD C GE
625 E UNION ST
SCHUYLKILL HAVEN PA 17972-1332
717-385-4651
HEFFNER JR, MD, GEORGE W IM
450 WASHINGTON ST STE 11-401
POTTSVILLE PA 17901-3655
717-622-1887
HEISTAND, MD, LANDIS C ORS
700 SCHUYLKILL MAN RD
STE 1 BOX 510
POTTSVILLE PA 17901-3849
717-622-5672
HERMANY, DO, DEBRA K *EM
199 DOCK ST
SCHUYLKILL HAVEN PA 17972-1207
717-385-2497
HEUERMANN, MD, ROBERT P GS
930 CTR ST
ASHLAND PA 17921-1244
717-875-3438
HOBBS, MD, JOSEPH H GP
1407 MAHANTONGO ST
POTTSVILLE PA 17901-3307
717-622-0919
HU, MD, JAMES W T *GP
239 W CENTRE ST
SHENANDOAH PA 17976-1608
JULIAN-CRISI, MD, MARYJANE A GP
8539 TOLBUT ST
PHILADELPHIA PA 19152-1210
215-725-6445

KASUNDRA, MD, PARSHOTTAM N IM
106 S CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3639
717-429-0788
KATZ, MD, ILENE M OBG
437 N CENTRE ST
POTTSVILLE PA 17901-1705
717-628-2229
KHAN, MD, SULTAN OTO
26 S CENTRE ST
POTTSVILLE PA 17901-3001
717-622-5751
KHOLOUSSY, MD,
ABDELMOHSEN M GS
1851B W END AVE
POTTSVILLE PA 17901-2029
717-622-4164
KIM, MD, INKYO IM
525 MCINTOSH LN
ANDREAS PA 18211-9777
717-386-3119
KIM, MD, SUN C *FP
136 W MARKET ST
MAHANOY CITY PA 17948-2627
717-773-2240
KIMMEL, MD, ROBERT M PS
700 SCHUYLKILL MAN RD
POTTSVILLE PA 17901
717-622-9390
KO, MD, CHAN S GP
212 MAHANTONGO ST
POTTSVILLE PA 17901-3011
717-622-3322
KRUSZEWSKI, MD, STEFAN P P
450 WASHINGTON ST
POTTSVILLE PA 17901-3204
717-821-5016
LADO, MD, MICHAEL OBG
608 HILLCROFT AVE
SCHUYLKILL HAVEN PA 17972-1834
LAYCHOCK, MD, ANNA M DR
BOX 5864 RD #5
POTTSVILLE PA 17901
717-622-9789
LEAL, MD, GUMERSINDO R FP
PO BOX 1271
POTTSVILLE PA 17901-7271
717-622-2818
LEE, MD, JANGWOO OBG
THOMPSON BLDG
SUITE 311
POTTSVILLE PA 17901
717-628-5625
LEE, MD, WON Y GP
44 S TULPEHOCKEN ST
PINE GROVE PA 17963-1112
717-345-4009
LEIB, MD, PAMELA L P
7 N 6TH ST
POTTSVILLE PA 17901-2801
717-628-3554
LEMASTERS, DO, THOMAS R OTO
RR 3 BOX 114A
TAMAQUA PA 18252-9803
717-386-5900
LENYO, MD, GEORGE E FP
HOMETOWN R F D 2-59
TAMAQUA PA 18252
717-668-4299
LEWIS, MD, JOFFRE P R
18 VALL DR
BIRDSBORO PA 19508-9307
610-779-5432
LIN, MD, CHING H OBG
312 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-7688
LING, MD, CHARLES C GS
1717 MAHANTONGO ST
POTTSVILLE PA 17901-3224
717-622-0430
LOK, MD, MAI PAI AN
RR 3 BOX 3505
BRYN MAWR AVE
POTTSVILLE PA 17901-9370
717-622-6873
LONGARINI, MD, RICARDO IM
1544 SUMMER HILL RD
AUBURN PA 17922-9018
717-754-3800
LUO, MD, SOLOMON C OPH
350 PATTON DR
ORWIGSBURG PA 17961-1620
717-366-0443
MALICK, MD, DONALD V *GP
PO BOX 438
HEGINS PA 17938-0438
717-682-3168
MALIK, MD, MAOSOOD A CD
106 S CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3639
717-622-4209
MALISHAUCKI, MD, MARY G GER
4 STONECROP RD
WILMINGTON DE 19810-1316
MARCONIS, MD, JOSEPH T *U
1501 BIRCH RD
POTTSVILLE PA 17901-3334
MARINO, MD, GLEN A PM
1827 RIDGEWOOD RD
ORWIGSBURG PA 17961
717-366-2252

MARSHALL, MD, DAVID S CD
1023 MAHANTONGO ST
POTTSVILLE PA 17901-3026
717-622-7149
MARSHALL, MD, HELEN L OS
1023 MAHANTONGO ST
POTTSVILLE PA 17901-3026
MATEER JR, MD, HARRY O OBG
AMER REHAB CTR #400
SCHUYLKILL
POTTSVILLE PA 17901
717-622-8100
MATHUR, MD, KAILASH R
78 SHERWOOD RD
POTTSVILLE PA 17901-4023
MCCLOSKEY, MD,
SISTER ANN M PTH
GOOD SAMARITAN HOSP
700 E NORWEGIAN ST
POTTSVILLE PA 17901-2798
717-621-4093
MCLAUGHLIN, MD, THOMAS W IM
1 NORWEGIAN PLZ
CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3056
717-622-0907
MEERAN, MD, M MOHAMED GS
1 NORWEGIAN PLZ
POTTSVILLE PA 17901-3056
717-622-3754
MILLER, MD, RICHARD E OBG
242 E BROAD ST
TAMAQUA PA 18252-2057
717-668-4734
MILLER-SCHAEFFER, MD,
CAROL A IM
23 WOODLAWN DR
SCHUYLKILL HAVEN PA 17972-9324
610-683-3419
MODARRESS, MD, JOHN Y GS
289 ROBERTS DR
PO BOX 369
HENDERSONVILLE NC 28793
MODY, MD, SMITA S AN
219 TIMBER RD
POTTSVILLE PA 17901-4036
717-622-1750
MOHAN, MD, FRANCIS P *FP
241 S TULPEHOCKEN ST
PINE GROVE PA 17963-1037
717-345-3321
MUNIR, MD, MUHAMMAD CD
106 S CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3639
717-622-4209
NARULA, MD, AMRIT P GE
106 S CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3639
717-622-4209
NEWMAN, MD, DONALD A OPH
HOUSER NEWMAN ASSOC
R D 3
TAMAQUA PA 18252-9803
717-386-5926
NICHOLLS, MD, JOAN E P
1023 CTR ST
ASHLAND PA 17921-1204
717-875-2922
NICHOLLS, MD, RICHARD H GP
1023 CTR ST
ASHLAND PA 17921-1204
717-875-2922
O'CONNOR, MD, ROBERT D IM
319 E HANCOCK ST
ST CLAIR PA 17970-1050
717-429-2739
PETERS III, MD, ROBERT H GE
1851-C W END AVE
POTTSVILLE PA 17901-2029
717-622-1650
PIERDON, MD, STEVEN B PD
316 MAUCH CHUNK ST
POTTSVILLE PA 17901-3614
717-622-2291
RANGANATH, MD, GUBBI N IM
POTTSVILLE INT ASSOC
P O BOX 269
POTTSVILLE PA 17901-0269
717-622-4209
RAO, MD, YASHODA D NEP
POTTSVILLE INT ASSOC
P O BOX 269
POTTSVILLE PA 17901-0269
717-622-4209
RASHID, MD, ABDUL IM
106 S CLAUDE A LORD BLVD
POTTSVILLE PA 17901-3639
717-622-4209
RAVITZ, MD, GERALD A U
100 E UNION ST
UNION & PROGRESS AVES
POTTSVILLE PA 17901-3505
717-622-8903
REIMER, MD, CRAIG L IM
407 W MARKET ST
POTTSVILLE PA 17901-2930
717-622-2341
REITZ, MD, MELVIN L GP
582 N KEMP ST
KUTZTOWN PA 19530-1232
610-683-6505

RICCHIUTI, MD, A GEORGE OTO
335 E CTR ST
MAHANOY CITY PA 17948-2708
717-773-3150
RICCHIUTI, MD, JOSEPH F DMP
1702 MAHANTONGO ST
POTTSVILLE PA 17901
RISMILLER, MD, ROSS W IM
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
RITTER, MD, THOMAS J GS
320 MACARTHUR DR
ORWIGSBURG PA 17961-1614
717-366-1115
ROMEIKA, MD, MARY M FP
14 N JARDIN ST
SHENANDOAH PA 17976-1636
717-462-0832
RUBRIGHT JR, MD, HERBERT C FP
401 UNIV DR
SCHUYLKILL HAVEN PA 17972-2212
717-385-0331
RUSSO, MD, JOHN F *CLP
GOOD SAM REG MED CTR
POTTSVILLE PA 17901
717-621-4036
SAHOO, MD, DILLISWAR IM
48 W PHILLIP ST
PO BOX 25
COALDALE PA 18218-0025
717-645-3297
SARACENI, DO, ANTHONY J IM
205 N 20TH ST
POTTSVILLE PA 17901-2022
717-628-4945
SCHLITZER, MD, WILLIAM H GP
1247 W NORWEGIAN ST
POTTSVILLE PA 17901-2211
SCHWARTZ, MD, IRA U
723 RIGHTERS MILL RD
NARBERTH PA 19072-1428
717-366-2143
SCICCHITANO, MD, LEON P GS
5341 WINDWARD WAY
NEW PORT RICHEY FL 34652
SETLOCK, DO, WALTER W FP
605 LEE ST
ORWIGSBURG PA 17961-1531
717-366-0876
SHAH, MD, SYED G IM
MED ARTS BLDG
POTTSVILLE PA 17901
717-622-4209
SHIPTON, DO, WILLIAM E U
UNION & PROGRESS AVES
POTTSVILLE PA 17901
717-622-8903
SINGH, MD, RAJENDRA PDA
1630 MT HOPE AVE
POTTSVILLE PA 17901-1302
717-622-6680
SLIMMER JR, MD, SAMUEL C *EM
1722 BRECKENRIDGE RD
ORWIGSBURG PA 17961-9544
717-366-2230
SLUSSER, MD, STEPHEN O *GE
700 SCHUYLKILL MAN STE 9
POTTSVILLE PA 17901
717-622-5555
SWAIN, MD, STEPHEN S IM
205 E LAUREL BLVD
POTTSVILLE PA 17901-2534
717-622-1887
TANANIS, MD, LEONARD J OPH
1606 MAHANTONGO ST
POTTSVILLE PA 17901-3223
TAVARIA, MD, SOLI *IM
105 N DELAWARE AVE
MINERSVILLE PA 17954-1726
717-622-0675
TISSENBAUM, MD, ALLAN *ORS
313 WASHINGTON ST
POTTSVILLE PA 17901
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412-942-3055
SPANOGIANS, MD, ANGELO J GP
52 HINDMAN AVE
BURGETTSTOWN PA 15021-1157
STINELY, MD, REGIS W PTH
WASHINGTON HOSP
WASHINGTON PA 15301
412-233-3138
STOCKER, MD, KEVIN D OBG
423 MARY LN
CANONSBURG PA 15317-2282
412-745-1517
SYED, MD, TASNEEM A Z PTH
100 MED BLVD
CANONSBURG PA 15317
412-745-6100
THEAKSTON, MD, ROBERT W GS
RR 1 BOX 164
FREDERICKTOWN PA 15333-8916
TIBBENS, MD, GEORGE F OPH
630 PALM ST
WASHINGTON PA 15301-5932
412-222-1696
TRIPOLI, MD, CHARLES J FP
90 W CHESTNUT ST
WASHINGTON PA 15301-4524
412-225-9951
TRIPOLI, MD, LOUIS C *IM
90 W CHESTNUT ST
WASHINGTON PA 15301-4524
412-225-9951
TSAMBASSIS, MD, NICHOLAS A PD
107 SKYLINE DR
CALIFORNIA PA 15419-1240
412-938-0301
URREA, MD, OSCAR *P
110 HIDDEN VLY RD
MCMURRAY PA 15317-2685
412-941-4070
UY, MD, HENRY T R
304 OAKLAWN DR
PITTSBURGH PA 15241-1739
412-831-7870
VALLEJO, MD, MANUEL C GS
2215 HILL CHURCH-HOUSTON RD
CANONSBURG PA 15317
412-746-5600
VALLEJO JR, MD, MANUEL C AN
50 FAIRHILL DR
WASHINGTON PA 15301-3844
412-225-0640
VANSTRIEN, MD, ADRIAN R IM
400 LOCUST AVE
WASHINGTON PA 15301-3329
412-222-9300
VAZQUEZ, MD, JORGE L AN
MONONGAHELA VALL
HOSP-ANES
COUNTRY CLUB RD
MONONGAHELA PA 15063
412-258-1063
VEACH, MD, CATHY M FP
84 COLONIAL DR
WASHINGTON PA 15301
412-225-7367
WADHWANI, MD, BHAGWAN J PUD
125 SIMPSON RD
BROWNSVILLE PA 15417-9624
412-785-2330
WALTHER, MD, BRENDA L FP
20 GINA DR
WASHINGTON PA 15301-9533
412-223-0945
WELDON, MD, JOHN F AN
125 TOWER ST
MONONGAHELA PA 15063-1141
412-258-1829

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2001 WATERDAM PLZ STE 201
MCMURRAY PA 15317-2475
412-942-3963
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2001 WATERDAM PLZ DR
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412-941-9289
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107 B WAKEFIELD RD
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95 LEONARD AVE
WASHINGTON PA 15301
412-225-3640
WODLINGER, MD, PAUL M PD
400 JEFFERSON AVE
WASHINGTON PA 15301-4261
412-228-7400
WORSHTIL, MD, MARK E FP
WASHINGTON HOSP
155 WILSON AVE
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412-223-3100
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635 PARK ST
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717-253-6524
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717-296-6007
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RR 3 BOX 26
MILFORD PA 18337-9535
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MILFORD PA 18337-9535
717-296-5107
CHARNEY, MD, ALAN N NEP
1422 N MAIN ST
HONESDALE PA 18431-2006
717-253-5828
CITA, MD, KATHLEEN R PD
1837 FAIR AVE
HONESDALE PA 18431
717-253-5838
DAVIS, MD, WILLIAM F FP
1325 MAIN ST
HONESDALE PA 18431-2003
717-253-1205
DEWAR III, MD, WILLIAM R IM
650 PARK ST
HONESDALE PA 18431-1446
717-253-0105
DEWAR II, MD, WILLIAM R *FP
HCR BOX 2180
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717-226-2151
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1837 FAIR AVE
HONESDALE PA 18431-2121
717-253-5838
GOLDFEDER, MD, WARREN J DR
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717-253-8125
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1018 CHURCH ST
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717-253-4008
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410 BROAD ST
HONESDALE PA 18431-1608
717-253-9331
KOHRT, MD, ALAN E PD
1837 FAIR AVE
HONESDALE PA 18431-2121
717-253-5838
KUBER, MD, MATTHEW T CD
310 SUNRISE AVE
HONESDALE PA 18431-1032
717-253-4255
KUTCH, MD, JAMES D GE
310 SUNRISE AVE
HONESDALE PA 18431-1032
717-253-3391
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WESTFALL PROF PLZ
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717-296-4901

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717-253-3588
LIM, MD, CHANG-SEIN *AN
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HONESDALE PA 18431-1703
717-253-5830
LIU, MD, PHILIP G OTO
650-2 PARK ST
HONESDALE PA 18431-1446
717-253-0202
LIU, MD, ROSITA O ID
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HONESDALE PA 18431-1446
717-653-0214
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HONESDALE PA 18431-2023
717-253-3005
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WAYNE MEM HOSP-RAD
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717-253-1300
YOO, MD, HOON OBG
WOM HLTH CARE OF NE PA
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599 N CHURCH ST
MT PLEASANT PA 15666-1004
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ABUL-FADL, MD, YAHYA OS
603 N CHURCH ST
MT PLEASANT PA 15666-1006
412-547-3030
AHUJA, MD, SUBASH C PTH
651 4TH AVE
NEW KENSINGTON PA 15068-6591
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CONNELLSVILLE PA 15425-3435
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PITTSBURGH PA 15235
412-247-7688
ANDERSON, MD, VICTOR S *PS
1100 SUMMIT DR
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606 AGNES ST
GREENSBURG PA 15601-4991
ANNAMRAJU, MD, SRINIVAS DR
3008 HILLTOP DR
MURRYSVILLE PA 15668
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251 7TH ST STE C202
NEW KENSINGTON PA 15068-6538
412-337-8404
ARMANIOUS, MD, ADEL W GS
600 LIGONIER ST
LATROBE PA 15650-1426
412-539-8542
ASPINALL, MD, ALAN R *FP
450 ROUTE 22
DELMONT PA 15626-1638
412-468-5500
ASSANASEN, MD, BENJA V PD
595 ROUTE 66
APOLLO PA 15613-8862
412-339-6641
ASSANASEN, MD, CHARIN IM
596 RTE 66
APOLLO PA 15613-9684
412-727-2251
BAHLER, MD, EILEEN FP
501 WELDON ST
LATROBE PA 15650-1520
412-537-0733
BAJWA, MD, SURINDER S IM
305 7TH ST
NEW KENSINGTON PA 15068-6529
412-339-3900
BALCITA, MD, ARTHUR L OBG
635 5TH AVE
NEW KENSINGTON PA 15068-6508
412-339-4418
BANDARANAYAKE, MD,
NISANTHA M *AN
104 DOWNING DR
PITTSBURGH PA 15238-2506
412-337-5006
BANKACI, MD, MURAT *OTO
609 N CHURCH ST
MT PLEASANT PA 15666
412-547-4575
BARBER, MD, JOHN V US
84 UNITY SQUARE
GREENSBURG PA 15601
412-832-2319

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12 SAXMAN DR
LATROBE PA 15650-1644
BARUA, MD, SUBRATA P ORS
WALTON TEA ROOM RD
RR 6 PO BOX 142
GREENSBURG PA 15601-9326
412-523-4215
BAUM, MD, ALICIA D
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N HUNTINGTON PA 15642-2762
412-863-7530
BAUM, MD, NEIL B *FP
113 MARA LAGO
GREENSBURG PA 15601-9593
412-836-6557
BAUTISTA, MD, PRIMO V PTH
ALLEGHENY VALL HOSP
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NATRONA HTS PA 15065-1150
412-226-7077
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2 PINEVIEW PL
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412-836-2828
BELLANCA JR, MD, GUY L OS
1265 BRINKERTON RD
GREENSBURG PA 15601-5852
412-832-9168
BERARDI, MD, RONALD S PTH
811 SPRING ST
LATROBE PA 15650-2025
412-539-0407
BERBERICH, MD, WALTER F CD
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1926 MURRAY AVE
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BERGQUIST, MD, ERICK J ID
210 W TACOMA AVE
LATROBE PA 15650-1026
412-537-5889
BERMAN, MD, HOWARD J CLP
139 HARTWOOD DR
PITTSBURGH PA 15208
412-731-8171
BEYER, MD, DAVID W AN
LATROBE AREA HOSP
W 2ND ST
LATROBE PA 15650
412-539-9311
BEYER, MD, F D PTH
FRICK COMM HLTH CTR
508 S CHURCH ST
MT PLEASANT PA 15666-1790
412-547-1216
BLACKBURN, MD, LAWRENCE F *IM
111 W 3RD ST
GREENSBURG PA 15601-2905
412-837-1010
BLATCHLEY, MD, DONALD M D
19 HOLLY RD
GREENSBURG PA 15601-5809
412-837-5625
BOLDEN, MD, RICHARD O *R
124 CROFTON DR
PITTSBURGH PA 15238-2504
412-963-8025
BOONE, MD, EDGAR A FP
401 CHURCH STREET
HERMINIE PA 15637-1457
412-446-5571
BOONE, MD, JOY L FP
401 CHURCH STREET
HERMINIE PA 15637-1457
412-446-5571
BOOTH, MD, HOBSON G OBG
14 FELDARELLI SO
NEW KENSINGTON PA 15068
412-337-4578
BORTZ, MD, DONALD W IM
RR 8 BOX 300-B
GREENSBURG PA 15601
412-834-9430
BOSCHA, MD, KENNETH W *IM
107 ROCKY DR
GREENSBURG PA 15601-9775
412-832-8993
BOYLE, MD, BRIAN F *PM
4 MARKVUE CIR
GREENSBURG PA 15601-1339
412-836-8823
BRADLEY, DO, BRUCE A GE
406 LORENZO DR
IRWIN PA 15642-9500
412-864-2616
BRADLEY, MD, WILLIAM L AN
RR 6 BOX 1162
MT PLEASANT PA 15666-8809
412-547-1500
BRADY, MD, DOUGLAS F GS
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FREEPORT RD STE 7
NEW KENSINGTON PA 15068-6009
412-335-3719
BRALLIER, MD, HUGH W FP
728 HILLSIDE DR
LIGONIER PA 15658-8736
412-238-7868

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2921 SEMINARY DR
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GREENSBURG PA 15601
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614 4TH AVE
NEW KENSINGTON PA 15068-6505
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305 7TH ST
NEW KENSINGTON PA 15068-6529
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CASTILLO, MD, FRANCISCO A *R
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412-547-1268
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115 ELGON DR
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MT PLEASANT PA 15666-2013
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EL-ATTRACHE, MD, SELIM ORS
606 S CHURCH ST
MT PLEASANT PA 15666-1704
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FLORENTIN, MD, HERIBERTO M OBG
2618A MEMORIAL BLVD
CONNELLSVILLE PA 15425-1400
412-628-1920
FONG, MD, JAKE FP
35 FAIRWAY DR
GREENSBURG PA 15601-1220
412-836-6653
FOSTER, MD, WALTER D R
433 RIDGE RD
GREENSBURG PA 15601-5642
FRANCKEN, MD, GREGORY J DR
W 2ND AVE
LATROBE PA 15650
412-537-1459
FREEDBERG, MD, LAWRENCE E U
600 LIGONIER ST
LATROBE PA 15650-1426
412-539-9736
FRONDUTI, MD, LUCIAN J GS
4575 COVE CIR APT 906
ST PETERSBURG FL 33708-2841
813-393-6630
GALL, MD, JOSEPH A HEM
559 SHEARER ST
GREENSBURG PA 15601-2745
412-832-3960
GAVIN, MD, GEORGE M FP
220 ORCHARD DR
LATROBE PA 15650-2346
412-539-1151
GERGER, MD, JOSEPH P FP
607 MICHIGAN AVE
JEANNETTE PA 15644-2433
412-527-6424
GESSNER, MD, THOMAS P *PD
LATROBE AREA HOSP
101 W 2ND AVE
LATROBE PA 15650-1068
412-537-1939
GIBSON, MD, F CLAY GP
8 GARDEN CTR DR
GREENSBURG PA 15601
412-539-2938
GLASSER, MD, STUART A D
916 GREEN ST
GREENSBURG PA 15601-4135
412-832-1800
GOLDBERG, MD, STEVEN P OTO
STONE VILLA PROF CTR
660 PELLIS RD STE 102
GREENSBURG PA 15601
412-836-2722
GOLDSTROHM, MD, GREGG L *ORS
507 W NEWTON ST
GREENSBURG PA 15601-2819
412-832-6490

GOLIO, MD, ANTHONY G *U
1600 PACIFIC AVE STE 3
NATRONA HTS PA 15065-2101
412-226-3833
GORDON, MD, HAROLD E PTH
117 S ST CLAIR ST
LIGONIER PA 15658-1330
412-238-9510
GORDON, MD, MILTON S GP
622 4TH AVE
NEW KENSINGTON PA 15068-6505
412-335-8883
GRABIAK, MD, GREGORY D *US
1341 CLEARVIEW DR
GREENSBURG PA 15601-3763
412-836-3806
GUPTA, MD, KRISHNA G U
251 7TH ST APT C202
NEW KENSINGTON PA 15068-6538
412-337-8404
HAAS, MD, DONALD D DR
27 BENNETT LN
GREENSBURG PA 15601-5829
HANNA, MD, ANTONIOUS H IM
PENN TWP COMM
MED CTR
MAIN STREET
HARRISON CITY PA 15636-544
412-744-7444
HARRISON, MD, FRANK D R
651 4TH AVE
NEW KENSINGTON PA 15068-6591
412-337-5035
HARSTER, MD, GERALD A PTH
JEANNETTE HOSP
JEANNETTE PA 15644-2505
412-527-9330
HARTMAN, MD, H KING *OPH
516 PELLIS RD
GREENSBURG PA 15601-4506
412-836-0190
HATTOUM, MD, PITTAGORE GYN
8700 PENNSYLVANIA AVE
N HUNTINGDON PA 15642-2762
HAUGER, MD, HAROLD N OPH
12828 DORNOCH CT
FORT MYERS FL 33912
813-768-0928
HAUS, MD, MARY M *ORS
36 BRIARWOOD DR
JEANNETTE PA 15644-9600
412-832-1390
HAZLETT JR, MD, WALTER S GP
807 CHESTNUT STREET
LATROBE PA 15650-2007
HEBRANK, MD, GREGORY T OBG
RD 5 BOX 148
GREENSBURG PA 15601-9507
412-832-9190
HELLMAN, MD, ARTHUR A CDS
60 S WASHINGTON AVE
GREENSBURG PA 15601
412-838-8601
HERSHOCK, MD, BRUCE A *ORS
1010 JEFFERSON ST
LATROBE PA 15650-1810
412-539-3233
HOFFMAN, MD, WILLIAM J DR
LATROBE AREA HOSP
W 2ND AVE
LATROBE PA 15650-1166
412-537-1456
HOLTZER, MD, KARL W PD
1100 LIGONIER ST
LATROBE PA 15650
814-336-6384
HOSSAIN, MD, AYESHA FP
601 MICHIGAN AVE
JEANNETTE PA 15644-2432
412-523-5721
HUGHES, MD, WILLIAM M *FP
371 VERNON DR
W NEWTON PA 15089-2701
412-872-9474
HUNTER, MD, GEORGE R *IM
610 JEFFERSON AVE
JEANNETTE PA 15644-2507
412-527-1145
IYENGAR, MD, PURUSHOTHAMA M P
4008 CHELSTEAD WAY
MURRYSVILLE PA 15668
412-733-5403
JAIN, MD, BHARAT PUD
5 ALPEN STRASSE
LATROBE PA 15650
412-532-1263
JAKUBEK, MD, DONALD J FP
501 WELDON STREET
LATROBE PA 15650-1917
412-537-0733
JANA, MD, BARID B GS
261 E CRAWFORD AVE
CONNELLSVILLE PA 15425-3635
412-626-0005
JAVAN, MD, MEHDI B GS
636 4TH AVE
NEW KENSINGTON PA 15068-6505
412-339-2900
KAMINSKI, MD, THOMAS N IM
1 BRADDOCK ROAD AVE
MT PLEASANT PA 15666-1453
412-547-4536

KAR, MD, DILIP S US
807 LIGONIER ST
LATROBE PA 15650-1827
412-537-7788
KATZ, MD, JERALD M U
600 LIGONIER ST
LATROBE PA 15650-1426
412-539-9736
KAUR, MD, PRAKASH AI
311 7TH ST
NEW KENSINGTON PA 15068-6529
412-335-1200
KEARNEY, MD, JOSEPH A DR
545 RUGH ST
GREENSBURG PA 15601-5636
412-832-4380
KECK, MD, WILLIAM S *OPH
516 PELLIS RD
GREENSBURG PA 15601-4506
412-834-3730
KENNEN JR, DO, EUGENE W ORS
950 GREENGATE N PLZ
GREENSBURG PA 15601-2012
412-837-9113
KENNEY, MD, DAVID A VS
401 DEPOT ST
LATROBE PA 15650-1578
412-537-3929
KERR JR, MD, CLARK M *FP
12895 ROUTE 30
N HUNTINGDON PA 15642-1324
412-864-7101
KETTERING, MD, DONALD L PUD
PULMONARY & CRITCAL
CARE MED
203 MED ARTS BLDG
GREENSBURG PA 15601
412-837-1894
KEVENK, MD, KERIM C R
1262 LAUREL VIEW DR
JOHNSTOWN PA 15905-1508
KHALIL, MD, KARIM OBG
30 MARYLAND PL
JEANNETTE PA 15644-2823
412-527-2798
KHAN, MD, ANWARULLAH *CD
1005 LIGONIER ST
LATROBE PA 15650-1838
412-532-1020
KIM, MD, DONG H *GS
610 JEFFERSON AVE STE 8
JEANNETTE PA 15644
KIM, MD, YONG IL AN
FRICK COMM HLTH CTR
S CHURCH ST
MT PLEASANT PA 15666-1410
412-547-1188
KINNEY, MD, MARY S FP
155 HAZLETT DR
WASHINGTON PA 15301
KLIEGER, MD, HERMAN L PTH
651 4TH AVE
NEW KENSINGTON PA 15068-6591
412-337-5031
KLINGENSMITH, MD, MARK R OTO
104 WEDGEWOOD CT
JEANNETTE PA 15644-9624
412-832-7587
KLIONS, MD, DOUGLAS E GE
911 LIGONIER ST STE 108
LATROBE PA 15650
412-532-2801
KOSTER, MD, LEE H US
634 4TH AVE
NEW KENSINGTON PA 15068-6505
412-339-8600
KOWALYK, MD, STEPHAN *END
540 SOUTH ST STE 306
GREENSBURG PA 15601-2727
KRISHNAPPA, MD, BORIAH N PD
32 BLACK HILL RD
IRWIN PA 15642
412-864-2711
KROUSE, MD, JOHN M TS
1122 SCENIC DR
GREENSBURG PA 15601-3752
KUCERA, MD, RICHARD F PUD
MED ARTS BLDG STE 203
GREENSBURG PA 15601
412-837-1894
KUMAR, MD, HEMA V FP
505 N 4TH ST
YOUNGWOOD PA 15697-1529
412-925-3500
KUMAR, MD, PRADEEP GE
2219 WOODMONT DR
EXPORT PA 15632-8939
412-733-4549
KUNDA, MD, GOPAL D AN
NEW KENSINGTON ANES
651 4TH AVE
NEW KENSINGTON PA 15068-6591
412-337-5006
ACE, MD, THOMAS E AN
1323 CLEARVIEW DR
GREENSBURG PA 15601-3763
412-838-1079
AFONTANT, MD, ROBERT R US
MED ARTS BLDG STE 301
WASHINGTON & SHEARER ST
GREENSBURG PA 15601
412-837-1150

LALLY, MD, PATRICK T OPH
911 LIGONIER ST STE 102
LATROBE PA 15650-1805
412-537-6500
LARKIN JR, MD, ROBERT W OBG
GYNO ASSOCS
1010 LIGONIER ST
LATROBE PA 15650
412-539-8581
LAST, MD, JOEL I *P
401 E MURPHY AVE
CONNELLSVILLE PA 15425-2700
412-571-5945
LAURO, MD, GREGORY R *ORS
230 CALVARY HILL RD
LATROBE PA 15650-9419
LAZZARO, MD, KAREN K IM
1275 S MAIN ST
S GREENSBURG PA 15601
412-837-4000
LAZZARO, MD, THEODORE A *PS
1 AESTHETIC WAY
GREENSBURG PA 15601-9500
412-832-7555
LEE, MD, JONG Y AN
WESTMORELAND HOSP
532 W PITTSBURGH ST
GREENSBURG PA 15601
412-832-4003
LEIGH, MD, REWNG GS
MED ARTS BLDG
NATRONA HTS PA 15065
412-224-4600
LEONE, MD, GUY R AN
970 HARVEY AVE
GREENSBURG PA 15601-1356
412-834-6610
LEONIDA, MD, ELFREN L *FP
RD 6 BOX 1923
MT PLEASANT PA 15666-8815
412-547-4565
LEVINSON, MD, WILLIAM D GP
216 N CHURCH STREET
MT PLEASANT PA 15666-1200
412-547-4430
LEWIS, MD, GARY W CD
38 SADDLEBROOK DR
GREENSBURG PA 15601-9788
412-837-5399
LEWIS, MD, HENRY C IM
559 SHEARER ST
GREENSBURG PA 15601-2745
412-834-9430
LIGHT, MD, WILMA C *A
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-4551
LIM, MD, YOUNG K PD
605 N CHURCH ST
MT PLEASANT PA 15666-1000
412-547-5708
LISZEWSKI, MD, JAMES L FP
24 W 2ND AVE
LATROBE PA 15650
412-537-6087
LUNDIE, MD, WILLIAM M IM
451 UTOPIA RD
APOLLO PA 15613-9637
LUTHRA, MD, DAMYANTI OBG
3058 LEECHBURG RD
L BURRELL PA 15068-3446
412-337-7727
LUTHRA, MD, MANMOHAN S IM
3058 LEECHBURG RD
L BURRELL PA 15068-3446
412-337-7727
LYNN, MD, RICHARD E IM
1 BRADDOCK ROAD AVE
MT PLEASANT PA 15666-1453
412-547-4536
MACPHAIL, MD, JOHN A *ORS
SALEM ORTHO GROUP
950 GREENGATE N PLZ
GREENSBURG PA 15601-2012
412-837-9113
MAIDA, MD, FRANK V *FP
107 W MAIN ST
MT PLEASANT PA 15666-2001
412-547-7566
MANKOVICH, MD, PAUL A GP
731 WALNUT ST
LATROBE PA 15650-2033
412-537-3158
MARI-MAYANS, MD, JUAN B IM
113 E MAIN ST PO BOX 495
LIGONIER PA 15658-1226
412-238-2347
MARIANO JR, MD, BENEDICTO P *R
20 LAKEWOOD RD
GREENSBURG PA 15601-9773
412-527-9262
MAROON, MD, THOMAS J PD
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3535
MARRERO, MD, CARLOS J N
UNITY PLZ OFC CTR #2
LATROBE PA 15650
412-532-1511
MATTHEWS JR, MD, TED A GS
123 W MAIN ST STE 1
LIGONIER PA 15658-1253
412-238-9155

MAXWELL, MD, BETH A OBG
1010 LIGONIER ST
LATROBE PA 15650-1837
412-539-8581
MAXWELL, MD, DORIS B GS
439 RIDGE RD
GREENSBURG PA 15601-5642
412-834-4826
MAYO, MD, JAMES P OBG
WM WOMEN'S CARE
562 SHEARER ST STE 201
GREENSBURG PA 15601
412-837-9670
MCCLOY, MD, MERRITT J GP
RR 6 BOX 2636
MT PLEASANT PA 15666-8822
412-547-2930
MCCLUNG, MD, LARRY S FP
200 DELBERTA RD
L BURELL PA 15068-9718
MCCLURE, MD, THOMAS D *DR
LATROBE AREA HOSP
LATROBE PA 15650
412-537-1461
MCFADDEN, MD, DEBRA R FP
516 KELLINGWOOD DR
PITTSBURGH PA 15238-1034
412-767-5200
MCGEARY, MD, LESTER E PD
227 PERSHING DR
NEW KENSINGTON PA 15068-5922
412-335-9019
MCGRATH, DO, ROBERT C FP
505 N 4TH ST
YOUNGWOOD PA 15697-1529
412-925-1199
MCGROGAN, MD, FRANK P *FP
155 MT PLEASANT RD
W NEWTON PA 15089-1839
412-872-8501
MCHUGH, MD, REGIS W *D
419 W PITTSBURGH ST
GREENSBURG PA 15601-2236
412-837-5810
MCWILLIAMS, MD, FRED D IM
60 LINCOLN HWY E
JEANNETTE PA 15644-3167
412-527-5292
MEDIC JR, DO, DANIEL FP
IRWIN MED-CTR
905 SPRUCE ST
IRWIN PA 15642
412-864-9400
MEYER, MD, DAVID G DR
153 CLUB MANOR RD
LATROBE PA 15650-9061
412-532-0383
MOLLURA, MD, JOSEPH A FP
13370 LINCOLN WAY
N HUNTINGDON PA 15642
412-864-4011
MONACK, DO, RONALD A US
120 WEST 2ND AVE
LATROBE PA 15650
MONSOUR, MD, GEOFFREY B FP
CLEARVIEW
R D 7 BOX 279
GREENSBURG PA 15601-9569
412-834-5136
MONSOUR, MD, HELEN S *IM
24 HIGHLAND AVE
HERMINIE PA 15637
412-523-2323
MONSOUR, MD, ROBERT G GP
PO BOX 348
HUNTINGDON FARM
LIGONIA PA 15658
412-238-4242
MONSOUR, MD, ROY CHARLES P
MONSOUR MED CTR
70 LINCOLN HWY
JEANNETTE PA 15644-3167
412-527-0440
MONSOUR, MD,
ROY CHRISTOPHER P
RD 2 BOX 360A
LIGONIER PA 15658-9554
412-238-9368
MONSOUR, MD, WILLIAM J CD
60 LINCOLN WAY
JEANNETTE PA 15644-2847
412-523-6032
MOON, MD, SUNG B AN
RR 2
65 BRIARWOOD DR
JEANNETTE PA 15644-9802
412-527-3551
MORAN JR, MD, THOMAS W GS
BOX 323
LATROBE PA 15650-1538
412-537-4751
MORROW, MD, HERBERT J GP
PO BOX 338
NEW ALEXANDRIA PA 15670-0338
412-668-2548
MORROW, MD, THAYER K PTH
135 UNDERWOOD AVE
GREENSBURG PA 15601-3428
412-834-7799
MOSS, MD, JOSEPH S NEP
10 PAULINE DR
PO BOX 737
LATROBE PA 15650-2764
412-537-9208

MUCCIO, MD, DANIEL J NS
BERKSHIRE CTR
RTE 30 E STE 402
GREENSBURG PA 15601
412-838-7795
MURCEK, MD, MARTIN A *A
562 SHEARER ST STE 101-2
MED ARTS BLDG
GREENSBURG PA 15601-2746
412-837-4070
MYERS, MD, TAMMY L FP
610 SPRING ST
LATROBE PA 15650
412-537-9724
NAIDU, MD, RAHUL K OTO
1100 LIGONIER ST
LATROBE PA 15650-1917
412-532-1551
NASSUR, MD, ADNAN K PUD
9173 ROUTE 30
IRWIN PA 15642
412-863-8172
NEGRO, MD, ATTILIO G OBG
MED ARTS BLDG STE 204
562 SHEARER ST
GREENSBURG PA 15601
412-834-6360
NEMEC, MD, JOHN E *FP
611 TURNPIKE DR
N HUNTINGDON PA 15642-3127
412-864-5862
NEWMAN, MD, WILLIAM T GS
RR 5 BOX 415
GREENSBURG PA 15601-9552
412-834-6635
NICOLETTE JR, MD, ANTHONY J DR
929 COUNTRY CLUB DR
GREENSBURG PA 15601-1255
412-834-0655
NIKOULA, MD, JAWDAT A FP
324 RODI RD
PENN HILLS PA 15235-3307
412-247-7688
NINO, MD, RAYMOND F *FP
87 3RD ST
CALIFORNIA PA 15419-1127
412-938-7000
NSEIR, MD, NAWAF I NEP
562 SHEARER ST
GREENSBURG PA 15601-2746
412-836-8303
OVERLY, MD, WYLIE L ON
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3555
PAE, MD, DONG W *FP
606 OAK ST
IRWIN PA 15642-3528
412-863-9160
PARK, MD, IN-BUM *PM
1 MONROEVILLE CTR STE 650
MONROEVILLE PA 15146-2143
412-374-9449
PARKER, MD, GERALD A IM
5 ONEIDA TRL
L BURRELL PA 15068-9782
412-351-2911
PARKER, MD, JOHN S *IM
201 APPLE HILL DR
LATROBE PA 15650-9057
412-539-4491
PARONISH, MD, CHRISTOPHER B FP
23 W 2ND AVE
LATROBE PA 15650-1167
412-532-2713
PATEL, MD, MOHAN M IM
235 LONGFELLOW ST
VANDERGRIFT PA 15690-1444
412-568-5551
PATHEJA, MD, JOTINDER K TR
480 EAGLE ST
MT PLEASANT PA 15666-1700
412-547-9919
PESKE, MD, EDGAR D FP
RR 7 BOX 148-A
GREENSBURG PA 15601-9561
412-836-6338
PETERS, MD, JEROME A OPH
330 W PITTSBURGH ST
GREENSBURG PA 15601-2235
412-832-7800
PETERSON JR, MD, JAY B ORS
662 N MAIN ST
GREENSBURG PA 15601
412-837-8460
PETRICK, MD, ANTHONY T GS
ADEL W ARMANIOUS MD INC
600 LIGONIER ST
LATROBE PA 15650
412-539-8542
PICA, MD, JAMES E D
916 GREEN ST
GREENSBURG PA 15601-4135
412-832-1800
PLUMMER, MD, LLOYD G GYN
108 COBBLESTONE DR
FARMINGTON
GREENSBURG PA 15601-5862
PROMUBOL, MD, YUWAREE *OBG
5591 MONTILLA DR
FT MYERS FL 33919
941-432-0150

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501 WELDON ST
LATROBE PA 15650-1520
412-537-0733
PROVANCE, DO, WILLIAM J GE
911 LIGONIER ST
LATROBE PA 15650
412-532-2801
PUNUKOLLU, MD, C RAO *IM
1027 W MAIN ST
MT PLEASANT PA 15666-1733
412-547-7212
REEL, MD, CHARLES M OPH
5141 DORSET RD
PITTSBURGH PA 15213-3805
412-621-1145
REILLY JR, MD, PHILIP J GP
PO BOX 749
SMITHTON PA 15479-0749
412-872-7202
RELIGIOSO, MD, ELOISA P PD
50 BIGELOW ST STE 200
JEANNETTE PA 15644-3103
412-523-6571
REYNA, MD, OSCAR D *GP
328 WELDON ST
LATROBE PA 15650-1851
412-537-3381
ROMAN, MD, STEPHEN J *RHU
447 W PITTSBURGH ST
GREENSBURG PA 15601-2236
412-832-9711
ROTH, MD, THOMAS G EM
RR 1 BOX 196F
MONKEYWRENCH RD
GREENSBURG PA 15601-9801
ROTTSCHAEFER, MD, BERNARD L IM
W PENN CORP MED SVCS
5231 PENN AVE STE 110
PITTSBURGH PA 15224
412-578-1699
SACHAKUL, MD, CHITRINEE *OBG
562 SHEARER ST # 103
GREENSBURG PA 15601
412-834-4055
SAGHAFI, MD, DARIUS *NEP
251 7TH ST APT C205
NEW KENSINGTON PA 15068-6538
412-339-1633
SALATKA, MD, KARL W GS
638 4TH AVE
NEW KENSINGTON PA 15068-6505
412-339-2229
SALOMON, MD, MICHAEL A *FP
PO BOX 141
JEANNETTE PA 15644-0141
412-836-3375
SANDERS, MD, ROBERT E IM
8981 NORWIN AVE STE 101
N HUNTINGDON PA 15642
412-864-3030
SANTAMARIA, MD, FRANK R GS
RR 6 BOX 1921
MT PLEASANT PA 15666-8815
412-547-8020
SARVER, MD, RAY G PD
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3535
SAUER, MD, DIETER U
545 RUGH ST
GREENSBURG PA 15601-5636
412-832-1955
SCHERER, MD, BERNARD C FP
135 E MARKET ST STE 116
BLAIRSVILLE PA 15717-1369
412-459-7338
SCHOWALTER, MD, DONALD R IM
356 FREEPORT ST
NEW KENSINGTON PA 15068-6015
412-335-8223
SCHULTZ, MD, THEODORE A *P
556 HAMEL AVE
GREENSBURG PA 15601-4471
412-459-8000
SCHWARTZ, MD, JONATHAN GS
1260 MARTIN AVE
NEW KENSINGTON PA 15068-5022
412-339-6641
SEARFOSS, MD, ROGER C *ORS
911 LIGONIER ST STE 104
LATROBE PA 15650-1805
412-537-5594
SEECOF, MD, RICHARD M *CD
3 WOODLAND DR
LATROBE PA 15650-8919
412-532-0178
SELIP, MD, STEVEN W FP
911 LIGONIER ST
LATROBE PA 15650
412-537-8518
SETTY, MD, POLEPALLI S IM
2900 MEMORIAL BLVD
CONNELLSVILLE PA 15425-1491
412-628-1701
SHAH, MD, RATAN S DR
JEANNETTE MEM HOSP
600 JEFFERSON AVE
JEANNETTE PA 15644-2505
412-527-9261

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60 S WASHINGTON AVE
GREENSBURG PA 15601-2768
412-836-2970
SHEDRO, MD, HECTOR CD
356 FREEPORT ST
NEW KENSINGTON PA 15068-6015
412-337-9344
SHEPPECK, MD, RICHARD A *GS
MED STAFF OFFICE
532 W PITTSBURGH ST
GREENSBURG PA 15601-2239
412-836-6870
SHETE, MD, LEENA P AN
11 ROBIN RD
MCKEES ROCKS PA 15136-1111
412-787-5029
SHETTY, MD, KARUNAKAR S DR
124 LAKEVIEW DR
GREENSBURG PA 15601-9729
412-527-9263
SHEVCHIK, MD, GRANT J *FP
101 ORCHARD DR
LEVEL GREEN PA 15085-1610
412-856-7332
SHOPE, MD, WILLIAM B PD
109 RACQUET CLUB DR
GREENSBURG PA 15601
412-836-0748
SHUTTER, MD, WALTER D FP
411 WASHINGTON ST
LIGONIER PA 15658-1432
412-238-9096
SIEPER, DO, WILLIAM J TR
RADIATION ONCOLOGY CTR
559 SHEARER ST
GREENSBURG PA 15601-2792
412-832-4260
SLEZAK, MD, JOSEPH A *OBG
601 S CHURCH ST
HARMON HOUSE
MT PLEASANT PA 15666
412-547-7561
SLOANE, MD, CHARLES E GS
7 FELDARELLI SO
NEW KENSINGTON PA 15068
412-337-9900
SMITH, MD, JACK D ORS
133 DONAHUE RD
GREENSBURG PA 15601-9380
412-834-4448
SNOWMAN, MD, WHITNEY R U
600 LIGONIER ST
LATROBE PA 15650-1494
412-539-9736
SOLAN, MD, JAMES A FP
217 MAIN ST
FAYETTE CITY PA 15438
412-326-9945
SONG, MD, YOUNG J IM
1260 MARTIN AVE
NEW KENSINGTON PA 15068-5022
412-339-6641
SOTELO, MD, AUGUSTO *OTO
235 HUMPHREY RD
2 PINEVIEW PL STE 6
GREENSBURG PA 15601-4579
412-838-8818
SPEEDY, MD, HARRY W IM
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3555
SPINO, MD, PASCAL D PD
311 S MAPLE AVE
GREENSBURG PA 15601-3218
412-834-2375
STAFFEN, MD, ROBERT N *IM
1119 LAURELVIEW DR
LATROBE PA 15650
412-838-8182
STEFFENSEN, MD, DAVID O ID
260 MT VERNON AVE
EXPORT PA 15632-9035
412-361-4851
STEM JR, MD, THEODORE B NEP
1506 WOODVIEW DR
GREENSBURG PA 15601-3739
412-836-3385
STEWART, MD, DOUGLAS P PD
5140 LIBERTY AVE
PITTSBURGH PA 15224-2215
STILE, MD, SABATO A P
3485 TREELINE DR
MURRYSVILLE PA 15668-1523
412-327-4966
SULECKI, MD, MATTHEW G HEM
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3555
SUNG, MD, LEE H *NEP
PO BOX 737 10 PAULINE DR
LATROBE PA 15650-0737
412-537-9208
SWACKHAMMER, MD, RANDY L IM
333 WESTVIEW COURT
GREENSBURG PA 15601-9022
412-836-7346
SWIERCZEWSKI, MD, EDWARD V FP
1212 WOODMONT AVE
NEW KENSINGTON PA 15068-5537
412-337-7194

SZABO, MD, EDWARD T *CD
1005 LIGONIER ST
LATROBE PA 15650-1838
412-532-1020
TEET, MD, DANIEL A PS
601 S CHURCH ST STE 1000
MT PLEASANT PA 15666-1703
412-547-3535
TESTA, MD, JOSEPH A GP
CRN MAGEE AVE & 2ND ST
JEANNETTE PA 15644
412-523-4321
THOMAS, MD, JAMES H FP
440 PELLIS RD
GREENSBURG PA 15601
412-837-5257
TONEY, MD, DAVID M R
206 MORRISON AVE
GREENSBURG PA 15601-3412
412-832-9372
TORET, MD, MICHEL P FP
13370 ROUTE 30
N HUNTINGDON PA 15642-1129
412-863-9700
TORIO, MD, REYNALDO M ORS
1 BRADDOCK ROAD AVE
MT PLEASANT PA 15666-1453
412-547-7507
TRAVERS, MD, DANIEL J GS
540 SOUTH ST STE 304
GREENSBURG PA 15601-2727
412-837-3880
TROUT, MD, JOHN A IM
545 RUGH ST
GREENSBURG PA 15601-5636
412-837-8400
TURBESSI, MD, EILEEN M FP
104 W 2ND AVE
LATROBE PA 15601
412-837-4154
TYMOCZKO, MD, ROBERT G IM
545 RUGH ST
GREENSBURG PA 15601
412-837-8400
URBAN, MD, ROBERT R FP
RD 3
BELLE VERNON PA 15012-9803
412-929-5711
VANDYK, MD, KLAAS GS
STAR ROUTE
MT PLEASANT PA 15666
412-547-3022
VASUDEVAN, MD, GOPALAN CD
GREENSBURG CARD
660 PELLIS RD STE 102
GREENSBURG PA 15601
412-836-2722
VELEZ, MD, RAFAEL I AN
200 THORNBERRY DR
PITTSBURGH PA 15235-5062
412-832-4003
VILLEGAS, MD, EMILIO FP
100 PENNSYLVANIA AVE
IRWIN PA 15642-3552
412-863-1204
VIN, MD, PRAKASH K IM
PO BOX 215
DERRY PA 15627-0215
412-694-2765
VITTONE, MD, CHRISTIAN M FP
R D 5 BOX 304A
LATROBE PA 15650
412-537-9770
VITTONE, MD, DANIEL C OPH
HC 64 PO BOX 230
LAUGHLINTOWN PA 15655-9801
412-238-7673
VITTONE, MD, RONALD B OPH
1010 LIGONIER ST
LATROBE PA 15650-1837
412-539-1671
VIVERETTE JR, MD, J FRANK ON
507 W NEWTON ST STE 2
GREENSBURG PA 15601
412-834-3940
WAHBA, MD, HANEY N FP
MERCY FAM HLTH CTR
3436 WILLIAM PENN
PITTSBURGH PA 15235-5411
412-825-3700
WANG, MD, BARBARA K IM
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-3555
WARD JR, MD, THOMAS D *IM
300 OLD AIRPORT RD
GREENSBURG PA 15601-5806
412-837-7657
WATKINS, MD, GLORIA J PTH
FRICK HOSP & COMM HLTH CTR
508 S CHURCH ST
MT PLEASANT PA 15666-1790
412-547-1198
WEINBERG, MD, MICHAEL G *FP
315 DEPOT ST
LATROBE PA 15650-1560
412-537-8222
WEINSTEIN, MD, DAVID P *DR
CITIZENS GENERAL HOSP
DEPT OF RADIOLOGY
NEW KENSINGTON PA 15068
412-337-5037

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531 AUSTIN ST
GREENSBURG PA 15601
412-836-3513
WIDLAN, MD, SHELDON D
1100 LIGONIER ST
LATROBE PA 15650-1917
412-539-8517
WIGLE, MD, ARNOLD R ORS
911 LIGONIER ST STE 3
LATROBE PA 15650-1805
412-537-4321
WILLIAMS, DO, MARK S FP
305 EVERSON AVE
SCOTTDALE PA 15683-1512
412-887-4550
WILLIAMSON, MD, EDWARD L N
1302 CLEARVIEW DR
GREENSBURG PA 15601-3702
412-836-5143
WILSON, MD, ADAM S OTO
2 WILDVIEW DR
LIGONIER PA 15658
WILSON, MD, JOHN S DR
515 RUGH ST
GREENSBURG PA 15601-5615
412-832-8004
WITHERSPOON, MD, ROBERT G P
U S RTE 30 BOX 330
LATROBE PA 15650
412-459-8000
WODZINSKI, MD, STEVEN F *PUD
203 MED ARTS BLDG
GREENSBURG PA 15601
412-837-1894
WOLFF, MD, JEFFREY M *D
419 W PITTSBURGH ST
GREENSBURG PA 15601-2236
412-837-5810
WYSZOMIERSKI, MD, DAVID A PD
1100 LIGONIER ST
LATROBE PA 15650-1917
610-539-8380
YOON, MD, DONALD D *GP
108 WHITEHEAD LN
MONROEVILLE PA 15146
412-372-5000
YOUNG, MD, JOSEPH M IM
529 SCHOONMAKER AVE
MONESSEN PA 15062-1114
412-684-5401
ZAITOON, MD, MOHAMMAD M US
1027 W MAIN ST
MT PLEASANT PA 15666-1733
412-547-4122
ZAVADAK, MD, DANIEL G D
419 WEST PITTSBURGH ST
GREENSBURG PA 15601
412-836-2548
ZELEZNIK, MD, MIROSLAV *FP
312 E MAIN ST
LIGONIER PA 15658-1418
412-238-5667
ZUCK, MD, WALTER N R
651 4TH AVE
NEW KENSINGTON PA 15068-6591
412-337-5035

WYOMING

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535 E EMMAUS AVE
ALLENTOWN PA 18103-5917
610-791-2738
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316 BANK ST
DALTON PA 18414
717-836-2161
EXLEY, MD, WILLIAM B AN
220 HILLSIDE
DALLAS PA 18612
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45 RIVER DR S APT 1706
JERSEY CITY NJ 07310-1741
201-420-7714
KELLMAN, MD, IAN A *DR
625 HAMPTON RD
SHAVERTOWN PA 18708-9526
717-696-4322
LANDIS, MD, RAY L FP
SADDLE LAKE RD
TUNKHANNOCK PA 18657
717-945-3071
MAJERNICK, DO, THOMAS G EM
204 GRANT STREET
OLYPHANT PA 18447-1412
717-383-3636
SHERWOOD, MD, ARTHUR W *FP
1000 E MOUNTAIN DR
WILKES BARRE PA 18711-3466
717-836-2121
TRUJILLO, MD, RENE AN
2333 BRICKELL AVE APT 1004
MIAMI FL 33129-2412
717-836-6383
WETZEL, DO, GEHRED D OBG
3 KIM AVE
TUNKHANNOCK PA 18657-9100
717-936-9972

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25 MONUMENT RD STE 250
YORK PA 17403-5049
717-741-9344
AGARWAL, MD, NIKHILESHWER N GS
15 WYNTRE BROOKE DR
YORK PA 17403-4536
717-741-9444
AHLBRANDT, MD, DUANE E IM
1224 S QUEEN ST
YORK PA 17403-3923
717-846-2821
ALANDETE, MD, ALVARO PD
217 BROADWAY
HANOVER PA 17331-2503
717-632-8944
ALLINGHAM, DO, LARRY A AN
300 BALTIMORE ST
HANOVER PA 17331-3239
717-367-4068
ALPERT, MD, JEFFREY R GS
1946 SECURITY DR
YORK PA 17402-4727
717-741-4113
ALTLAND, MD, ROBERT C *OS
14 WATER ST
GLEN ROCK PA 17327-1029
AMSBAUGH, MD, GLENN A OTO
924 COLONIAL AVE
YORK PA 17403-3450
717-843-9089
ANDREWS-MURRAY, MD, GAYLE IM
44 N 5TH ST
MT WOLF PA 17347
717-845-6312
ANGELO, MD, JOHN J PS
100 MERION RD
YORK PA 17403-3714
717-846-6634
ANNULIS, MD, THOMAS M IM
1701 TAXVILLE RD APT 4H
YORK PA 17404-4438
717-792-2330
ATKINS, MD, JOHN L *IM
625 S GEORGE ST
YORK PA 17403-3130
AZAR, MD, ALBERT A P
509 HILLCREST RD
YORK PA 17403-4021
717-846-1637
BACASTOW, MD, MERLE S OS
1 SMUGGLERS COVE RD
CP ELIZABETH ME 04107-2110
BAUER, MD, THOMAS L GS
25 MONUMENT RD STE 220
YORK PA 17403-5049
717-741-0733
BAYLISS, MD, PHILIP M OBG
445 CHESTNUT LN
YORK PA 17403-4538
717-741-6731
BEAVEN, MD, BARRY J FP
225 E SPRINGETTSBURY AVE
YORK PA 17403-3213
717-846-0622
BEEKEY JR, MD, CYRUS E NEP
15 WYNTRE BROOKE DR
YORK PA 17403-4548
717-741-5010
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PO BOX 3528
YORK PA 17402
717-755-1993
BENE, MD, DAVID J OPH
2915 E PROSPECT RD
PO BOX 3528
YORK PA 17402
717-755-1993
BERING, MD, THOMAS G AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
BERMAN, MD, IRA J *D
RR 8 BOX 419
YORK PA 17403-9671
717-428-2829
BERNSTINE, MD, EARL L GS
100 SUMMIT DR
YORK PA 17403-3647
BERRY JR, MD, THOMAS N US
174 B DEWDROP RD
YORK PA 17402
717-741-4460
BEST, MD, JOHN W U
2760 PINE GROVE RD #3309
YORK PA 17403-5153
BICE, MD, DOUGLAS E FP
313B BRISTOL DR
YORK PA 17403
BINDER, MD, ERIC J IM
510 ST JOHNS DR
CAMP HILL PA 17011-1332
717-975-3495
BOBIN, MD, JOHN J IM
C/O NORTHEASTERN
MED CTR
44 N 5TH ST
MT WOLF PA 17347
717-266-3631
BORN, MD, MICHAEL W PS
2295 S GEORGE ST
YORK PA 17403-4512
717-741-9599

BORNT, MD, MARSHA D GYN
STE 230 MONUMENT DR
APPLE HILL MED
YORK PA 17403
717-741-0857
BORTNER, MD, DONALD L FP
S BROAD ST
NEW FREEDOM PA 17349-9701
717-235-2127
BOWEN, MD, KAREN A IM
2159 WHITE ST
YORK PA 17404-4943
717-846-8791
BOWERS, MD, BARBARA A PD
1620 S QUEEN ST
YORK PA 17403-4637
717-854-1595
BOYLE, MD, L EAMONN HEM
25 MONUMENT RD STE 294
YORK PA 17403-5049
717-741-9229
BRANGO, MD, CARL W FP
73 E FORREST AVE STE 15
SPR VALL FAM MED
SHREWSBURY PA 17361
717-235-8424
BREIN, MD, KENNETH R OPH
1945 QUEENSWOOD DR
YORK PA 17403-4254
717-846-6900
BRIDE, DO, THOMAS P AN
1839 SHAWAN LN
YORK PA 17402-8610
717-840-9586
BROWN, MD, MICHAEL E FP
337 W KING ST
EAST BERLIN PA 17316
717-259-9568
BURCHMAN, MD, COREY A AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
BURKLE, MD, JOSEPH S NM
75 BRIDLEWOOD WAY APT A32
YORK PA 17402-9172
BUSHWICK, MD, BRUCE M FP
1001 S GEORGE ST
YORK PA 17403-3676
717-851-2521
BUSLER JR, MD, VERNE M FP
1001 BROADWAY
HANOVER PA 17331-1506
717-637-9700
BUTERA, MD, VINCENT ORS
2339 S GEORGE ST
YORK PA 17403-5009
717-741-9400
BUTLER, MD, IVAN L NS
2004 CRESCENT RD
YORK PA 17403-4730
CALABRETTA, MD, ARTHUR M PS
50 WYNTRE BROOKE DR
YORK PA 17403-4535
717-741-0877
CALDER, MD, TERRENCE M AN
300 BALTIMORE ST
HANOVER PA 17331
717-637-4068
CAMITTA, MD, FRANCINE D END
2004 CRESCENT RD
YORK PA 17403-4730
CAMPBELL, MD, SEAN C PD
146 E SPRINGETTSBURG AVE
YORK PA 17402-3144
717-854-0458
CANN III, MD, THOMAS W IM
1938 SECURITY DR
YORK PA 17402-4727
717-741-2005
CAROE, MD, ALAN E PTH
1001 S GEORGE ST
YORK PA 17405-7198
717-851-5001
CARPENTER, MD, CATHY P FP
80 WYNTRE BROOKE DR
YORK PA 17403
717-757-1364
CARRIER, MD, WILLIAM W EM
HANOVER GENERAL HOSP
300 HIGHLAND AVE
HANOVER PA 17331-2297
717-633-2145
CARSON III, MD, JOHN N NEP
410 PINE GROVE COMM
YORK PA 17403-5161
717-741-5151
CARTER JR, MD, JOSEPH H OBG
3015 EASTERN BLVD
YORK PA 17402-3026
717-757-3511
CASADY, MD, ROGER L GS
1001 S GEORGE ST
YORK PA 17403
717-843-2345
CHALASANI, MD, SRIDHAR US
34 OAK RIDGE DR
YORK PA 17402-4612
717-741-5432
CHAVEZ, DO, MARY A FP
PO BOX 184
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717-225-2191

HERRY, MD, SCOTT M N
55 S GEORGE ST
ORK PA 17403-3799
17-846-3457
HODROFF, MD, CHARLES H IM
803 MT ROSE AVE
TE B-5
ORK PA 17403
17-851-6800
HU, MD, KIMWAI AN
10 PINE GROVE COMMONS
ORK PA 17403-5151
17-741-5257
CCARELLI, MD, CLEM A *FP
REENHILL FAM HLTH CTR
03 BRIDGE STREET
EW CUMBERLAND PA 17070-1931
17-774-8400
HEN, MD, DAVID L *ORS
339 S GEORGE ST
ORK PA 17403
17-741-9400
HEN, MD, MERRILL A EM
550 BULL RD #12
OVER PA 17315
17-292-4804
AIG, MD, RICHARD A AN
10 PINE GROVE COMM
ORK PA 17403-5151
17-741-5257
AGATA, MD, SAMUEL D *ORS
07 BLOOMING GROVE RD
ANOVER PA 17331-9569
17-632-5259
BB, MD, RICHARD W PS
PPLE HILL MED CTR STE 292
5 MONUMENT RD
ORK PA 17403-5049
17-741-4746
LY JR, MD, RICHARD H FP
930 SECURITY DR
ORK PA 17402-4727
17-741-4641
NIELS, MD, WARREN C IM
12 STEEPLE CHASE CT
ANOVER PA 17331
17-630-9774
NYO, MD, J JOSEPH ORS
08 S GEORGE ST
ORK PA 17403-3757
17-848-4800
UGHERTY, MD, DONALD FP
01 W MAIN ST
INDSOR PA 17366-9605
17-246-3071
VIS, DO, CHRISTOPHER J IM
458 HEPPLEWHITE DR
ORK PA 17404-1214
17-473-3099
VIS, MD, JAMES H FP
198 E MARKET ST
ORK PA 17402-2504
17-755-4716
VIS, MD, ROBERT M PS
0 WYNTRE BROOKE DR
ORK PA 17403-4535
17-741-0877
ISHER, MD, SAMUEL W OBG
54 ROSEWOOD LN
ORK PA 17403-4424
LP, MD, WILLIAM T OBG
3 WESTVIEW MANOR
ORK PA 17404-4751
MILIO, MD, MARY T FP
12 S GEORGE ST
ORK PA 17401-1408
17-845-8617
PAMPHILIS, MD, HY J IM
5 LAUREL DR
ANOVER PA 17331-9348
17-633-7337
REWITZ, MD, DANIEL L AN
10 PINE GROVE COMM
ORK PA 17403-5151
17-741-5257
VAN, MD, W TODD GS
3 EICHELBERGER ST
ANOVER PA 17331-2233
17-632-6277
TRICH, DO, MALCOLM H *FP
00 E MARKET ST
ORK PA 17403-1251
17-843-4844
CKTOR, MD, JOHN W OTO
RATHTON RD
ORK PA 17403-3717
7-846-8995
LAND, MD, CHERYL A AN
0 PINE GROVE COMM
ORK PA 17403-5151
7-846-8910
OLEY, MD, JOHN M FP
R 3 BOX 483
ELTA PA 17314-9536
7-456-6091
RSCH, MD, CAROLE A RHU
MONUMENT ROAD
UITE 185
ORK PA 17403-3676
7-741-8322
UGLASS, MD, PAUL H OBG
15 EASTERN BLVD
ORK PA 17402-3026
7-757-3511

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815 ARLINGTON ST
YORK PA 17403-3101
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DUNCAN, MD, CARL R DR
1935 SECURITY DR
YORK PA 17402-4728
717-741-4165
DUNCAN, MD, RALPH E U
APPLE HILL MED CTR
25 MONUMENT RD STE 120
YORK PA 17403-5049
717-741-4785
EAGLE, MD, PERRY A *ORS
191 LEADERS HTS RD
YORK PA 17402-4714
717-741-4888
ECHTERLING, MD,
CHRISTOPHER K FP
909 SKYVIEW DR
YORK PA 17402-1273
717-852-9424
EDER JR, MD, GEORGE E EM
815 RATHTON RD
YORK PA 17403-3349
EISENBERG, DO, MAUREEN E FP
402 STEEPLE CHASE CT
HANOVER PA 17331
717-630-8778
ELLISON, MD, JAMES H ORS
207 BLOOMING GR RD
HANOVER PA 17331-9569
717-632-5259
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YORK HOSP
PATHOLOGY DEPT
YORK PA 17405
717-851-5001
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717-854-9543
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717-777-2415
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25 MONUMENT RD STE 200
YORK PA 17403-5055
717-741-4690
FERNANDEZ, MD, ARMANDO E AN
110 PINE BROOK COMM
YORK PA 17403-5151
FERRENTINO, MD, FRANK L PD
915 S DUKE ST
YORK PA 17403-3705
717-854-2405
FISHER, MD, HAROLD AI
955 S GEORGE ST
YORK PA 17403-3799
717-848-1440
FLACCAVENTO, MD,
FREDERICK G AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
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924 E COLONIAL AVE
YORK PA 17403
717-843-9089
FOSTER, MD, EDWIN N IM
1050 HILLSIDE DR
YORK PA 17403-3620
FRANCOIS, MD, DAVID T RHU
25 MONUMENT RD STE 185
YORK PA 17403-5049
717-741-8322
FREDERICKSON, MD,
HOWARD N PYA
1780 CLOVER LN
YORK PA 17403-4014
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625 LINDEN AVE
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717-854-4259
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RED LION PA 17356-9500
717-244-8229
FRIED, MD, ROBERT T *CDS
25 MONUMENT RD STE 299
YORK PA 17403
FRIEDRICH, MD, JOACHIM H FP
2032 CRESCENT RD
YORK PA 17403-4730
FRIEDRICH, MD, ROLAND GE
APPLE HILL MED CTR
25 MONUMENT RD SUITE 160
YORK PA 17403-5049
717-741-2277

FULTON, MD, WILLIAM O FP
1666 WYNTRE BR DR N
YORK PA 17403-4542
717-741-3004
FURMAN, MD, MICHAEL B PM
2901 PLEASANT VALL RD
YORK PA 17402
717-840-4800
GABRIELE, MD, AUGUST A GER
200 ELMWOOD BLVD
YORK PA 17403-1925
717-848-2628
GARBER, MD, EDWARD H GS
2861 DEER CHASE LN
YORK PA 17403-9589
717-741-6866
GARDNER, MD, GEORGE E GP
3110 5TH AVE
YORK PA 17402
717-755-0864
GASOWSKI, MD, GARY L DR
7 CHARLES CTR
HANOVER PA 17331-2205
717-632-7714
GASPARI, MD, RAYMOND J IM
1938 SECURITY DR
YORK PA 17402-4727
717-741-3313
GEETHA, MD, DUVURU IM
3031 LORD BYRON LN APT 202
COCKEYSVILLE MD 21030
GEMMILL, MD, REGINALD B GP
24 SPRINGWOOD AVE
STEWARTSTOWN PA 17363-4076
GERLACH, MD, DETLEF H OBG
1399 S OUEEN ST
YORK PA 17403-3840
717-846-5353
GIBBLE, MD, JOAN W BLB
121 RATHTON RD
YORK PA 17403-3743
717-843-4139
GIBBLE, MD, LEON W IM
121 RATHTON RD
YORK PA 17403-3743
717-843-4139
GLORIOSO, MD, ROBERT C FP
SPRING GARDEN FAM
PRACTICE
924M COLONIAL AVE
YORK PA 17403-3430
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928 E WALNUT ST
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GOCHOCO, MD, JACINTO J PTH
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1001 S GEORGE ST
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717-851-5001
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195 STOCK ST STE 210
HANOVER PA 17331
717-633-1333
GONZALEZ, MD, JOSE L DR
206 MOUNTAIN CT
HANOVER PA 17331-8103
GOODMAN, MD, DAVID A GS
618 KENYON DR
RED LION PA 17356-9464
717-854-4201
GOODSTEIN, MD, MICHAEL H PDC
2231 TALL OAKS LN
YORK PA 17402-8905
GRACEY, MD, JACK G *CD
YORK HOSP
YORK PA 17405
717-771-2441
GROLMAN, MD, DENNIS M AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-761-5257
GROSS, MD, DONALD R AN
178 HIGHLAND RD
YORK PA 17403-3843
717-843-1793
GROVE, MD, GLENN P GS
1397 SLEEPY HOLLOW RD
YORK PA 17403-3823
GROVE, MD, RUSSELL E FP
506 W MARKET ST
YORK PA 17404-3735
717-854-8008
GROVE, MD, WILLIAM K OPH
426 W MARKET ST
YORK PA 17404-3804
717-846-0621
HAGERTY, MD, FRED D OPH
2060 ROSEWOOD LN
YORK PA 17403-5902
717-741-2111
HALL, MD, GRAVES S PTH
YORK HOSP
1001 S GEORGE ST
YORK PA 17405
717-851-5001
HAMME, MD, ELMER G GP
15 LAUREL WOODS LN
HANOVER PA 17331-9439
HANSBERRY, MD, MARK T US
YORK HOSP
1001 S GEORGE ST
YORK PA 17405

HARBERGER, MD, JAMES H FP
CARLISLE COMM CTR
2159 WHITE ST
YORK PA 17404-4943
717-846-8791
HARDEN III, MD, WESLEY R TS
221 POTOMAC AVE
HANOVER PA 17331-2242
717-637-1202
HARGEST JR, MD, THOMAS E FP
1 W MARKET ST STE 202
YORK PA 17404
717-852-7766
HARTMAN, MD, CHARLES E GP
RR 7 BOX 7143
STOVERSTOWN RD
SPRING GR PA 17362-9748
717-225-3020
HARTMANN, MD, PETER M P
YORK HOSP
1001 S GEORGE ST
YORK PA 17405
717-851-224
HAUPT, MD, HANS M *CD
25 MONUMENT RD STE 299
YORK PA 17403
717-747-0100
HAWK, MD, DAVID L FP
YORK CITY BUR OF HLTH
3RD FLOOR 1 MARKETWAY W
YORK PA 17401-1231
717-849-2294
HEAPS, MD, KENNETH P PD
YORK HOSP MED
1001 S GEORGE ST
YORK PA 17403-3676
717-851-2221
HENRIKSEN, MD, DANIEL S GS
133 JONATHAN WAY N
RED LION PA 17356-9034
717-246-1032
HENRIKSEN, MD, SUSAN A FP
133 JONATHAN WAY N
RED LION PA 17356-9034
717-246-1032
HENRY, MD, MARK R FP
337 WEST KING STREET
EAST BERLIN PA 17316
717-771-2345
HERMAN, MD, RONALD J *CD
1601 S OUEEN ST
YORK PA 17403-4630
717-843-1129
HERROLD, MD, WARREN C FP
860 CRAGMOOR RD
YORK HAVEN PA 17370-9059
717-266-4111
HESS, DO, RUSSELL C FP
70 ACADEMY ST
MCSHERRYSTOWN PA 17344
717-637-4188
HICKEY, MD, ANDREW E FP
YORK COUNTY HOSP & HOME
118 PLEASANT ACRES RD
YORK PA 17402-9004
717-771-9124
HIGGINS, DO, KENNETH R FP
2471 S OUEEN ST
YORK PA 17402-4947
717-741-3888
HO, MD, CLEMENT T *HEM
25 MONUMENT RD STE 294
YORK PA 17403-5049
717-741-9229
HOERNER, MD, GEORGE H FP
716 E END AVE
LANCASTER PA 17602-3714
717-392-3319
HOFFMAN JR, MD, DAVID J IM
924B COLONIAL AVE
YORK PA 17403-3430
717-845-8623
HOFMANN, MD, DOUGLAS J ORS
2339 S GEORGE ST
YORK PA 17403-5009
717-741-9400
HOFMANN, MD, JAMES W GS
201 ALLEGHENY AVE
HANOVER PA 17331
717-637-7711
HOLLAND, MD, EDWARD F GP
540 S MAIN ST
RED LION PA 17356-2415
717-244-0326
HOOVER II, MD, BENJAMIN A IM
BROCKIE INT MED CONS
924B COLONIAL AVE
YORK PA 17403-3430
717-845-8623
HOOVER, MD, DEAN S FP
304A LOVELY LN
NEW OXFORD PA 17350-8531
717-624-8053
HOOVER, MD, PHILIP A IM
955 S PLEASANT AVE
DALLASTOWN PA 17313-9631
717-244-9167
HORN III, MD, FRANK W GS
9 CHARLES CTR
HANOVER PA 17331-2203
717-637-8955

HOWARD, MD, THOMAS K ORS
100 PENN ST
HANOVER PA 17331-1993
717-637-1977
HUDAK, MD, MARY J *IM
20 GOTHAM PLACE
RED LION PA 17356-9587
717-244-4594
HUFFER, MD, DONALD H GER
1000 COUNTRY CLUB RD
APT A15
YORK PA 17403-3400
HUNT, MD, JOSIAH A GP
15 SPRINGWOOD AVE
STEWARTSTOWN PA 17363-4034
717-993-9427
HUTTON, MD, JOHN E OPH
232 BALTIMORE ST
HANOVER PA 17331-3202
717-632-3505
JACKSON, MD, JAY R OBG
1399 S OUEEN ST
YORK PA 17403-3840
JOHNSON, MD, GEORGE M OBG
1693 S OUEEN STREET
YORK PA 17403-4609
717-845-1621
JONES, MD, DAVID B US
119 E SPRINGETTSBURY AVE
YORK PA 17403-3126
717-757-4438
JONES, MD, DAVID J GPM
1455 VIRGINIA AVE
YORK PA 17403-3629
717-845-7858
JONES, MD, KAREN E IM
WHITE ROSE FAM PRAC
80 WYNTRE BROOKE DR
YORK PA 17403
717-741-9462
KEECH JR, MD, HAYDEN G GP
1589 CARLISLE AVE
YORK PA 17404-4528
717-764-3220
KEEPORTS, MD, RICHARD L PUD
RR 2 BOX 1200
NEW FREEDOM PA 17349-9410
717-235-4992
KEHM, MD, VINCENT A AN
1493 BEE TREE LN
YORK PA 17403-3601
KENNEDY, MD, PETER S FP
1141 ADMIRALS WALK
VERO BCH FL 32963
KEPERLING, DO, MARY O OBG
133 WOODTHRUSH LN
YORK PA 17403-9513
717-741-3875
KERR, MD, KRISS M R
1731 RANDOLPH DR
YORK PA 17403-4615
717-854-9243
KIM, MD, KAE J PD
HANOVER PED ASSOC INC
217 BROADWAY
HANOVER PA 17331
717-632-3911
KIRBY, MD, JAMES E PD
1 RATHTON RD
YORK PA 17403-3717
717-845-2657
KIRBY JR, MD, WILLIAM H OM
401 WALPOLE CT
TIMONIUM MD 21093
KLASKIN, DO, BRUCE D PM
1776 S OUEEN ST
YORK PA 17403
717-845-3335
KLEIN, MD, MICHAEL A AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-771-2415
KLIMES, MD, RONALD L FP
YORKSHIRE MED CTR INC
3233 EASTERN BLVD
YORK PA 17402-3031
717-755-1480
KLINE, MD, JACK A IM
25 MONUMENT RD STE 140
YORK PA 17403-5049
717-741-8003
KLINEK, MD, MICHELLE M AI
2275 SUTTON RD
YORK PA 17403-4533
KNOCH, MD, H ROEBLING CD
201 ELMWOOD BLVD
YORK PA 17403-1924
717-848-1673
KONCHAR, MD, WILLIAM C FP
PO BOX 244
22 ROTH'S CHURCH RD
SPRING GR PA 17362-0244
717-225-6556
KONKEL, MD, KAREN E FP
1420 CEDARCROFT RD
BALTIMORE MD 21239
410-323-9648
KOUSEN, MD, MORTON *OBG
3705 SPRINGETTS DR
YORK PA 17402-9028
KRATZ, MD, RONALD D AN
2549 BROOKMAR DR
YORK PA 17404
717-566-5703

KUKRIKA, MD, MIODRAG D HEM
25 MONUMENT RD STE 294
YORK PA 17403-3717
717-741-9229
KURTZ, MD, ADELLE G FP
280 OAK RD APT 1
DALLASTOWN PA 17313-9558
717-741-5851
KURZ, MD, RICHARD B IM
1509 ROSEWOOD LN
YORK PA 17403-4423
717-848-1259
KURZ, MD, SUSAN D GP
1509 ROSEWOOD LN
YORK PA 17403-4423
717-848-1259
KUSHNER JR, MD, GEORGE AN
150 WARRINGTON ST
WELLSVILLE PA 17365-9631
KUSHNER, MD, LOIS N R
150 WARRINGTON ST
WELLSVILLE PA 17365-9631
KYEREMATEN, MD, GABRIEL A IM
1288 WANDERING WAY
HARRISBURG PA 17110-2962
717-238-3694
LACKEY, MD, ROBERT B FP
1001 S GEORGE ST
YORK PA 17403
717-851-2345
LANDER, MD, JEFFREY R *OPH
2340 EASTERN BLVD
YORK PA 17402-2817
717-757-2141
LANDIS, MD, ROBERT C PD
1620 S OUEEN ST
YORK PA 17403-4637
717-854-1595
LANDIS, MD, WILLIAM A IM
924B COLONIAL AVE
YORK PA 17403-3430
717-845-8623
LANGER, MD, D MORTON GP
1800 E MARKET ST
YORK PA 17402-2835
717-755-8641
LANPHER, MD, GREGORY B AI
2124 S OUEEN ST
YORK PA 17403-4809
717-843-6663
LAPES, MD, GEORGE A P
1600 S GEORGE ST
YORK PA 17403-4508
717-848-3615
LAUCKS II, MD, SAMUEL S *CRS
1601 S OUEEN ST
YORK PA 17403-4630
717-848-2067
LAUCKS, MD, STEPHEN O AN
144 MERION ROAD
YORK PA 17403-3729
717-843-1960
LAWRENCE, MD, JOHN J OBG
1425 ROSEPOINTE DR
YORK PA 17404-9170
717-767-4897
LAWRENCE, MD, ROBINA R FP
1112 PENNSYLVANIA AVE
YORK PA 17404-1706
717-848-6087
LEBOUITZ, MD, STANTON S *D
195 LEADERS HEIGHTS RD
YORK PA 17402-4798
717-741-0811
LEISTER, MD, GLENN F FP
220 POTOMAC AVE
HANOVER PA 17331-2260
717-637-3791
LEKAWA, MD, THADDEUS FP
2801 N GEORGE ST
YORK PA 17402-1000
717-846-3355
LERMAN, MD, MICHAEL G AN
300 BALTIMORE ST
HANOVER PA 17331-3239
717-637-4068
LETOCHA, MD, CHARLES E OPH
1945 OUEENSWOOD DR
YORK PA 17403-4254
717-846-6900
LEVIN, MD, BRADLEY H *CDS
25 MONUMENT RD STE 299
YORK PA 17403
717-747-0100
LEVINE, MD, CHARLES B AN
755 OAKWOOD DR
RED LION PA 17356-9093
717-757-4194
LIEB, MD, JOHN G FP
111 PENN ST
HANOVER PA 17331-1929
717-632-4449
LIS, MD, EDWARD T FP
466 COUNTRY CLUB RD
YORK PA 17403-3652
717-843-6398
LISS, MD, JONATHAN NPM
1050 OAKDALE
YORK PA 17403-4496
717-854-9180
LITRENTA, MD, DAVID E OM
716 LOUCKS ROAD
YORK PA 17404-1703
717-846-9462

LOSS, DO, BETH A GP
2471 S OUEEN ST
YORK PA 17402-4947
717-741-3888
MACDOUGALL, MD, HOWARD H GP
137 SCARBORO DR
YORK PA 17403-3817
·717-854-6488
MACDOUGALL, MD, ROBERT D GP
1620 CROWS NEST LN
YORK PA 17403-5911
717-848-2575
MACKLE, MD, EDWARD J AN
300 BALTIMORE ST
HANOVER PA 17331-3239
717-637-4068
MAGID, MD, WARREN P AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
MALCOM, MD, RONALD H RO
RADIOLOGY ASSOC
25 MONUMENT RD STE 94
YORK PA 17403
717-741-8180
MANN, MD, SCOTT R FP
132 S GEORGE ST
YORK PA 17401
717-845-8617
MANUBAY, MD, JOHN A GS
YORK HOSP
1001 S GEORGE ST
YORK PA 17403-3676
717-771-2221
MANZELLA, MD, JOHN P ID
YORK HOSP
1001 S GEORGE ST
YORK PA 17403-3676
717-851-2417
MAO BOOL, MD, FAUZIA O PD
SCHOOLHOUSE PED
1601 2ND AVE
YORK PA 17403
717-848-6899
MARTIN, MD, C EDWIN *US
CARDIAC DIAG ASSOC
1001 S GEORGE ST
YORK PA 17403-3676
717-741-4690
MASCHKE, MD, STUART P AN
3692 DRUCK VALL RD
YORK PA 17402-8933
717-757-3163
MASUCCI, MD, DOUGLAS J PD
58 BREWSTER CIR
HANOVER PA 17331-2808
717-633-7971
MATHAI, MD, JOHN *CDS
25 MONUMENT RD STE 299
YORK PA 17403-5049
717-747-0100
MATHEWS, MD, RAYMOND E IM
12 COUNTRY ROAD
YORK PA 17404
412-463-1829
MAY JR, MD, CARL J *OPH
66 E ELM AVE
HANOVER PA 17331-5128
717-633-7313
MCBRIDE, MD, DAVID R FP
1 E KING ST APT 2
YORK PA 17401-1429
MCCONVILLE, MD, JOHN H ID
1001 S GEORGE ST
YORK PA 17403-3676
717-771-2164
MCGANN, MD, THOMAS R FP
755 S PLEASANT AVE
DALLASTOWN PA 17313-9239
717-244-4527
MCGANNON, MD, PATRICK K AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-846-8910
MCGRAW, DO, THOMAS P J AN
1235 DETWILER DR
YORK PA 17404-1107
717-764-8788
MCGUINN, MD, WILLIAM J AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
MCHENRY, MD, D J OPH
3900 TROUT RUN RD
YORK PA 17402
717-854-9543
MCLIN, MD, LEON N GP
321 BALTIMORE ST
HANOVER PA 17331-3205
717-632-6296
MCMILLAN, MD, DEBORAH M FP
3370 EDENBRIDGE RD
YORK PA 17402-4215
919-629-6744
MENCHEY, MD, MILTON J IM
924-B COLONIAL AVE
YORK PA 17403-3430
717-845-8623
MILLER, MD, JAMES A FP
1 W MARKET ST
YORK PA 17401
717-852-7766

MIRSKY, MD, HOWARD A U
APPLE HILL UROLOGY PC
25 MONUMENT RD STE 196
YORK PA 17403-5049
717-741-9536
MONK JR, MD, JOHN S GS
YORK HOSP
1001 S GEORGE ST
YORK PA 17403-3676
717-771-2202
MOONEY, MD, BENJAMIN R PD
1300 CLOVER LN
YORK PA 17403-4006
717-854-2745
MOORE, MD, DAVID H PD
128 SALEM CT
JACOBUS PA 17407-1316
717-428-0249
MOORTHY, MD, GITA N
TRI HILL MED CTR
1601 S OUEEN ST
YORK PA 17403-4630
717-846-4700
MORITZ, MD, MICHAEL J ORS
2339 S GEORGE ST
YORK PA 17403-5009
717-741-9400
MORREELS JR, MD, CHARLES L R
955 UPLAND RD
YORK PA 17403-4431
MORRISON, MD, KEVIN S AN
120 ABBEY RD
NEW FREEDOM PA 17349-9437
717-235-8023
MULLIGAN, MD, JAMES F FP
462 W MARKET ST
YORK PA 17404-3804
717-846-0831
MURILLO, MD, OSCAR IM
405 DART DR
HANOVER PA 17331-1327
MURRAY, MD, CHERYL L PTH
408 3RD ST
NEW CUMBERLAND PA 17070-2013
MURRAY JR, MD, RICHARD J PUD
YORK HOSP
1001 S GEORGE ST
YORK PA 17403-3676
717-771-2465
MYERS, MD, COLLIN L GS
502 THOMAS RD
CAMP HILL PA 17011
MYERS, MD, G BRADFORD OBG
3015 EASTERN BLVD
YORK PA 17402-3026
717-757-3511
NELSON, MD, EDWARD A FP
RR 1 BOX 892
EAST BERLIN PA 17316-9060
717-259-7774
NEWCOMER, DO, KRISTINA M FP
1 W MARKET ST STE 202
YORK PA 17401
717-852-7766
NICHOLAS, MD, BRADLEY E GP
1013 N GEORGE ST
YORK PA 17404-2025
717-854-2719
NICHOLAS, MD, JAMES L FP
274 W MARKET ST
HELLAM PA 17406-1029
717-755-3743
NICHOLS JR, MD, TRENT W GE
195 STOCK ST STE 203
HANOVER PA 17331-2223
717-632-0300
NICHOLSON JR, MD, WALTER J CD
APPLE HILL MED CTR
25 MONUMENT RD STE 200
YORK PA 17403-5049
717-741-4690
NICKLES, DO, JULIE P FP
SHILOH PROF CTR
1998 CARLISLE RD STE E
YORK PA 17404-1549
717-764-9819
NIKOLAIDIS, MD, LAZAROS A IM
310 K OUEENSDALE DR
YORK PA 17403
717-845-7230
NUSSBAUM, MD, ALLEN S PD
PEDIATRIC CARE OF YORK
2675 JOPPA RD
YORK PA 17403-5160
717-741-9063
O'MARA, DO, ELLEN M R
1640 S OUEEN ST
YORK PA 17403-4610
717-843-8983
OATMAN, MD, BRENDA K EM
475 W MARKET ST #1STFL
YORK PA 17404-3803
717-846-0358
OCHENRIDER, MD, PAUL D GP
4429 SAN LUCIAN LN
N FORT MYERS FL 33903
OLKOWSKI, MD, STEVEN T *OPH
25 MONUMENT RD STE 297
YORK PA 17403
717-741-6732
OLSON, MD, JANNE R FP
36 WEBB LN
FAWN GR PA 17321-9510
717-382-4148

OWENS, MD, JOHN D PTH
1001 S GEORGE ST
YORK PA 17403-3676
717-851-5001
PALETTA, MD, JOHN D US
201 LYNDHURST RD
YORK PA 17402
717-751-0906
PANDELIDIS, MD, K NICHOLAS ORS
2339 S GEORGE ST
YORK PA 17403-5133
717-741-9400
PANDELIDIS, MD, P KIRK P
1600 S GEORGE ST
YORK PA 17403-4508
717-848-3615
PAUL, MD, RONALD L NS
5550 NURSERY RD
DOVER PA 17315-2338
PEARCE, MD, STEVEN R *AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
PERRIN, MD, LAURIE S OBG
YORK HOSP
1001 S GEORGE ST
YORK PA 17405
PFEFFER, MD, WILLIAM H U
205 STOCK ST
HANOVER PA 17331-2225
PHILLIPS, MD, CHRISTINE RHU
401 ALLEGHENY AVE
HANOVER PA 17331
717-633-1978
PHILLIPS, MD, R WAYNE IM
201 STOCK ST
HANOVER PA 17331-2225
717-637-2383
PRATS, MD, IGNACIO *GS
2320 EASTERN BLVD
YORK PA 17402
717-755-0743
PRENDERGAST, MD, MICHAEL J *U
25 MONUMENT RD STE 100
YORK PA 17403-5049
717-741-4785
PRESTON, MD, VERNON H FP
2159 WHITE ST
YORK PA 17404
717-846-8791
PRINCIPATO, DO, ROBERT E R
4 KINGS LN
HADDONFIELD NJ 08033-1231
RAMAGE, MD, ANN L FP
YORK HLTH CORP
132 S GEORGE ST
YORK PA 17401-1465
717-845-8617
RAO, MD, USHA G AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
RASTOGI, MD, NITA A IM
1631 DETWILER CT
YORK PA 17403-4621
717-846-6477
REGHETTI, DO, GINA FP
2976 CLARK RD
ERIE PA 16510
814-898-1007
REIGART, MD, PAUL M GP
20 PLEASANT ACRES RD
YORK PA 17402-2720
717-755-5410
REILLY, MD, CHARLES M *PD
YORK HOSP
1001 S GEORGE ST
YORK PA 17405
717-771-2345
REINHARD, MD, RONALD J IM
1601 S OUEEN ST
YORK PA 17403
717-854-2711
REITER, MD, GEORGE T GS
1 E KING ST APT 3
YORK PA 17401
717-846-9857
RENNINGER, RHONDA S EXEC
1001 S GEORGE ST
YORK PA 17403-3676
717-843-6744
RHOADS JR, MD, JONATHAN E *TS
YORK HOSP
1001 S GEORGE ST
YORK PA 17403-3676
717-851-2202
RINKER, MD, R JAMES ORS
100 PENN ST
HANOVER PA 17331-1956
717-637-1977
RITTENHOUSE, MD, ERIC R OBG
3975 HIGHFIELD LN
CTR VALL PA 18034
610-967-6725
RIVERA, MD, EDWIN A FP
518 MADISON AVE
YORK PA 17404-2807
717-848-1611
ROBINSON II, MD, GEORGE R IM
145 N STRATHCONA DR
YORK PA 17403
717-843-5114

ROBINSON, MD, LESLIE E OBG
1001 S GEORGE ST
YORK PA 17405-7198
717-771-2443
ROMANI, MD, LIVIO GS
236 OAK RIDGE DR
YORK PA 17402
717-741-6984
ROSE, STACEY A ADM
APPLE HILL EYE CTR
25 MONUMENT RD STE 297
YORK PA 17403
717-741-6732
ROTHERMEL II, DO, ROBERT E GP
1 W MARKET ST
YORK PA 17401-1231
717-852-7766
ROWAND, MD, RANDALL W FP
1010 BLYMIRE RD
DALLASTOWN PA 17313-9220
717-244-4531
ROWE, MD, BRENT J GS
PO BOX 297
JACOBUS PA 17407
717-428-2877
RUSSO, MD, MICHAEL P *OBG
3015 EASTERN BLVD
YORK PA 17402-3026
717-757-3511
RUTLAND, MD, HEDLEY E GP
1705 W MARKET ST
YORK PA 17404-5418
717-854-9220
RYSCAVAGE, MD, THOMAS S *ORS
MEDFORD PROF CTR
2200 S GEORGE ST
YORK PA 17403
717-741-4653
SAGEL, DO, HENRY K OBG
1010 PLYMOUTH RD
YORK PA 17402-3858
717-840-1160
SAHLOLBEI, MD, HOSSAIN GS
2135 SUBURBAN RD APT 2
YORK PA 17403-4823
717-854-1000
SALAZAR, MD, LOUIS F AN
110 PINE GROVE COMM
YORK PA 17403-5151
717-741-5257
SAMELSON, MD, LEO IM
1512 E MARKET ST
YORK PA 17403-1255
717-843-1456
SANSTEAD, MD, JOHN K IM
924 COLONIAL AVE
YORK PA 17403-3450
717-845-1624
SCARITO, MD, ELIZABETH A IM
6 ZELDA CT
WHITE HALL MD 21161-9076
410-357-8454
SCHAEFER, MD, DAVID C IM
4 ST DUNSTANS GARTH
BALTIMORE MD 21212-3515
SCHENDEL, MD, PAUL B *EM
RR 2 BOX 221-M
GLEN ROCK PA 17327-9537
717-428-2982
SCHLAGER, MD, CHARLES E FP
810 BONNEVIEW RD
YORK PA 17402-2001
717-852-7766
SCHLEGEL JR, MD, ROBERT J NS
1601 S OUEEN ST
YORK PA 17403-4630
717-846-4700
SCHMEYER, MD, JON E *OPH
250 E WALNUT ST
HANOVER PA 17331-2534
717-632-6063
SCHNAPF, DO, DONALD J R
132 SANDSTONE DR
WILLOW ST PA 17584-9440
717-464-5429
SCHOEDEL, MD, CHRISTIANNE OPH
25 MONUMENT RD STE 297
YORK PA 17403
717-741-6732
SCHONAUER, MD, THOMAS D PD
1 RATHTON RD
YORK PA 17403-3717
717-845-2657
SCHRADING, MD, WALTER A EM
1880 CARRIAGE CT
YORK PA 17403-4546
717-741-2208
SCHRYVER, MD, THOMAS E CD
CARD DIAGN ASSOCS
25 MONUMENT RD STE 200
YORK PA 17403-5055
717-771-2441
SCOTT, MD, SHARON L IM
410 SHADY DELL RD
YORK PA 17403-4483
717-741-1925
SCOTT, MD, THOMAS R GS
R D 6 BOX 73
YORK PA 17404-9519
717-792-9972
SEIDL, MD, DANIEL C AN
129 N STEPHEN PL
HANOVER PA 17331-1940
717-637-5994

SEITZ, MD, NEVIN H FP
BRETHREN HOME OF
NEW OXFORD
COTTAGE 20-A
NEW OXFORD PA 17350
717-624-2937
SEMER, MD, NADINE B PS
103 WOODLAND DR
YORK PA 17403
717-854-6259
SHANAGHAN, DO, KEVIN J *FP
5 CORNELL DR
HANOVER PA 17331-9766
717-271-1934
SHAPIRO, MD, STEVEN L NPM
1001 S GEORGE ST
DIV OF NEWBORN MED
YORK PA 17403-3676
717-851-3063
SHEARER, MD, DAVID M NM
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YORK PA 17403-9775
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717-851-2441
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717-854-1595
SINGAL, MD, RAJESH PD
1620 S OUEEN ST
YORK PA 17403-4637
717-854-1595
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YORK PA 17402
717-747-5077
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3 TIMBER LN
HANOVER PA 17331
717-632-3633
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MTN TOP PA 18707-1845
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717-771-3038
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YORK PA 17403-4483
717-741-1820
SPEARS, MD, PAUL F GE
490 SHADY DELL RD
YORK PA 17403-4483
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25 MONUMENT RD STE 196
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717-741-9536
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2675 JOPPA RD
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110 PINE GROVE COMM
YORK PA 17403-5151
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25 MONUMENT RD STE 94
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717-741-8180
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1 RATHTON RD
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717-843-3223
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HERSHEY PA 17033-2049
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4 HARBOR LN
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COUDERSPORT PA 16915-1446
BUI, OUYNH T ST
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6426 GILLINGHAM LN
HARRISBURG PA 17111-6881
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12145 YEARLING ST
CERRITOS CA 90703
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HERSHEY PA 17033
COLANGELO, AUGUSTUS B ST
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STATE COLL PA 16803
COLEMAN, KRISTIN H ST
261 HOPELAND RD
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LANCASTER PA 17603
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ENOLA PA 17025
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HERSHEY PA 17033-2803
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105 JEAN ST
BELLE VERNON PA 15012-1757
DURICA, ALLISON R ST
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REPLOGLE, CORINNE R ST
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RICE, KEITH S ST
31 W COAL ST
SHENANDOAH PA 17976-1621
RILEY, CHERYL K ST
40 GIBSON RD
GREENVILLE PA 16125
ROCKWELL, NICHOLAS L ST
42 UPLAND RD
WYOMISSING HLS PA 19609
ROTHROCK, CHRISTOPHER R ST
146 UNIV MANOR E
HERSHEY PA 17033-2820
RUDD, DAWN M ST
4949 EASTMAN DR
HARRISBURG PA 17109
RUFF, GREGORY A ST
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RUHL, MARIANNE M ST
630 HORSESHOE TRAIL DR
LEBANON PA 17042-8956
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1949 WEXFORD RD
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SCOTT, MARK P ST
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SIPE, KELLY L ST
427 PENNSYLVANIA AVE
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517 PURCE ST
HILLSIDE NJ 07205
THOMPSON, HOLLY J ST
836 OAK ST
DENVER PA 17517-1366
TUOHY, KATHRYN A ST
259 KNOLL DR
PARK RIDGE NJ 07656
VAN NESS, SUZANNE M ST
1439 ORCHARDVIEW DR
PITTSBURGH PA 15220-2021
VAN PUTTEN, ERIKA S ST
8203 WESTBANK AVE
HOUSTON TX 77064
VIERRA, MARK A ST
12883 6TH AVE
HANFORD CA 93230
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ANNVILLE PA 17003
WALTHOUR, C SCOTT ST
524 SCIANDRO DR
GREENSBURG PA 15601-4559
WEHR, MATTHEW D ST
13 HILLSIDE RD
DAUPHIN PA 17018-9511
WHITAKER, MARK E ST
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ARORA, MD, MANJU	DELAWARE
ARORA, MD, RAMESH	CUMBERLAND
ARORA, RITIKA	PHILADELPHIA
ARORA, MD, SAT P	DELAWARE
ARORA, MD, SUBHASH C	LACKAWANNA
ARPAIA, MD, ALDO A	BUCKS
ARROW, DO, BEREL B	LANCASTER
ARSCOTT, DO, KAREN E	LACKAWANNA
ARSHT, MD, EDWIN D	DELAWARE
ARTABANE, MD, THOMAS A	LACKAWANNA
ARTHUR, MD, BRIAN W	LUZERNE
ARTHUR, MD, JAMES B	MCKEAN
ARTHUR, MD, KENNETH R	LANCASTER
ARTUSO, MD, FRANK B	ALLEGHENY
ARTUSO, MD, JAMES D	LANCASTER
ARUMUGARAJAH, MD, CANAGASABAPATHY	ADAMS
ASAM, MD, BRUCE A	PHILADELPHIA
ASAR, MD, MARIAM H	POTTER
ASBELL, MD, SUCHA O	PHILADELPHIA
ASCANIO JR, MD, GUIDO J	BERKS
ASEEM, MD, WALI M	JEFFERSON
ASH, MD, S RUSSELL	MONTGOMERY
ASHBAUGH, MD, WILLIAM H	BUTLER
ASHBY, MD, BONNIE L	DELAWARE
ASHBY, MD, JOHN D	FRANKLIN
ASHMAN, MD, GEORGE S	CAMBRIA
ASHOK, MD, PUDUCHERI S	ALLEGHENY
ASHRAF, MD, MOHAMMED K	PHILADELPHIA
ASHTON, MICHAEL R	ALLEGHENY
ASHWORTH, MD, HALBERT E	BERKS
ASINARI, MD, MARTIN P	VENANGO
ASKAR, MD, F	PHILADELPHIA
ASKIN, MD, STANLEY R	PHILADELPHIA
ASKINAS, MD, ALAN M	CHESTER
ASLAM, MD, AZAR	CRAWFORD
ASLAM, MD, MOHAMMAD	SCHUYLKILL
ASLAM, MD, MOHAMMED	SOMERSET
ASMAN, MD, BARRY J	ALLEGHENY
ASPINALL, MD, ALAN R	WESTMORELAND
ASANASEN, MD, BENJA V	WESTMORELAND
ASANASEN, MD, CHARIN	WESTMORELAND
ASARSSON, MD, ERIK D	MONTGOMERY
ASTARITA, MD, SALVATORE J	LANCASTER
ASTHANA, MD, SHOBHA	ALLEGHENY
ASTRA, LOUIS I	ALLEGHENY
ASTROFF, MD, MATTHEW R	CHESTER
ATHANI, MD, VIJAY S	ALLEGHENY
ATKIN, MD, DAVID H	ALLEGHENY
ATKINS, MD, JOHN L	YORK
ATKINS, MD, JOSEPH P	PHILADELPHIA
ATKINS, MD, ROBERT F	MONTGOMERY
ATKINS, MD, WILLIAM R	CHESTER
ATKINSON, MD, BARBARA F	PHILADELPHIA
ATKINSON, MD, DONALD P	ALLEGHENY
ATKINSON, MD, NOLAN N	MONTGOMERY
ATLAS, MD, ROBERT O	LEHIGH
ATOLINO, DO, RAYMOND B	PHILADELPHIA
ATWELL II, DO, GRANT E	SOMERSET
ATWELL SR, DO, GRANT E	SOMERSET
ATWELL, MD, MARGARET S	BERKS
ATWELL, MD, ROBERT B	ALLEGHENY
AUCH, MD, ELLA M	NORTHAMPTON
AUCHENBACH, MD, RALPH C	ALLEGHENY
AUDAY, MD, JOSE H	PHILADELPHIA
AUERBACH, DO, DAVID B	PHILADELPHIA
AUERBACH, MD, HERMAN L	LUZERNE
AUERBACH, DO, JEFFREY C	WAYNE/PIKE
AUERBACH, MD, MARK H	NORTHAMPTON
AUERBACH, MD, ROBERT L	PHILADELPHIA
AUERBACH, DO, ROBERT S	PHILADELPHIA
AUGELLI-HODOR, DO, LINDA P	NORTHAMPTON
AUGSBURGER, MD, JAMES J	PHILADELPHIA
AUL, JEROME J	ALLEGHENY
AUME, MD, HORACIO S	ALLEGHENY
AUME, MD, ISABEL R	ALLEGHENY
AUSTIN, MD, WILLIAM A	MONTGOMERY
AUSTIN JR, MD, CHARLES B	DAUPHIN
AUSTIN, CHRISTINE E	PHILADELPHIA
AUSTIN, MD, EDWARD M	ALLEGHENY
AUSTIN, MD, GREGORY E A	JEFFERSON
AUSTIN, MATTHEW S	PHILADELPHIA
AUSTRIAN, MD, ROBERT C	PHILADELPHIA
AUTERI, MD, ANTHONY G	LEHIGH
AVANCENA, MD, EDGARDO P	MONTGOMERY
AVART, DO, HERBERT	DELAWARE
AVEDISSIAN, MD, MICHAEL G	BERKS
AVELLA, MD, BERARD N	BERKS
AVELLINO, MD, JOSEPH D	PHILADELPHIA
AVENIA, MD, RONALD J	COLUMBIA
AVERBACH, MD, DAVID H	ALLEGHENY
AVERION-MAHLOCH, TIMOTHY J	PHILADELPHIA
AVERSA, DO, THADDEUS M	PHILADELPHIA
AVERSA JR, MD, ZEFFERINO A	PHILADELPHIA
AVETIAN, DO, CHARLES G	DELAWARE
AVINA, MD, LINDLEY G	PHILADELPHIA
AWAN, MD, IHSAN H	ALLEGHENY
AWAN, MD, RASHID A	CAMBRIA
AWTREY, CHRISTOPHER S	PHILADELPHIA
AXELROD, MD, BUDD B	PHILADELPHIA
AXELROD, MD, JANICE H	ALLEGHENY
AXELROD, MD, LAWRENCE S	MONTGOMERY
AXELROD, DO, NORMAN M	LANCASTER
AXELROD, MD, RANDI A	PHILADELPHIA
AXELROD, MD, RITA S	PHILADELPHIA
AXELSON, MD, ALAN A	ALLEGHENY
AYDIN, MD, ABED A	JEFFERSON
AYE, TANDY	PHILADELPHIA
AYERLE, MD, ROBERT S	PHILADELPHIA
AYERS, MD, LLOYD R	BLAIR
AYERS JR, MD, WILLIAM H	DELAWARE
AYLWARD, MD, JOHN J	CHESTER
AYNARDI, MD, J MARC	BERKS
AYOUB, MD, WILLIAM T	CENTRE
AYRES, MD, WILLIAM W	FAYETTE
AZAR, MD, ALBERT A	YORK
AZAR, MD, MICHAEL J	ALLEGHENY
AZAR, MD, REZA R	BUCKS
AZCONA, MD, OSCAR C	WASHINGTON
AZER, MD, MAGDI S	CAMBRIA
AZEVEDO, MD, MICHAEL P	PHILADELPHIA
AZIM, MD, ABIDA S	ALLEGHENY
AZIZ, MD, ABDULRAB	ALLEGHENY
AZIZKHAN, MD, REZA G	DAUPHIN

B

BAASE, MD, CAROL A	LEBANON
BABE, CHARISSA B	ALLEGHENY
BABIAK, MD, OLESH	DELAWARE
BABINECZ, MD, JOHN M	CHESTER
BABRA, MD, SUDHA T	BEDFORD
BACAK, MD, JOSEPH F	NORTHAMPTON
BACASTOW, MD, MERLE S	YORK
BACCASH, MD, PATRICIA D	PHILADELPHIA
BACESKI, MD, DEBORAH A	SOMERSET
BACH, DO, GREGORY P	MONTGOMERY
BACHARACH, MD, BENJAMIN	PHILADELPHIA
BACHARACH, MD, MATTHEW D	LANCASTER
BACHINSKY, MD, WILLIAM B	PHILADELPHIA
BACHMAN, MD, WILLIAM H	LANCASTER
BACKENSTOSE, MD, DANIEL L	DAUPHIN
BACKES, MD, CELSO L	POTTER
BACON, KIMBERLY A	PHILADELPHIA
BACON, MD, RICHARD W	LANCASTER
BACU, MD, GERI L	BEAVER
BADAMO, MD, FRANCIS P	JEFFERSON
BADARACCO, MD, MARIE R	COLUMBIA
BADAWI, MD, RADWAN A	LACKAWANNA
BADAYOS, MD, ALICIA P	BUCKS
BADIALI, MD, S CHARLES	WASHINGTON
BADOLATO, MD, DAVID J	MONTGOMERY
BADOSA, MD, FRANCISCO	PHILADELPHIA
BADWAY, MD, DAVID M	ALLEGHENY
BAER, MD, DAVID G	BEDFORD
BAER, JAMES R	PHILADELPHIA
BAER, MD, MICHAEL T	DAUPHIN
BAER, MONIQUE M	PHILADELPHIA
BAER, MD, SAMUEL	PHILADELPHIA
BAFFONI JR, MD, ALBERT D	ALLEGHENY
BAGDORF, MD, ROBERT	INDIANA
BAGGA, MANPREET K	STUDENT
BAGHAI-NAIINI, MD, PARVIZ	ALLEGHENY
BAGHERI, MD, BRUCE B	PHILADELPHIA
BAGHERI, MD, SAEED A H	LEBANON
BAGLEY, MD, DEMETRIUS H	PHILADELPHIA
BAHADARI, ALI	STUDENT
BAHL, MD, MOHINDER M	ALLEGHENY
BAHL, MD, VIJAY K	ALLEGHENY
BAHLER, MD, EILEEN	WESTMORELAND
BAHRI, MD, SANJEEV	ALLEGHENY
BAIKADI, MD, MADHAVA	LACKAWANNA
BAILER, DO, ALAN S	MONTGOMERY
BAILES JR, MD, JULIAN E	ALLEGHENY
BAILEY, MD, BRUCE O	CUMBERLAND
BAILEY JR, MD, JOHN H	CRAWFORD
BAILEY JR, LEONARD C	PHILADELPHIA
BAILEY JR, MD, ROBERT S	MONTGOMERY
BAILEY, MD, STEPHEN R	ALLEGHENY
BAILEY, MD, WILLIAM R	ALLEGHENY
BAILY, MD, ROBERT G	DAUPHIN
BAIN, MICHAEL A	PHILADELPHIA
BAINBRIDGE, MD, WILLIAM J	CHESTER
BAIO, MD, MICHAEL V	DELAWARE
BAIR, MD, JEFFREY F	MONROE
BAIR, MD, ROBERT C	TIOGA
BAIR, MD, VICTOR W	WASHINGTON
BAIR, MD, WILLIAM L	ALLEGHENY
BAIRD, MD, EDWARD F	LANCASTER
BAIRD, MD, JAMES W	ALLEGHENY
BAIRD, JANET L	PHILADELPHIA
BAIRD, MD, ROBERT J	LANCASTER
BAIRD, MD, ROBERT M	MONROE
BAJAJ, MD, RAJESH	ADAMS
BAJAJ, MD, RAJIV K	LACKAWANNA
BAJWA, MD, SURINDER S	WESTMORELAND
BAKER, ALFREDO E	PHILADELPHIA
BAKER, MD, CAROL C	ALLEGHENY
BAKER, MD, DAVID G	LANCASTER
BAKER JR, MD, GEORGE W	FRANKLIN
BAKER, MD, GRAEME C	ERIE
BAKER, MD, JEFFREY H	CENTRE
BAKER, MD, KAREN S	ALLEGHENY
BAKER, MD, MARVIN P	BUTLER
BAKER, MD, R J	BEAVER
BAKER, MD, ROBERT H	MERCER
BAKER, MD, ROBERT L	ALLEGHENY
BAKER II, DO, ROBERT L	ALLEGHENY
BAKER, DO, TERENCE R	BERKS
BAKER, MD, THOMAS E	LUZERNE
BAKER, MD, WALTER J	ALLEGHENY
BAKEWELL, MD, FRANK S	WASHINGTON
BAKSHI, MD, KALIND R	PHILADELPHIA
BAKSHI, MD, KINNARI K	BUCKS
BAKTH, MD, SHAMSHER	ALLEGHENY
BALABAN, MD, DONALD J	PHILADELPHIA
BALACI, MD, EDWARD	COLUMBIA
BALARAMAN, MD, GOVINDACHETTY	FRANKLIN
BALASH, MD, WILLIAM R	ARMSTRONG
BALASUBRAMANIAM, MD, MANI	FAYETTE
BALASUBRAMANIAN, MD, EASWARAN	PHILADELPHIA
BALCHANDANI, MD, RAJKUMARI B	PHILADELPHIA
BALCITA, MD, ARTHUR L	WESTMORELAND
BALDECK, MD, ANDREA M	PHILADELPHIA
BALDERACH, MD, RONALD R	LAWRENCE
BALDERSTON, MD, RICHARD A	PHILADELPHIA
BALDIA, MD, LIVEO B	COLUMBIA
BALDUCCI, MD, JAMES	LEHIGH
BALDWIN, HILARY J	ALLEGHENY
BALDWIN, MD, THOMAS M	BEAVER
BALDYS, MD, JAMES S	LYCOMING
BALESTRINO, DO, EDWARD E	ARMSTRONG
BALESTRINO, DO, SHEILA	ARMSTRONG
BALI, MD, AJAY K	LUZERNE
BALIN, MD, ARTHUR K	DELAWARE
BALIN, MD, BENJAMIN R	DELAWARE
BALINT, MD, BART W	ERIE
BALISTOCKY, MD, MARVIN H	MONTGOMERY
BALK, MD, PHILLIP	ALLEGHENY
BALKIAN, GARO K	PHILADELPHIA
BALL, DO, DAVID J	COLUMBIA
BALL, SCOTT T	PHILADELPHIA
BALLANTYNE, MD, JAMES V	ALLEGHENY
BALLARD, MD, IAN M	MONTGOMERY
BALLEK, MD, RONALD E	PHILADELPHIA
BALLENGEE, MD, GREGORY B	ERIE
BALLENTINE, MD, GEORGE N	LYCOMING
BALLS, MD, KENT F	MONTGOMERY
BALMASEDA, MD, MARIO T	ERIE
BALMASEDA, MD, OFELIA B	PHILADELPHIA
BALMER, DO, JOHN E	CRAWFORD
BALOG, MD, BALINT	DAUPHIN
BALOGH JR, MD, ROBERT J	LEBANON
BALOURIS, MD, CHRIST A	ALLEGHENY
BALSHI, MD, JAMES D	NORTHAMPTON
BALSHI, MD, STEPHEN F	NORTHAMPTON
BALTAROWICH, MD, OKSANA H	PHILADELPHIA
BALTZ, MD, RICHARD D	DAUPHIN
BALTZELL, MD, WILLIAM H	PHILADELPHIA
BAMBERGER, MD, GRANT W	CHESTER
BAMBERGER, MD, JOHN A	LEBANON
BAMONT, MD, ANTHONY J	PHILADELPHIA
BAMONTE, MD, EDWARD L	ALLEGHENY
BANAS, MD, MICHAEL P	NORTHAMPTON
BANCROFT, MD, URSULA F	BUCKS
BANDALA, MD, LEONARD C	NORTHAMPTON
BANDARANAYAKE, MD, NISANTHA M	WESTMORELAND
BANDARANAYAKE, MD, PICHING	ALLEGHENY
BANDARU, MD, ARTI	BERKS
BANDUCCI, MD, DENNIS R	DAUPHIN
BANE, CHRISTOPHER D	PHILADELPHIA
BANE, MD, DENIS M	SCHUYLKILL
BANEY JR, MD, CHARLES M	BERKS
BANEY IV, PHILIP J	PHILADELPHIA
BANIEWICZ JR, MD, FRANK J	MERCER
BANK, MD, R STANLEY	DAUPHIN
BANKA, MD, REENA S	PHILADELPHIA
BANKA, MD, VIDYA S	PHILADELPHIA
BANKACI, MD, MURAT	WESTMORELAND
BANKS, MATTHEW C	STUDENT
BANMILLER, MD, JAMES D	MONTGOMERY
BANNER, MD, RICHARD N	MONTGOMERY
BANNER, MD, RONALD S	PHILADELPHIA
BANNISTER JR, MD, WILLIAM B	LAWRENCE
BANNON, MD, CHARLES J	LACKAWANNA
BANNON, MD, JOSEPH P	LACKAWANNA
BANOGON, MD, MARIETTA A	DAUPHIN
BANSAL, MD, SURENDRA K	ALLEGHENY
BANSAL, MD, VIJAYA	ALLEGHENY
BANSBACH, MD, JEAN M	PHILADELPHIA
BANSBACH, MD, WILLIAM A	PHILADELPHIA
BANSIDHAR, MD, BHADRASINE	BEAVER
BANTLY, MD, VICTOR S	CAMBRIA
BANZHOFF, MD, GORDON K	DAUPHIN
BAR, MD, ALLEN H	PHILADELPHIA
BARAD, MD, ROXANA F	ALLEGHENY
BARAFF, MD, ROBERT	ALLEGHENY
BARAN, MD, ERNEST M	MONTGOMERY
BARAN, MD, JAMES J	ALLEGHENY
BARANI, MD, RICCARDO	DAUPHIN
BARANKO, DARRELL J	PHILADELPHIA
BARANSKI, MD, EDWARD J	ADAMS
BARATZ, MD, MARK E	ALLEGHENY
BARBA III, MD, WILLIAM P	BUCKS
BARBARISI, MD, MARCHELLO J	PHILADELPHIA
BARBEE, GLEN J	PHILADELPHIA
BARBER, MD, JAMES J	ALLEGHENY
BARBER, MD, JOHN C	ALLEGHENY
BARBER, MD, JOHN V	WESTMORELAND
BARBER, MD, JOSEPH C	ERIE
BARBER, MD, LEE A	PHILADELPHIA
BARBER, MD, MARGARET	PHILADELPHIA
BARBER, MD, NATACHA I	BEAVER
BARBOT, MD, DONNA J	PHILADELPHIA
BARCH, MD, FRANK J	CHESTER
BARCLAY, MD, CLAYTON C	SCHUYLKILL
BARD, MD, JOSEPH L	MONTGOMERY
BARD, MD, PENNY A	DELAWARE
BARDELL, MD, CRAIG R	SCHUYLKILL
BARDZIL, MD, JOSEPH W	WASHINGTON
BARENBERG, MD, PAUL A	CHESTER
BARILLA, MD, DONALD E	LEHIGH
BARKASY JR, MICHAEL A	PHILADELPHIA
BARKE, MD, JAMES N	POTTER
BARKER, MD, CLYDE F	PHILADELPHIA
BARKER, MD, RICHARD G	PHILADELPHIA
BARKSDALE JR, MD, EDWARD M	ALLEGHENY
BARLEY, MD, SAMUEL B	JEFFERSON
BARLOW JR, MD, ROBERT A	PHILADELPHIA
BARMADA, MD, BICHER	ALLEGHENY
BARNABY JR, MD, ARTHUR J	PHILADELPHIA
BARNES, MD, ANNE U	PHILADELPHIA
BARNES, MD, BARBARA E	ALLEGHENY
BARNES, MD, BEN C	LEHIGH
BARNES, MD, DENICE M	BUCKS
BARNES, MD, FREDERICK J	MONROE
BARNES, MD, MARGARET M	PHILADELPHIA
BARNES, MD, W STEPHEN	CENTRE
BARNES, MD, WILLIAM J	ALLEGHENY
BARNES, MD, WILLIAM T	CENTRE
BARNES, MD, WILLIS C	LACKAWANNA
BARNETT, MD, ALAN J	ALLEGHENY
BARNETT, DO, RANDY B	PHILADELPHIA
BARNHOUSE, MD, DAVID H	ALLEGHENY
BARNOSKI, MD, JOHN F	DAUPHIN
BAROLAT-ROMANA, MD, GIANCARLO	PHILADELPHIA
BARON JR, MD, ANDREW J	LACKAWANNA
BARON, ELI M	PHILADELPHIA
BARON, MD, JOHN	ALLEGHENY
BARON, MD, RICHARD J	PHILADELPHIA
BARON, MD, SCOTT L	ALLEGHENY
BARONE, MD, ANTHONY	LEHIGH
BARONE, MD, FRANCES A	BUCKS
BARONE, MD, SAMUEL F	ALLEGHENY
BAROUDI, MD, BASSAM R	ALLEGHENY
BARR, MD, GARY A	ALLEGHENY
BARR, MD, GAVIN C	NORTHAMPTON
BARR, MD, HARRY J	MONTGOMERY
BARR, DO, LAWRENCE I	PHILADELPHIA
BARR, MD, RICHARD G	DELAWARE
BARR, MD, V WARD	LANCASTER
BARRAS, MD, DAVID I	LUZERNE
BARRASSE, MD, LINDA D	LACKAWANNA
BARREN, DO, ERIC P	LACKAWANNA
BARRER, MD, MITCHELL J	BUCKS
BARRETT, MD, GEORGE S	NORTHAMPTON
BARRETT, MD, JAMES P	BERKS
BARRETT, MD, MICHAEL J	PHILADELPHIA
BARRETT, RONALD T	PHILADELPHIA
BARRETT, MD, STEPHEN J	LEHIGH
BARRETT, MD, WILLIAM A	ALLEGHENY
BARRINGER, MD, LYDIA R	PHILADELPHIA
BARRIOS, MD, MARIO F	BERKS
BARRIS, MD, BRUCE J	BUCKS
BARRISH, WILLIAM J	PHILADELPHIA
BARRIST, MD, ELLIS M	PHILADELPHIA
BARRY, MD, WILLIAM E	PHILADELPHIA
BARRY, MD, WILLIAM J	CHESTER
BARSKY, DO, HOWARD EDWIN	PHILADELPHIA
BARSOUM, MD, ADIB H	WESTMORELAND
BARSZCZOWSKI JR, MD, PETER J	LAWRENCE
BARTELT, DO, MATTHEW S	NORTHAMPTON
BARTGES, MD, JOHN D	LANCASTER
BARTH, MD, LINDA J	PHILADELPHIA
BARTHO, MD, BLAINE F	PERRY
BARTKOWSKI, MD, RICHARD R	DELAWARE
BARTLE JR, MD, HARVEY	MONTGOMERY
BARTLETT JR, MD, FREDERICK H	MONTGOMERY
BARTLOW, MD, WILLIAM P	LYCOMING
BARTMAN, THOMAS	PHILADELPHIA
BARTOLANZO, MD, ROBERT A	BUCKS
BARTOLET, MD, TERRY L	NORTHAMPTON
BARTON, MD, F JANE	DAUPHIN
BARTON, MD, JAMES C	FRANKLIN
BARTON, MD, JOHN O	DAUPHIN
BARTON, MICHAEL E	PHILADELPHIA
BARTON, MD, ROBERT L	LEBANON
BARTOS, MD, JOSEPH E	NORTHAMPTON

BARTOS, MD, SYLVIA A	WASHINGTON
BARTUSKA, MD, DORIS G	PHILADELPHIA
BARUA, MD, SUBRATA P	WESTMORELAND
BARUSEWYCZ, MD, SR MARIA N	MONTGOMERY
BARYEH, KWADWO B	STUDENT
BARZEL, MD, EYAL	PHILADELPHIA
BARZYK, MD, PETER P	ERIE
BASARAB, MD, ROBERT M	LANCASTER
BASE, STEPHEN J	PHILADELPHIA
BASEMAN, MD, ALAN S	BUCKS
BASESKI, DO, THERESA M	LUZERNE
BASH, MD, EVAN K	DELAWARE
BASHE, MARCY I	PHILADELPHIA
BASHEDA, DO, STEPHEN G	ALLEGHENY
BASHORE JR, MD, ROBERT M	LANCASTER
BASILE, MD, JOSEPH	BLAIR
BASKA, MD, JOHN K	BEAVER
BASOM, MD, DONALD E	MIFFLIN/JUNIATA
BASSALY, MD, RIFAAT R	LAWRENCE
BASSETT, MD, JAMES G	PHILADELPHIA
BASSILIOS, MD, FOUAD A	ALLEGHENY
BAST, MD, WILLIAM R	ADAMS
BASTIAN, MD, GRACE A	PHILADELPHIA
BASTIAN, MD, JAMES R	LYCOMING
BASTIN, MD, KENNETH T	LACKAWANNA
BASTING, MD, GREGORY G	LACKAWANNA
BATCHELDER, MD, BARRON M	BERKS
BATCHELET, DO, RICHARD B	DELAWARE
BATHRICK, MD, CHARLES E	ERIE
BATIPPS JR, MD, PERCY O	DELAWARE
BATOFF, MD, MILTON A	PHILADELPHIA
BATORY, MD, KATHERINE H	CENTRE
BATRA, MD, PREET M	PHILADELPHIA
BATTAFARANO, MD, LEONARD A	PHILADELPHIA
BATTAFARANO, MD, NICHOLAS C	CHESTER
BATTAGLIA, DO, DANIEL R	DAUPHIN
BATTERTON, MD, THOMAS D	PHILADELPHIA
BATTISTA, MD, FRANK J	DAUPHIN
BATTISTELLA, DO, GENE M	ALLEGHENY
BATUNKYI, MD, SAW	MONTGOMERY
BATZEL, MD, EDWARD L	LACKAWANNA
BAUER, MD, FRANK L	ALLEGHENY
BAUER, MD, JAMES E	INDIANA
BAUER, MD, JAMES E	ARMSTRONG
BAUER, KRISTEN M	PHILADELPHIA
BAUER, MD, ROBERT L	LEBANON
BAUER, MD, THOMAS L	YORK
BAUER, MD, WILLIAM F	ALLEGHENY
BAUERSFELD, MD, S RICHARD	ALLEGHENY
BAUM, MD, ALICIA	WESTMORELAND
BAUM, MD, EDGAR S	LEHIGH
BAUM, ERIC D	PHILADELPHIA
BAUM, MD, JEFFREY A	ALLEGHENY
BAUM, MD, NEIL B	WESTMORELAND
BAUM, MD, SHELDON F	DELAWARE
BAUMAN, MD, DOROTHY H	ALLEGHENY
BAUMAN, MD, JEANNE A	ERIE
BAUMAN, DO, JOHN M	ERIE
BAUMAN, MD, THOMAS W	ALLEGHENY
BAUMBACH, JENNIFER L	PHILADELPHIA
BAUMGARDNER, MD, JAMES E	PHILADELPHIA
BAUMGARTEL, MD, IRA E	ALLEGHENY
BAUMWELL, MD, IVAN A	ALLEGHENY
BAUSCH, MD, ANDREW N	LEHIGH
BAUSCH JR, MD, FREDERICK R	LEHIGH
BAUSCH, MD, RICHARD D	LEHIGH
BAUTISTA, MD, PRIMO V	WESTMORELAND
BAVARI, MD, DEBRA L	DAUPHIN
BAVARIA, MD, JOSEPH E	PHILADELPHIA
BAXTER JR, MD, DONALD L	ERIE
BAYANI JR, MD, ELADIO Y	WESTMORELAND
BAYER, DO, JAY D	FRANKLIN
BAYER, MD, JOSEPH F	WASHINGTON
BAYLISS, MD, PHILIP M	YORK
BAYRI, MD, MEHMET F	LEHIGH
BAYUK, MD, JOHN D	BEAVER
BAYUK, MD, JULIAN M	MONTGOMERY
BAZARNIC, MD, MARGARET L	BERKS
BAZEWICZ, MD, ROBERT A	LEBANON
BAZMI, MD, HASSAN	ALLEGHENY
BAZMI, MD, NEPTUNE K	ALLEGHENY
BAZYLAK, MD, ROBERT A	CRAWFORD
BAZZOUI, MD, WIDAD	MCKEAN
BEACHER JR, MD, GEORGE W	LANCASTER
BEACHLER, MD, JOHN S	ALLEGHENY
BEACHLEY, MD, MICHAEL C	ALLEGHENY
BEACHY, MD, IVAN E	CUMBERLAND
BEACHY, MD, STANLEY C	CUMBERLAND
BEALE, MD, BENJAMIN R	DAUPHIN
BEALER, MD, JOHN D	NORTHAMPTON
BEALS III, MD, NORMAN K	VENANGO
BEAN, MD, CARL B	BUTLER
BEARDWOOD, MD, DONALD M	MONTGOMERY
BEARIE, BRIAN J	PHILADELPHIA
BEASTON-WIMMER, MD, PATRICIA R	MONTGOMERY
BEATON, DO, DAVID L	ERIE
BEATTY, MD, ALBERT C	PHILADELPHIA
BEAUCHAMP JR, MD, EUGENE W	PHILADELPHIA
BEAUDREAU, MD, DAVID G	ALLEGHENY
BEAUSANG, MD, THOMAS	SCHUYLKILL
BEAVEN, MD, BARRY J	YORK
BEAVER, MD, WARREN J	ERIE
BECK, MD, AARON T	PHILADELPHIA
BECK, MD, CHRISTINE H	NORTHAMPTON
BECK, MD, GUNHILDE M	DAUPHIN
BECK, MD, JAN	BRADFORD
BECK, MD, JEFFREY A	DELAWARE
BECK, DO, JONATHAN E	MONTGOMERY
BECK, MD, ROBERT H	HUNTINGDON
BECK, MD, SYLVIA R	PHILADELPHIA
BECKER, MD, ANDREA J	MONTGOMERY
BECKER, MD, BRUCE	COLUMBIA
BECKER, MD, ERIC D	NORTHAMPTON
BECKER, MD, IRWIN	PHILADELPHIA
BECKER, DO, JOHN C	LYCOMING
BECKER, MD, JOSEPH M	PHILADELPHIA
BECKER, MD, MARTIN S	NORTHAMPTON
BECKER, DO, MICHAEL A	PHILADELPHIA
BECKER, MD, STEPHEN M	CUMBERLAND
BECKER, MD, WARD G	BERKS
BECKLEY, MD, ROBERT F	LYCOMING
BECKMAN, DO, IRWIN	ALLEGHENY
BECKWITH, MD, WILLIAM R	DELAWARE
BEDFORD, MD, RICHARD A	PHILADELPHIA
BEDGER JR, MD, RICHARD C	CLEARFIELD
BEDNAR, MD, JOHN M	PHILADELPHIA
BEDNAREK, MD, THOMAS F	LUZERNE
BEDNARSKI, MD, JEFFREY J	ERIE
BEDNARZ, MD, WALLACE W	LYCOMING
BEDRICK, MD, EDWARD L	PHILADELPHIA
BEDROSSIAN, MD, E HOWARD	DELAWARE
BEDROSSIAN JR, MD, EDWARD H	DELAWARE
BEDWELL, MD, SCOTT H	CRAWFORD
BEEBY, MD, JAMES L	ERIE
BEEDASSY, MD, ASHOK	PHILADELPHIA
BEEKEY JR, MD, CYRUS E	YORK
BEEM, MD, JOHN W	BERKS
BEERMAN, MD, CURTIS A	CAMBRIA
BEERS, LEANNE C	PHILADELPHIA
BEERS, MD, MARK H	MONTGOMERY
BEETEL, MD, CHRISTOPHER J	BERKS
BEGG, MD, FRANK R	ALLEGHENY
BEGG, MD, RICHARD J	ALLEGHENY
BEGUM, MD, DILWARA	ALLEGHENY
BEH, MD, WALTER P	MERCER
BEHAR, MD, DAVID	MONTGOMERY
BEHAR, MD, ROBERT D	PHILADELPHIA
BEHBEHANIAN, MD, MAHIN D	DELAWARE
BEHLKE, MD, RICHARD T	LACKAWANNA
BEHR, MD, EDITH D M	MONTGOMERY
BEHREND, MD, BERNARD	PHILADELPHIA
BEHRENDT, MD, RICHARD P	ALLEGHENY
BEHUN, MD, JOSEPH M	ALLEGHENY
BEIDLER, MD, JON G	FRANKLIN
BEILER, MD, DAVID D	MONTOUR
BEISTY, JENNIFER A	PHILADELPHIA
BEITEL JR, MD, ROBERT J	LEHIGH
BEITTEL JR, MD, CHARLES R	DAUPHIN
BEITZEL, MD, JAMES E	SOMERSET
BEIZER, MD, LAWRENCE H	PHILADELPHIA
BEKOE, MD, SETH	ALLEGHENY
BELARDI JR, MD, ALBERT A	LACKAWANNA
BELASCO, MD, ROBERT N	MONTGOMERY
BELBER, MD, ARTHUR D	MONTGOMERY
BELECANECH, MD, GEORGE A	PHILADELPHIA
BELICENA, MD, MARICAR G	MONTGOMERY
BELICH, MD, STEPHEN C	BEAVER
BELL JR, MD, C RAY	LEBANON
BELL, MD, ELLA C	PHILADELPHIA
BELL, MD, H CRAIG	MONTGOMERY
BELL, MD, JAMES B	DELAWARE
BELL, MD, LAWRENCE D	BEAVER
BELL, MD, LOUIS D	PHILADELPHIA
BELL, MD, MICHAEL A	LEHIGH
BELL, MD, MICHAEL C	BEAVER
BELL, MD, RANDALL W	MONTGOMERY
BELL, MD, RICHARD T	BERKS
BELL, MD, ROBERT L	CHESTER
BELL, MD, STEPHEN T	LANCASTER
BELL, MD, STEVEN D	PHILADELPHIA
BELL, MD, THOMAS G	CLEARFIELD
BELLA, MD, PARALUMAN	BUTLER
BELLA, MD, ROMEO H	LAWRENCE
BELLANCA JR, MD, GUY L	WESTMORELAND
BELLER, BYRKE O	PHILADELPHIA
BELLER, MD, MARTIN L	PHILADELPHIA
BELLES, MD, TERRY A	LYCOMING
BELLINGER, MD, E LEE	TIOGA
BELLO, MD, MARGARITA E	DAUPHIN
BELLUS, MD, JOHN J	MONTGOMERY
BELMONT, MD, FRANK A	PERRY
BELMONT, MD, HERMAN S	PHILADELPHIA
BELMONT, MD, JONATHAN B	MONTGOMERY
BELMONT, MD, OWEN	PHILADELPHIA
BELOFF, MD, LOUIS	BUCKS
BELOH, MD, FRANK G	ALLEGHENY
BELOVICH, MD, DEBBIE L	DAUPHIN
BELTZ, MD, WILLIAM R	LYCOMING
BEMILLER, MD, CARL	SCHUYLKILL
BEMIS, MD, CHARLES EASTMAN	PHILADELPHIA
BEN-MAIMON, MD, CAROLE S	PHILADELPHIA
BENACK, MD, CARL A	ALLEGHENY
BENAVAGE, MD, MICHAEL F	LEHIGH
BENCIE, MD, DAVID J	CAMBRIA
BENCKART, MD, DANIEL H	ALLEGHENY
BENDER JR, MD, FRANK C	DELAWARE
BENDER, MD, JONATHAN C	ALLEGHENY
BENDER, MD, JOSEPH	MONTGOMERY
BENDER, MD, RICHARD J	ALLEGHENY
BENDER, MD, WILLIAM A	FRANKLIN
BENDERSKY, MD, GORDON	PHILADELPHIA
BENDITT, MD, PHILIP L	PHILADELPHIA
BENE, MD, CATHERINE H	YORK
BENE, MD, DAVID J	YORK
BENEDETTO, DO, ANTHONY V	PHILADELPHIA
BENEDETTO, MD, ERNEST A	PHILADELPHIA
BENEDICT, MD, CATHERINE R	MONTGOMERY
BENEDICT, MD, JOHN H	DAUPHIN
BENES III, DO, FRANK J	ERIE
BENESKI, MD, DANIEL A	DELAWARE
BENINATI, MD, DANIEL D	CHESTER
BENINGER, MD, PAUL R	PHILADELPHIA
BENJAMIN, MD, DAVID R	ERIE
BENJAMIN, MD, KENNETH W	PHILADELPHIA
BENKO, MD, STEPHEN T	CAMBRIA
BENNER IV, MD, JOHN H	CHESTER
BENNETT, MD, HUGH D	PHILADELPHIA
BENNETT IV, MD, JOSEPH S	CHESTER
BENNETT, MD, LEO L	ERIE
BENNETT, MD, MARK A	MONTGOMERY
BENNETT JR, NELSON E	ALLEGHENY
BENNETT, MD, PAULA R	WAYNE/PIKE
BENNETT, MD, RAYMOND L	SUSQUEHANNA
BENNETT, MD, RICHARD H	PHILADELPHIA
BENNETT, MD, ROBERT D	ALLEGHENY
BENNOV, MD, BENJAMIN Z	BUCKS
BENOIT, MD, CHARLES H	MONTOUR
BENOIT, DO, RICHARD A	LUZERNE
BENOVITZ, MD, BURTON S	LUZERNE
BENSHOFF, MD, ALBERT M	CAMBRIA
BENSIMHON, DAN	ALLEGHENY
BENSIMHON, MD, GEORGES J	NORTHAMPTON
BENSON, MD, DAVID R	CENTRE
BENSON, MD, WILLIAM E	PHILADELPHIA
BENSY, MD, JOSEPH J	ALLEGHENY
BENTIVOGLIO, MD, LAMBERTO G	PHILADELPHIA
BENTLEY JR, MD, EUGENE A	CHESTER
BENTLEY, RHONDA M A	PHILADELPHIA
BENTON, MD, OWEN D	WASHINGTON
BENTZ, MD, MICHAEL S	DAUPHIN
BENTZ, MD, RALPH A	DAUPHIN
BENYO, MD, PHILIP J	LUZERNE
BENZ, MD, EDWARD J	NORTHAMPTON
BENZ JR, MD, GEORGE H	ALLEGHENY
BENZ, MD, ROBERT L	MONTGOMERY
BEPLER, MD, CHARLES R	DELAWARE
BERAN, MINDY S	PHILADELPHIA
BERARDI, MD, RONALD S	WESTMORELAND
BERBERICH, MD, WALTER F	WESTMORELAND
BERENBAUM, MD, PAUL L	PHILADELPHIA
BERESKY, MD, BARNABAS S	ERIE
BERESNY, MD, GERALD M	CENTRE
BERETVAS, MD, R IVAN	CAMBRIA
BEREZ, MD, FRANNE R	WESTMORELAND
BERG, MD, ALAN M	ALLEGHENY
BERG, MD, ALAN P	PHILADELPHIA
BERG, MD, GEORGE	ALLEGHENY
BERG, MD, SAUL R	ALLEGHENY
BERGELSON, MD, VICTOR D	MONTGOMERY
BERGER, MD, ALAN	LEHIGH
BERGER, MD, BRUCE C	PHILADELPHIA
BERGER, MD, GARY W	LYCOMING
BERGER, MD, KARL	CAMBRIA
BERGER, MD, MALCOLM P	ALLEGHENY
BERGER, MD, MARC S	BERKS
BERGER, MD, MARK D	PHILADELPHIA
BERGER, MD, SIMON M	PHILADELPHIA
BERGER, MD, STANLEY R	PHILADELPHIA
BERGER, MD, WINFRIED M	HUNTINGDON
BERGHER, MD, MOISES	PHILADELPHIA
BERGMAN, MD, GARY R	ALLEGHENY
BERGMAN, MD, MARTIN J	DELAWARE
BERGNES, MD, MANUEL A	MONTGOMERY
BERGQUIST, MD, ERICK J	WESTMORELAND
BERGREN, MD, ROBERT L	ALLEGHENY
BERGUSON, MD, PAUL D	SCHUYLKILL
BERHANE, MD, ELIZABETH	ALLEGHENY
BERING, MD, JOSEPH P	LEBANON
BERING, MD, THOMAS G	YORK
BERK, MD, DAVID A	ALLEGHENY
BERK, MD, H RONALD	ALLEGHENY
BERK, MD, HENRY M	MONTGOMERY
BERK, MD, NATHANIEL G	PHILADELPHIA
BERK, MD, ROBERT L	BUCKS
BERK, MD, THEODORE F	CUMBERLAND
BERKEBILE, MD, PAUL E	ALLEGHENY
BERKENSTOCK, MD, KENNETH G	LANCASTER
BERKEY, MD, RICHARD L	ALLEGHENY
BERKHEISER, MD, SAMUEL W	DAUPHIN
BERKMAN, MD, RONALD O	ALLEGHENY
BERKOW, MD, DON A	LANCASTER
BERKOW, MD, ROBERT	MONTGOMERY
BERKOWITZ, MD, ALAN R	LANCASTER
BERKOWITZ, MD, HENRY D	PHILADELPHIA
BERKOWITZ, MD, MORTON I	ALLEGHENY
BERKWITS, MD, LELAND	CHESTER
BERLEY, MD, BENJAMIN S	LUZERNE
BERLIN, MD, CHARLES S	ALLEGHENY
BERLIN, JOSHUA M	STUDENT
BERMAN, MD, ARNOLD T	PHILADELPHIA
BERMAN, MD, DENNIS A	CHESTER
BERMAN, MD, ELI	MONROE
BERMAN, MD, GAIL O	MONTGOMERY
BERMAN, MD, HOWARD J	WESTMORELAND
BERMAN, MD, IRA J	YORK
BERMAN, MD, MICHAEL A	ALLEGHENY
BERMAN, MD, PETER D	ALLEGHENY
BERMUDEZ, MD, ANTONIO G	LUZERNE
BERNAL, MD, GUILLERMO J	BUCKS
BERNARDI, DO, MARK M	LUZERNE
BERNARDINO JR, MD, VITALIANO B	BUCKS
BERNAT JR, MD, KARL R	ALLEGHENY
BERNETT, MD, GARY B	DELAWARE
BERNETT, MD, TIMOTHY M	BRADFORD
BERNHARD, MD, ROBERT A	LANCASTER
BERNING, MD, LENORA W	LANCASTER
BERNS, MD, GREGORY S	ALLEGHENY
BERNS, MD, LEON L	PHILADELPHIA
BERNSDORFF, MD, KURT R	LYCOMING
BERNSTEIN, MD, GUY T	MONTGOMERY
BERNSTEIN, MD, JOSEPH	PHILADELPHIA
BERNSTEIN, MD, LARRY	PHILADELPHIA
BERNSTEIN, MD, MARK H	BUCKS
BERNSTEIN, MATTHEW E	PHILADELPHIA
BERNSTEIN, MD, ROBERT W	ALLEGHENY
BERNSTINE, MD, EARL L	YORK
BERNSTINE, MD, J BERNARD	PHILADELPHIA
BERO, CHRISTOPHER J	STUDENT
BERONILLA JR, MD, HILARION A	FAYETTE
BERRY, MD, GEORGE J	ALLEGHENY
BERRY, MARK F	PHILADELPHIA
BERRY JR, MD, THOMAS N	YORK
BERSCHLING, MD, CHESTER M	ALLEGHENY
BERTA, MD, JULIUS W	WARREN
BERTOLETTE, MD, RICHARD D	BERKS
BERTRAM, MD, HORST N	LEBANON
BERTRAM, MD, KARL R	TIOGA
BERTSCH, MD, ALBERT M	SUSQUEHANNA
BERWICK, MD, EVELYN S	ALLEGHENY
BESDEN, JODI E	PHILADELPHIA
BEST, MD, JOHN W	YORK
BETESH, MD, JOEL S	PHILADELPHIA
BETTEN, MD, KAREN L	BEAVER
BETTINGER, MD, ROBERT	ALLEGHENY
BETTON, MD, GREGORY W	CAMBRIA
BETTS, DO, BROOKS	NORTHAMPTON
BETTS, MD, CHARLES R	ALLEGHENY
BETTS, MD, EUGENE K	PHILADELPHIA
BETTS, DO, WILLIAM E	LANCASTER
BETZ, MD, LOUIS H	UNION
BETZ, MD, RANDAL R	PHILADELPHIA
BEUTLER, MD, WILLIAM J	DAUPHIN
BEVERLY, MD, AVERY W	PHILADELPHIA
BEVERLY JR, MD, ROLAND S	PHILADELPHIA
BEVILACOUA, MD, DANIEL F	ADAMS
BEVILACOUA, MD, JOHN E	PHILADELPHIA
BEYER, MD, DAVID W	WESTMORELAND
BEYER, MD, F D	WESTMORELAND
BEYER III, MD, FREDERICK C	LANCASTER
BEYER JR, MD, KARL H	PHILADELPHIA
BEYZER, MD, LYUDMILA	PHILADELPHIA
BEZIER, MD, JEFFREY L	ALLEGHENY
BHAGAT, MD, PRAGNA R	MONROE
BHAGAT, MD, RAJESH G	MONROE
BHAGWADIEN, MD, NARENDRA	MONTOUR
BHAGWANANI, MD, DRUPADI G	ALLEGHENY
BHAKTA, NIHAR M	STUDENT
BHARGAVE, MD, USHA A	DAUPHIN
BHARUCHA, MD, SHERNAVAZ D	DAUPHIN
BHASIN, MD, ARVIND	BEAVER
BHAT, MD, ELEANOR	DAUPHIN
BHATNAGAR, DO, ATUL	ALLEGHENY
BHATNAGAR, MD, MUKUL	BLAIR
BHATNAGAR, MD, YUDHISHTER M	CLARION
BHATNAGER, SONIKA	PHILADELPHIA
BHATT, MD, DRUPAD	MONROE
BHATT, MD, PRAFUL U	CLINTON
BHAYANI, MD, SHABIR A	MCKEAN
BHE, MD, H KWAN	CARBON
BHUPALAM, MD, SHYAM S	ALLEGHENY
BIALAS, MD, HENRY N	BERKS
BIALAS, MD, FACP, PAUL A	WARREN
BIALAS, MD, ROBERT F	DELAWARE
BIANCA III, MD, VINCENT C	LACKAWANNA
BIANCARELLI, MD, EDMUND J	LACKAWANNA
BIANROSA, MD, JOHN J	PHILADELPHIA
BICE, MD, DOUGLAS E	YORK
BICKEL, MD, REBECCA L	ALLEGHENY
BIDULA, MD, LEO P	ALLEGHENY
BIDULA, MD, MAUREEN M	ALLEGHENY
BIEBER, MD, LARIEN G	LANCASTER
BIEBUYCK, MD, JULIEN F	DAUPHIN
BIEDRZYCKI, MD, MARK R	ALLEGHENY
BIELE, MD, FLORA H	PHILADELPHIA
BIENIEK, MD, MARZENA L	NORTHAMPTON
BIENIEK, MD, RUSSELL B	ERIE
BIERER, MD, EDWARD D	ARMSTRONG
BIERMANN, MD, WILLIAM A	PHILADELPHIA
BIESINGER, MD, GEORGE J	BLAIR
BIGGS, DO, ROBERT H	NORTHAMPTON
BIGLAN, MD, ALBERT W	ALLEGHENY
BIGLEY, MD, JOSEPH R	PHILADELPHIA
BIGOS, MD, EDWARD T	BERKS
BIJAK, GREGORY J	ALLEGHENY
BIKLE, MD, CHARLES A	FRANKLIN
BIKLE, MD, H DWIGHT	ADAMS
BIKOWSKI, MD, JOSEPH B	ALLEGHENY
BILBAO, MD, ANGEL	ALLEGHENY
BILINSKI, MD, CAROL A	SCHUYLKILL
BILLIG, MD, RUTH A	PHILADELPHIA
BILLON, MD, ANDREW	INDIANA
BILOFSKY, DO, ELLIOTT	BEDFORD
BILSKY, MD, ALAN CHARLES	PHILADELPHIA
BILYK, MD, JURIJ R	PHILADELPHIA
BINAKONSKY, MD, HARRY S	ALLEGHENY
BINDER, MD, ERIC J	YORK
BINDIE, MD, RICHARD P	SCHUYLKILL

BINGENER, DO, KENNETH C	BERKS
BINGHAM, JONATHAN L	STUDENT
BINGHAM, MD, RODNEY S	BLAIR
BINIAURISHVILI, MD, RAOUL G	PHILADELPHIA
BINNICK, MD, STEVEN A	MONTGOMERY
BINNS, MD, VERONICA	FAYETTE
BINSTOCK, MD, HAROLD	ALLEGHENY
BIRD, MD, LUIS J	PHILADELPHIA
BIRD, MD, GEOFFREY L	PHILADELPHIA
BIRK, MD, CATHERINE M	ALLEGHENY
BIRNBAUM, MD, MICHAEL D	PHILADELPHIA
BIRRELL, MD, DONALD G	ALLEGHENY
BIRSCHBACH, MD, JANE M	ALLEGHENY
BISACCO, MD, STEPHEN J	BLAIR
BISCHOF, MD, RALPH O	PHILADELPHIA
BISCOVEANU, MD, MIHAELA	PHILADELPHIA
BISER, SETH A	PHILADELPHIA
BISHAI, MD, DAVID M	PHILADELPHIA
BISHOP, MD, DAVID W	BLAIR
BISHOP, MD, JERRY W	BERKS
BISHOP, MD, ROBERT P	MONTGOMERY
BISHOP, MD, WAYNE E	CENTRE
BISHOW, MD, I RALPH	PHILADELPHIA
BISIGNANI, MD, GABRIELLA M	LACKAWANNA
BISSET JR, MD, JAMES F	NORTHAMPTON
BITETTO, MD, NICOLA	BERKS
BITMAN, MD, JOSEPH	PHILADELPHIA
BITTNER, MD, DONALD F	VENANGO
BIUCKIANS, MD, EDWARD	BUCKS
BIUSO, MD, THOMAS J	LANCASTER
BIX, MD, BARBARA C	MONTGOMERY
BIZOUSKY, MD, DAVID T	INDIANA
BIZOUSKY, DO, FRANKLIN P	BLAIR
BIZOUSKY, MD, FRANKLIN S	JEFFERSON
BIZUP, MD, THOMAS	SCHUYLKILL
BLACK JR, MD, HARRY A	ALLEGHENY
BLACK, MD, HOWARD M	BLAIR
BLACK, MD, JONATHAN D	BERKS
BLACK, MD, JUDITH E	ALLEGHENY
BLACK, MD, KEVIN P	DAUPHIN
BLACK, MD, MILTON H	ALLEGHENY
BLACK, MD, PERRY	PHILADELPHIA
BLACK JR, MD, WILLIAM A	LACKAWANNA
BLACKBURN JR, MD, LAURENCE H	BUCKS
BLACKBURN, MD, LAWRENCE F	WESTMORELAND
BLACKSMITH JR, MD, GARY L	CUMBERLAND
BLACKWELL, MD, RAY A	PHILADELPHIA
BLAHA, GREGORY R	PHILADELPHIA
BLAIR, MD, ALBERT J	ALLEGHENY
BLAIR, MD, CHRISTINA R	INDIANA
BLAIR, MD, FRANK W	PHILADELPHIA
BLAISDELL, MD, C THEODORE	LEHIGH
BLAISDELL, MD, THEODORE A	LANCASTER
BLAISE, CARMINE	PHILADELPHIA
BLAKE, MD, HU A	PHILADELPHIA
BLAKE, DO, JAMES S	PHILADELPHIA
BLAKE, MD, KARL E	ALLEGHENY
BLAKE, MD, PAUL O	DELAWARE
BLAKESLEE, DO, COLSON E	JEFFERSON
BLAKESLEE, DO, MARK A	DAUPHIN
BLAKLEY, MD, JOHN B	ALLEGHENY
BLANCH, MD, JOSEPH J	PHILADELPHIA
BLANCHET, MD, GARRETT H	FRANKLIN
BLAND, MD, C BRINLEY	PHILADELPHIA
BLANK, MD, SAMUEL	PHILADELPHIA
BLANZACO, MD, ANDRE C	PHILADELPHIA
BLASIOL, DO, JOSEPH J	LEHIGH
BLASS, MD, DAVID C	FAYETTE
BLATCHLEY, MD, DONALD M	WESTMORELAND
BLAUM SR, MD, LOUIS C	LUZERNE
BLAUSER, MD, ROBERT B	BERKS
BLAZER, MD, DAVID J	LEBANON
BLECHER, MD, MARK H	PHILADELPHIA
BLEICHER, MD, RICHARD J	ALLEGHENY
BLENDER, DO, BURTON	PHILADELPHIA
BLESHMAN, MD, MICHAEL H	CHESTER
BLEWITT, MD, GEORGE A	PHILADELPHIA
BLEZNAK, MD, AARON D	CENTRE
BLILEY, MD, KIRK S	ALLEGHENY
BLINDER, MD, JEFFREY S	LEHIGH
BLINKOFF, MD, BARRY A	PHILADELPHIA
BLISARD, DEANNA M	PHILADELPHIA
BLISSMAN, GREGORY C	ALLEGHENY
BLITZ, JENNIFER L	PHILADELPHIA
BLOCH, MD, ROBERT S	NORTHAMPTON
BLOCK, MD, ROBERT A	PHILADELPHIA
BLOCK, MD, ROBERT C	ALLEGHENY
BLOCK, MD, RONALD M	DELAWARE
BLOCK, MD, STEVEN	BUCKS
BLOCKSTEIN, MD, ROBERT S	ALLEGHENY
BLODGETT JR, MD, RANDOLPH C	MONTOUR
BLOES, MD, WALTER S	LACKAWANNA
BLOISO, MD, GLENN T	LYCOMING
BLOM, MD, BOHEN M F	LYCOMING
BLOM, MD, JOHANNES	LYCOMING
BLOMAIN, MD, E WILLIAM	LACKAWANNA
BLOMAIN, MD, ERIC W	LACKAWANNA
BLOOD JR, MD, JOSEPH B	BRADFORD
BLOOM, ADAM H	PHILADELPHIA
BLOOM, MD, BENJAMIN H	PHILADELPHIA
BLOOM, MD, ELANA J	ALLEGHENY
BLOOM, MD, JOSEPH	PHILADELPHIA
BLOOM, MD, LAWRENCE H	PHILADELPHIA
BLOOM, MD, SANDRA L	BUCKS
BLOOMGARDEN, MD, RALPH T	PHILADELPHIA
BLOOMSTINE, MD, MARK T	ERIE
BLORE JR, MD, JAMES P	BUCKS
BLORE, SCOTT M	PHILADELPHIA
BLOSCHICHAK, MD, ANDREW	ADAMS
BLOSE, MD, LINDA K	NORTHAMPTON
BLOUGH, MD, LELAND S	ALLEGHENY
BLUEMLE JR, MD, LEWIS W	PHILADELPHIA
BLUESTEIN, MD, DAVID D	ALLEGHENY
BLUESTEIN, MD, HAZEL M	MONTGOMERY
BLUM, MD, MICHAEL D	MONTGOMERY
BLUM, MD, RICHARD H	LUZERNE
BLUMBERG, MD, BARUCH S	PHILADELPHIA
BLUMBERG, MD, MYRON L	PHILADELPHIA
BLUME, MD, ROBERT P	ALLEGHENY
BLUMENSCHEIN, MD, GERTRUDE	FAYETTE
BLUMENTHAL, MD, ANDREW R	MONTGOMERY
BLUMENTHAL, MD, JEFFREY R	BUCKS
BLUMENTHAL, MD, MELVIN S	BUCKS
BLUMENTHAL, MD, NEIL C	NORTHAMPTON
BLUMENTHAL, MD, SHERRY L	PHILADELPHIA
BLUMSTEIN, MD, CHARLES G	MONTGOMERY
BLYDENBURGH, MD, SUSAN M	CHESTER
BLYN, MD, CHARLOTTE L	PHILADELPHIA
BLYTH, BRIAN J	ALLEGHENY
BLYTHE, JAMES O	PHILADELPHIA
BLYTHE, MD, PEGGY J	WASHINGTON
BOAK, MD, AMY F	PHILADELPHIA
BOAL, MD, ERWIN S	BEAVER
BOAL JR, MD, JOHN H	BEAVER
BOBAK, MD, WLADYSLAW	FAYETTE
BOBBY, DO, JOHN L	ALLEGHENY
BOBECK, MD, HENRY S	LUZERNE
BOBECK, MD, JOHN J	LUZERNE
BOBECK, MD, JOSEPH J	LUZERNE
BOBEK, MD, FRANCIS B	COLUMBIA
BOBEN, PIA E	PHILADELPHIA
BOBICK, MD, FRANK	CARBON
BOBIN, MD, JOHN J	YORK
BOBMAN, MD, DAVID E	DELAWARE
BOBONICH, MD, ARLENE S	ADAMS
BOBRIN, DO, MARSHALL C	PHILADELPHIA
BODE JR, MD, FREDERICK W	ALLEGHENY
BODEK, MD, ALVIN M	ALLEGHENY
BODNER, MD, DARYL G	LANCASTER
BODNER, MD, GAIL F	LANCASTER
BOEHME, MD, KEVIN G	ALLEGHENY
BOELLNER-KAHN, MD, ALICIA A	MONTGOMERY
BOETTCHER, MD, ANNA M	ALLEGHENY
BOGDANOFF, MD, BRUCE M	DELAWARE
BOGDEWIC, MD, THOMAS A	ALLEGHENY
BOGER, MD, WILLIAM P	PHILADELPHIA
BOGUCKI, MD, EDWIN I	DELAWARE
BOGYI, MD, ANTONIA M	ALLEGHENY
BOHATIUK, MD, GEORGE M	ERIE
BOHINSKI, DO, STANLEY T	LUZERNE
BOHLENDER, MD, GEORGE P	ERIE
BOHM-VELEZ, MD, MARCELA	ALLEGHENY
BOHNENBLUST JR, MD, WALTER R	BERKS
BOHNENBLUST, MD, WALTER R	SCHUYLKILL
BOHONYI, MD, WILLIAM A	DAUPHIN
BOHRI, MD, JAMES D	CARBON
BOHRN, MICHAEL A	PHILADELPHIA
BOKA, MD, IKE A	MONTOUR
BOKA, MD, SUZANNA P	MONTOUR
BOKER, MD, STEVEN M	LAWRENCE
BOKHARI, MD, SAMINA	ALLEGHENY
BOLAND JR, MD, FRANCIS B	BUCKS
BOLAND, MICHAEL V	ALLEGHENY
BOLAND, MD, STANLEY W	LACKAWANNA
BOLANOVICH, MD, LESTER J	ALLEGHENY
BOLDEN, MD, MARY C	ALLEGHENY
BOLDEN, MD, PATRICK T	PERRY
BOLDEN, MD, RICHARD O	WESTMORELAND
BOLINE, MD, GEORGE B	DAUPHIN
BOLLARD, MD, EDWARD R	DAUPHIN
BOLLINGER, MD, JAMES R	CHESTER
BOLMANN, MD, ANDREW R	MONTGOMERY
BOLNO, DO, CHARLES M	PHILADELPHIA
BOLOTIN, MD, JOSEPH H	MERCER
BOLUS, MD, CHARLES M	LACKAWANNA
BOMZE, MD, JEFFREY P	MONTGOMERY
BONANNI JR, MD, FERNANDO B	BERKS
BONANNI, MD, LORETTA D	CHESTER
BONAVENTURA, MD, MARGUERITE	ALLEGHENY
BONCHEK, MD, LAWRENCE I	LANCASTER
BOND, MD, JEFFREY B	MONTGOMERY
BONDI, MD, EDWARD EDGE	PHILADELPHIA
BONDI, MD, RICHARD P	ALLEGHENY
BONDY, MD, THOMAS J	CAMBRIA
BONE, LINDA J	PHILADELPHIA
BONEKEMPER, MD, THOMAS W	LEHIGH
BONESSI, EXEC SEC, COBY	WASHINGTON
BONESSI, MD, JAMES V	ALLEGHENY
BONFIGLIO, MD, RICHARD P	CHESTER
BONGIOVANNI, DO, ANDREW G	DELAWARE
BONI JR, MD, DINO R	WASHINGTON
BONIFACE, MD, DOLORES J	ALLEGHENY
BONITA, MD, RAPHAEL	LUZERNE
BONNEAU, MD, AMY J	DAUPHIN
BONNER, MD, DENNIS J	BUCKS
BONNER JR, MD, FRANCIS J	MONTGOMERY
BONNER, MD, JAMES F	PHILADELPHIA
BONNER, MD, JAMES J	BERKS
BONNER, MD, MARY J	BERKS
BONNER, MD, ROBERT E	PHILADELPHIA
BONNER, MD, WILLIAM F	BUCKS
BONO, MD, JOHN	ARMSTRONG
BONONI, MD, PATRICIA L	ALLEGHENY
BONONI, MD, PAULA A	MONTGOMERY
BONOS III, MD, CHARLES T	LEHIGH
BONTEMPO, DO, ERIC B	COLUMBIA
BONTEMPO, MD, FRANKLIN A	BEAVER
BONUCCI, MD, BRUNO L	FAYETTE
BOO, MD, KI T	LEHIGH
BOOGAARD, MD, RONALD G	LEBANON
BOOK, MD, MORRIS M	BEAVER
BOOKERT, MD, CHARLES C	ALLEGHENY
BOOKWALTER III, MD, JOHN W	ALLEGHENY
BOONE, MD, EDGAR A	WESTMORELAND
BOONE, MD, JOY L	WESTMORELAND
BOONIN, MD, ALAN	LUZERNE
BOONSWANG, NARONGSAK	PHILADELPHIA
BOONSWANG, MD, PRICHA	NORTHAMPTON
BOONVISUDHI, MD, THUMRONG	FAYETTE
BOOR, MD, JOHN W	DELAWARE
BOORSE, MD, RICHARD C	LEHIGH
BOOTH, MD, HOBSON G	WESTMORELAND
BOOTH, MD, KEVIN R	DELAWARE
BOOTH JR, MD, ROBERT E	PHILADELPHIA
BOOVA, MD, ROBERT S	DELAWARE
BORAH, MD, BISHNU C	BUCKS
BORAN, MD, ROBERT P	SCHUYLKILL
BORAN, MD, THOMAS V	SCHUYLKILL
BORCZON, MD, DENNIS P	ERIE
BORECKY, MD, DAVID C	CAMBRIA
BOREEN, MD, STUART M	NORTHAMPTON
BORETSKY, MD, HARRY	ALLEGHENY
BORETSKY, MD, ROBERT H	ALLEGHENY
BORGATTA, MD, LOUIS	BERKS
BORGER, MD, LEE J	WARREN
BORGIA, MD, FRANK A	ALLEGHENY
BORJA, MD, ROGELIO I	BUTLER
BORKOVIC, MD, EMBRIE J	BEAVER
BORKOW, MD, JOEL E	CAMBRIA
BORKOWSKI, MD, WINSLOW J	PHILADELPHIA
BORN, MD, CHRISTOPHER T	PHILADELPHIA
BORN, MD, MICHAEL W	YORK
BORNFRIEND, MD, LYNN A	PHILADELPHIA
BORNS, MD, PATRICIA F	PHILADELPHIA
BORNT, MD, MARSHA D	YORK
BOROFSKY, MD, MICHAEL A	BERKS
BORON, MD, ROBERT J	CLEARFIELD
BORON, MD, RONALD L	ALLEGHENY
BORON, MD, STELLA M	INDIANA
BOROS-GALARDI, MD, TRACEY A	LACKAWANNA
BOROUMAND, MD, MASOOD	CAMBRIA
BOROW, MD, LAWRENCE S	PHILADELPHIA
BOROW, MD, SYDNEY	PHILADELPHIA
BORRA, MD, BOLLIAIH	LUZERNE
BORROR, MD, MEGAN J	DAUPHIN
BORTHWICK, JAMES M	PHILADELPHIA
BORTIN, MD, LEONARD	PHILADELPHIA
BORTNER, MD, DONALD L	YORK
BORTZ, MD, DONALD W	WESTMORELAND
BORUS, MD, HARRY E	ALLEGHENY
BORYS, MD, DAVID J	DAUPHIN
BOSACCO, MD, STEPHEN J	PHILADELPHIA
BOSCHA, MD, KENNETH W	WESTMORELAND
BOSCHI, MD, ALESSANDRO S	CARBON
BOSCIA, MD, JEROME A	PHILADELPHIA
BOSELLI, MD, BRUCE D	BRADFORD
BOSELLI, MD, JOSEPH M	PHILADELPHIA
BOSLEY, MD, THOMAS M	PHILADELPHIA
BOSSARD, MD, VALERIE J	PHILADELPHIA
BOSSART, MD, BARBARA A	ERIE
BOSSE, MD, MILTON D	ALLEGHENY
BOSSE, MD, MYHANH T	MONTGOMERY
BOTEK, MD, ALISON A	PHILADELPHIA
BOTHWELL, MD, WILLIAM N	MONTGOMERY
BOTKIN, MD, LESTER H	ALLEGHENY
BOTNICK, MD, MARC I	MONTGOMERY
BOTTGER, MD, DAVID A	DELAWARE
BOTTI, KASANDRA A	ERIE
BOTUYAN, KATHERINE F	PHILADELPHIA
BOUCHER, MD, ROBERT M	DELAWARE
BOUCHER, MD, WILLIAM F	LEHIGH
BOURN, MICHAEL V	ERIE
BOUVIER, MD, MARIANNE	ALLEGHENY
BOVE, MD, RICHARD L	PHILADELPHIA
BOWEN, MD, A'DELBERT	ALLEGHENY
BOWEN JR, MD, FRANK W	PHILADELPHIA
BOWEN, MD, KAREN A	YORK
BOWEN JR, MD, THALES	MONTGOMERY
BOWER, MD, DOUGLAS J	CUMBERLAND
BOWER, MD, JAMES H	DAUPHIN
BOWER, MD, JAMES N	LAWRENCE
BOWER SR, MD, JOHN R	BERKS
BOWER, MD, JOHN R	BERKS
BOWER, MD, ROBERT	PHILADELPHIA
BOWER, RYAN T	PHILADELPHIA
BOWERS, MD, BARBARA A	YORK
BOWERS, MD, DAVID N	BERKS
BOWERS, MD, LEROY W	BLAIR
BOWERS, MD, PAUL A	PHILADELPHIA
BOWERS, MD, RICHARD A	ALLEGHENY
BOWERS, MD, ROBERT M	TIOGA
BOWERS, MD, STEVEN K	ERIE
BOWLES, MD, LAWRENCE T	PHILADELPHIA
BOWMAN, MD, ANDREW R	PHILADELPHIA
BOWMAN JR, MD, DOUGLAS F	MCKEAN
BOWMAN, MD, HERBERT S	DAUPHIN
BOWMAN, MD, JOHN H	LANCASTER
BOWMAN, MD, MICHAEL W	ALLEGHENY
BOXER, MD, ARTHUR D	MONTGOMERY
BOXER, MD, LOUIS M	PHILADELPHIA
BOYD, MD, BARRY C	ALLEGHENY
BOYD, MD, KENNETH J	DELAWARE
BOYD, MD, ROBERT L	DELAWARE
BOYD III, MD, THOMPSON H	PHILADELPHIA
BOYD, MD, WILLIAM J	DAUPHIN
BOYEK, MD, MICHAEL F	BRADFORD
BOYEK, MD, TIMOTHY J	CHESTER
BOYER, MD, EDWARD W	PHILADELPHIA
BOYER, MD, GEORGE S	LEHIGH
BOYER, DO, MICHAEL A	BERKS
BOYER, PAMELA S	PHILADELPHIA
BOYER, MD, RANDAL A	PHILADELPHIA
BOYER, MD, WALTER E	VENANGO
BOYKIW, MD, MARK E	INDIANA
BOYLAN, MD, JAMES J	NORTHAMPTON
BOYLAN JR, MD, RAYMOND J	ALLEGHENY
BOYLE, MD, BRIAN F	WESTMORELAND
BOYLE, MD, DENIS A	DELAWARE
BOYLE JR, MD, DENIS A	DELAWARE
BOYLE, MD, EILEEN M	ALLEGHENY
BOYLE, MD, JAMES W	ALLEGHENY
BOYLE, MD, L EAMONN	YORK
BOYLE, MD, MARY C	ALLEGHENY
BOYLE, MD, RICHARD C	ERIE
BOYLE, MD, RONALD N	CAMBRIA
BOYLE, MD, WILLIAM H	LUZERNE
BOYLE HACKMAN, BARBARA A	PHILADELPHIA
BOYLER, MD, LAWRENCE J	FRANKLIN
BOYLSTON, MD, BEDFORD F	DAUPHIN
BOYNTON, MD, ROBERT F	PHILADELPHIA
BOYSEN, MD, HOMER	SCHUYLKILL
BOZENTKA, MD, DAVID J	PHILADELPHIA
BOZIC, MD, ALBERT F	LYCOMING
BRABENDER, MD, REBECCA R	ALLEGHENY
BRACCIA, MD, GREGORY M	PHILADELPHIA
BRACE, MD, FREDERICK H	PHILADELPHIA
BRACKBILL, MD, ELIZABETH J	BERKS
BRACKIN, MD, GEORGE G	BUCKS
BRADBURD, DO, TRINA L	DELAWARE
BRADEN JR, MD, FRANK R	ALLEGHENY
BRADEN, MD, GEOFFREY L	PHILADELPHIA
BRADFORD, MD, BRADLEY J	ALLEGHENY
BRADFORD, MD, JOHN D	CHESTER
BRADFORD, MD, PAUL L	MONTGOMERY
BRADFORD, DO, WILLIAM C	LANCASTER
BRADLEY, MD, BETTY H	ALLEGHENY
BRADLEY, DO, BRUCE A	WESTMORELAND
BRADLEY, MD, ELIZABETH A	MONTGOMERY
BRADLEY, MD, JAMES P	ALLEGHENY
BRADLEY, DO, JOSEPH J	MONTGOMERY
BRADLEY, MD, JOSEPH	ALLEGHENY
BRADLEY, LORELLE E	PHILADELPHIA
BRADLEY, MARY E	STUDENT
BRADLEY JR, MD, ROBERT H	PHILADELPHIA
BRADLEY, MD, SAMUEL M	CAMBRIA
BRADLEY, MD, WILLIAM L	WESTMORELAND
BRADLEY JR, MD, WILLIAM P	ALLEGHENY
BRADY, MD, DOUGLAS F	WESTMORELAND
BRADY, DO, J GREG	LEHIGH
BRADY, MD, LUTHER W	PHILADELPHIA
BRADY, MD, MARY E	MONROE
BRAGDON, MD, ROBERT W	ALLEGHENY
BRAHMABHATT, SHYAM N	PHILADELPHIA
BRAHMAKULAM, MD, PAUL M	MIFFLIN/JUNIATA
BRAHOS, MD, ANTHONY G	CLEARFIELD
BRAITMAN, MD, ROBERT A	PHILADELPHIA
BRALLIER, MD, HUGH W	WESTMORELAND
BRALOW, MD, S PHILIP	PHILADELPHIA
BRALOW, DO, SCOTT A	PHILADELPHIA
BRAMBLETT, GREGORY T	ALLEGHENY
BRAMOWITZ, MD, ALAN D	ALLEGHENY
BRANCATO, MD, CHRISTOPHER R	NORTHMBRLAND
BRANCAZIO, DO, PASOUALE	DELAWARE
BRANCH, KELLEY R	PHILADELPHIA
BRANDENBURG, JENNIFER A	ALLEGHENY
BRANDFASS, MD, W TAYLOR	DELAWARE
BRANDMAN, MD, ITA S	PHILADELPHIA
BRANDON, MD, JOHN M	WASHINGTON
BRANDON, MD, MILTON B	JEFFERSON
BRANDSTETTER, MD, LOUIS H	ALLEGHENY
BRANDT, MD, JOHN P	CLINTON
BRANDT, MD, ROBERT I	BEAVER
BRANDY, MD, DOMINIC A	ALLEGHENY
BRANGO, MD, CARL W	YORK
BRANNAC, MD, PATRICK G	FRANKLIN
BRANSCUM, MD, GEORGE P	CUMBERLAND
BRANSTETTER, MD, BARTON F	ALLEGHENY
BRANT, MD, ARTHUR M	ALLEGHENY
BRARD, LAURENT	ALLEGHENY
BRASLOW, MD, NORMAN H	DELAWARE
BRAU, MD, ALAN S	NORTHAMPTON
BRAUN, MD, JEAN B	FAYETTE
BRAUN, MD, MARIA A	BERKS
BRAUN, EXEC SEC, VICTORIA	BUTLER
BRAUN III, MD, WILLIAM P	NORTHAMPTON
BRAUNEGG JR, MD, PAUL W	LYCOMING
BRAUNFELD, DO, ROBERT	DELAWARE
BRAUNSTEIN, MD, LARRY	PHILADELPHIA
BRAV, MD, SOLOMON S	PHILADELPHIA
BRAVEMAN, MD, BERNARD L	ALLEGHENY
BRAVETTE, MD, BARRY A	PHILADELPHIA
BRAY, MD, JOHN P	BLAIR
BRAY, MD, JOHN S	DAUPHIN
BRAY, MD, JOSHUA C	MONTGOMERY
BRAY, MD, SUSAN H	PHILADELPHIA
BRAYER, MD, PAUL J	ALLEGHENY
BRAYMAN, MD, KENNETH L	PHILADELPHIA
BRAZEL, MD, JOSEPH F	CUMBERLAND
BRECHER, MD, EUGENE	PHILADELPHIA

BRECHER, MD, JEFFREY A	BUCKS
BRECK, MD, H JANE M	ALLEGHENY
BRECKENRIDGE, MD, JOHN W	MONTGOMERY
BRECKINRIDGE, MARY J	PHILADELPHIA
BREE, DO, STANTON A	CHESTER
BREECKER, MD, STEVEN W	PHILADELPHIA
BREIN, MD, KENNETH R	YORK
BREIT, MD, ROBERT N	ALLEGHENY
BREITFELD, MD, VOLKER	ALLEGHENY
BREN, DO, DEBORAH A	LEHIGH
BRENES, MD, GILBERT	ALLEGHENY
BRENMAN, MD, ARNOLD K	PHILADELPHIA
BRENMAN, MD, SCOTT A	PHILADELPHIA
BRENNAN, DO, EDWARD C	DAUPHIN
BRENNAN, MD, RICHARD E	BEAVER
BRENNAN, MD, ROBERT W	DAUPHIN
BRENNEMAN, MD, PAUL G	BUCKS
BRENNEMAN, MD, RICHARD E	NORTHAMPTON
BRENNEN, MD, ROBERT F	LEHIGH
BRENNER, MD, ANGUS L	DELAWARE
BRENNER, MD, BARRY S	PHILADELPHIA
BRENNER, MD, LOUIS O	DAUPHIN
BRENNER, DO, RICHARD P	PHILADELPHIA
BRENT, MD, BRADLEY H	ALLEGHENY
BRENT, MD, LAWRENCE B	ALLEGHENY
BRERETON, MD, HARMAR D	LACKAWANNA
BRERETON, MD, WILLIAM F	ERIE
BRESLIN, MD, JOSEPH A	LANCASTER
BRESLIN, MD, KENNETH S	BUCKS
BRESS, MD, ALAN N	ALLEGHENY
BRESS, MD, JAMES C	ALLEGHENY
BRESSLER, MD, LAWRENCE P	BUCKS
BRESSLER, MD, WILLIAM L	HUNTINGDON
BREST, MD, ALBERT N	PHILADELPHIA
BRESTICKER, MD, DAVID H	LYCOMING
BRETHAUER JR, MD, EDWARD A	ALLEGHENY
BRETOUS, LENA M	PHILADELPHIA
BRETT, DO, DAVID A	LUZERNE
BRETT III, MD, GEORGE W	BEAVER
BRETZ, MD, KAREN A	LEHIGH
BREVETTA, MD, RICHARD J	MERCER
BREWER, MD, ROBERT H	LANCASTER
BRICKER, MD, SAMUEL O	FRANKLIN
BRICKLEY, MD, KENNETH S	CLINTON
BRICKLEY, MD, RICHARD S	WESTMORELAND
BRICKNELL, MD, PAUL P	DAUPHIN
BRIDE, DO, THOMAS P	YORK
BRIDENBAUGH, MD, ROBERT P	BLAIR
BRIDGES, MD, BRYAN C	CENTRE
BRIDGES, MARK W	PHILADELPHIA
BRIER, MD, PETER M	DAUPHIN
BRIGGS, STEPHEN J	PHILADELPHIA
BRIGHAM, MD, MARK P	CHESTER
BRIGHAM, MD, ROBERT A	BERKS
BRIGHTON, MD, CARL T	PHILADELPHIA
BRIGNOLA, MD, MICHAEL P	PHILADELPHIA
BRILL, MD, DAVID R	MONTOUR
BRILL, MD, FRANCIS W	LACKAWANNA
BRILL, MD, JOSEPH M	DELAWARE
BRILL, MD, LESSA A	UNION
BRILLMAN, MD, DAVID A	ALLEGHENY
BRILLMAN, MD, JON	ALLEGHENY
BRINDIS, MD, CHARLES	ALLEGHENY
BRINKMEYER, DO, SCOTT D	ALLEGHENY
BRISINI, MD, PATRICK D	CAMBRIA
BRISKIN, MD, JONATHAN A	DELAWARE
BRISLIN, KENNETH J	PHILADELPHIA
BRITTON, MD, L LYNNE	DAUPHIN
BRIZUELA, DO, FELIX	WESTMORELAND
BRIZUELA, MD, HERNAN R	PHILADELPHIA
BROCK, MD, CHARLENE M	PHILADELPHIA
BROCK, MD, RICHARD R	DAUPHIN
BROCKMAN, MD, STANLEY K	PHILADELPHIA
BROCKMEYER, MD, THOMAS F	ALLEGHENY
BROCKMOLE, MD, DEAN M	DAUPHIN
BROCKMYER, MD, M LAWRENCE	ERIE
BROD, MD, ROBERT C	DELAWARE
BROD, MD, ROY D	LANCASTER
BRODE, MD, SUSAN E	PHILADELPHIA
BRODER, MD, GEORGE J	PHILADELPHIA
BRODMERKEL JR, MD, GEORGE J	ALLEGHENY
BRODOVSKY, MD, HARVEY S	PHILADELPHIA
BRODSKY, MD, ISADORE	PHILADELPHIA
BRODSKY, MD, JEFFREY T	PHILADELPHIA
BRODSKY, MD, STEVEN G	BEAVER
BRODY, MD, JEROME I	PHILADELPHIA
BRODY, MD, JULIA B	PHILADELPHIA
BRODY, MD, LEONARD A	PHILADELPHIA
BRODY, MD, MICHAEL C	BEAVER
BRODZINA, MD, LYNNE M	MONTOUR
BROENNLE, MD, A MICHAEL	PHILADELPHIA
BROGAN, MD, EDMUND J	PHILADELPHIA
BROGAN, MD, JOHN J	PHILADELPHIA
BROGAN, MD, LOUIS E	PHILADELPHIA
BROGDEN, MD, STEPHANIE J	PHILADELPHIA
BROKER, MD, BRIAN J	PHILADELPHIA
BROMBERG, MD, JONATHAN B	PHILADELPHIA
BROMMER, MD, OLIVER R	PHILADELPHIA
BRON, MD, KERRY A	ALLEGHENY
BRON, MD, KLAUS M	ALLEGHENY
BRONFMAN, MD, HOWARD J	DAUPHIN
BRONFMAN, JASON N	ALLEGHENY
BRONITSKY, MD, CARL N	DAUPHIN
BRONSTEIN, MD, HOWARD D	PHILADELPHIA
BRONSTEIN, MD, SEYMOUR B	LUZERNE
BROOCKER, DO, BERNHARD L	MONTGOMERY
BROOKS JR, MD, CLINT E	DELAWARE
BROOKS, MD, DANIEL H	ALLEGHENY
BROOKS, DO, FRANK J	WASHINGTON
BROOKS, MD, HARRY R	DAUPHIN
BROOKS, MD, JACK C	LAWRENCE
BROOKS, MD, JAMES L	GREENE
BROOKS III, MD, JAMES L	ALLEGHENY
BROOKS, MD, JANE F	WAYNE/PIKE
BROOKS, DO, JOHN M	CLARION
BROOKS, MD, RONALD J	MONTGOMERY
BROOKS, DO, TIMOTHY S	CLARION
BROOKS, TRACY L	STUDENT
BROPHY, MD, DOW E	CUMBERLAND
BROSELOW, MD, DAVID D	PHILADELPHIA
BROSIUS, DO, WADE A	MONTGOMERY
BROSMAN, MD, MICHAEL K	MONTGOMERY
BROSNAN, MD, WILLIAM J	PHILADELPHIA
BROSS, MD, JAMES E	MONTOUR
BROSTOFF, MD, PHILIP	ALLEGHENY
BROTHERS, MD, PAMELA J	CUMBERLAND
BROTHERSON, MD, GARY T	ERIE
BROTMAN, MD, DAVID N	BUCKS
BROUDO, MD, SAMUEL F	PHILADELPHIA
BROUDY, MD, ARNOLD S	ALLEGHENY
BROUGHER, MD, DAVID E	ALLEGHENY
BROUGHER, PAMELA L	ALLEGHENY
BROUSSARD, MD, ELSIE R	ALLEGHENY
BROWN, MD, A CRAIG	ERIE
BROWN, DO, ANTHONY	NORTHAMPTON
BROWN, DO, AVROM S	PHILADELPHIA
BROWN, CAROLYN M	PHILADELPHIA
BROWN, MD, CHARLES R	ALLEGHENY
BROWN, MD, CHRISTINE M	ERIE
BROWN, MD, CHRISTOPHER L	LEHIGH
BROWN, MD, DENNIS P	WASHINGTON
BROWN, MD, DERYCK W S	ALLEGHENY
BROWN, MD, DONALD C	WESTMORELAND
BROWN, MD, EARL R	PHILADELPHIA
BROWN, MD, FREDERICK G	MONTOUR
BROWN, MD, GARY C	MONTGOMERY
BROWN, MD, GEORGE L	MONTGOMERY
BROWN, MD, GREGORY P	FRANKLIN
BROWN, MD, H ZANE	LANCASTER
BROWN, MD, HAROLD E	MONTOUR
BROWN, MD, J OLIVER	PHILADELPHIA
BROWN JR, MD, JAMES T	ALLEGHENY
BROWN, MD, JOHN L	CLINTON
BROWN, MD, JOHN M	NORTHAMPTON
BROWN JR, MD, JOSEPH S	MIFFLIN/JUNIATA
BROWN, MD, KATHLEEN L	CAMBRIA
BROWN, MD, KENNETH R	PHILADELPHIA
BROWN, DO, LAWRENCE D	LEBANON
BROWN, MD, LESLIE A	PHILADELPHIA
BROWN, MD, LINDA E	PHILADELPHIA
BROWN, LINDA L	STUDENT
BROWN JR, MD, LOUIS A	PHILADELPHIA
BROWN JR, MD, M EVANS	MONTGOMERY
BROWN, MANDY J	PHILADELPHIA
BROWN, DO, MARION L	COLUMBIA
BROWN, MD, MATTHEW G	MERCER
BROWN, MD, MELISSA M	MONTGOMERY
BROWN, MD, MICHAEL D	UNION
BROWN, MD, MICHAEL E	YORK
BROWN, MD, MICHAEL T	BERKS
BROWN, MILLARD D	PHILADELPHIA
BROWN, MD, NATHAN	CHESTER
BROWN, PAMELA L	PHILADELPHIA
BROWN, MD, PATTI J	BERKS
BROWN, MD, RALPH R	INDIANA
BROWN, MD, RICHARD B	CUMBERLAND
BROWN, MD, RICHARD J	LANCASTER
BROWN, MD, ROBERT E	LANCASTER
BROWN, MD, ROBERT L	LUZERNE
BROWN, MD, STEVEN J	DELAWARE
BROWN, MD, SUSAN J	BUCKS
BROWN, MD, SYLVAN	MONTGOMERY
BROWN V, MD, THOMAS W	BUCKS
BROWN, VALERIE I	PHILADELPHIA
BROWN JR, MD, WILLIAM C	BUCKS
BROWN, MD, WILLIAM E	MERCER
BROWN, MD, WILLIAM E	MONTGOMERY
BROWN III, MD, WILLIAM J	CAMBRIA
BROWN-BIEBER, MD, DALE E	LEBANON
BROWNE, MD, BARBARA J	PHILADELPHIA
BROWNLEE, STEVEN D	PHILADELPHIA
BROWNSTEIN, MD, PHILLIP K	PHILADELPHIA
BRUBAKER, MD, JACOB H	LANCASTER
BRUCE, MD, WILLIAM B	UNION
BRUCKER, MD, PAUL C	PHILADELPHIA
BRUMBAUGH, DO, JANELLE L	BLAIR
BRUNDAGE, DO, RANDALL G	LACKAWANNA
BRUNELLI, DO, DONNA M	CLARION
BRUNELLI, MD, WILLIAM J	CAMBRIA
BRUNGO, MD, JAMES J	ALLEGHENY
BRUNGO, MD, JOHN A	ALLEGHENY
BRUNGO, MD, JOHN D	ALLEGHENY
BRUNN JR, MD, HENRY M	ALLEGHENY
BRUNNER, MD, DOUGLAS J	DELAWARE
BRUNNER, MD, RICHARD A	PHILADELPHIA
BRUNO, CHRISTINA A	STUDENT
BRUNO, MD, JORGE C	ALLEGHENY
BRUNO SR, MD, JOSEPH N	LUZERNE
BRUNO JR, MD, JOSEPH N	LUZERNE
BRUNO, MD, LEONARD A	PHILADELPHIA
BRUNO, MD, PAT J	NORTHMBRLAND
BRUNO, DO, RAYMOND	NORTHAMPTON
BRUNO, MD, STEPHEN C	ALLEGHENY
BRUNSKILL, MD, DENNIS E	ALLEGHENY
BRUNT JR, MD, MANLY Y	PHILADELPHIA
BRUSKO, DO, GREGORY	NORTHAMPTON
BRUTICO, MD, ANTHONY C	LACKAWANNA
BRUTICO JR, MD, CARMEN A	LACKAWANNA
BRYAN, MD, FRANK S	CUMBERLAND
BRYAN JR, MD, JOHN S	BUCKS
BRYAN JR, MD, ROSS E	WARREN
BRYAN, MD, THOMAS M	DAUPHIN
BRYANSMITH, MD, DALE	PHILADELPHIA
BRYANT, MD, DAVID W	CUMBERLAND
BRYSON, MD, RICHARD L	LANCASTER
BRZEZINSKI, MD, SANDRA A	CAMBRIA
BRZOZOWSKI, MD, JAN F	ERIE
BRZOZOWSKI, MD, LAWRENCE A	BERKS
BSAT, MD, FADI A	ERIE
BU, MD, TAE-HYUNG	ERIE
BUB, MD, IVAN	BERKS
BUBENHEIM, MD, DANIEL M	ALLEGHENY
BUCAN, MD, MICHAEL	LUZERNE
BUCAR, MD, JOHN R	ALLEGHENY
BUCCI JR, MD, FRANK A	LUZERNE
BUCCO, DO, MARIA C	DELAWARE
BUCH, MD, DAVID L	MONTGOMERY
BUCH, MD, RAYMOND S	LEHIGH
BUCH, MD, ROBERT R	LANCASTER
BUCH BARKER, MD, DIANE M	ALLEGHENY
BUCHANAN, ADAM G	STUDENT
BUCHANAN IV, MD, HARRY W	LEHIGH
BUCHANAN, MD, SUSANNA F	CHESTER
BUCHDAHL, MD, ALICE J	ALLEGHENY
BUCHER, MD, ROBERT G	BUCKS
BUCHER JR, MD, ROBERT W	DAUPHIN
BUCHINSKY, MD, FARREL J	PHILADELPHIA
BUCHMAN, MD, ROBERT R	ALLEGHENY
BUCHSBAUM, MD, ROY	ALLEGHENY
BUCK, MD, ANN L	ALLEGHENY
BUCK, MD, DAVID S	ALLEGHENY
BUCK, MD, DONALD E	PHILADELPHIA
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BUCK, MD, RUDOLPH L	ALLEGHENY
BUCK, MD, RUTH E	MONTGOMERY
BUCKEY, MD, JOSEPH T	LUZERNE
BUCKINGHAM, ADM, BARRY D	DAUPHIN
BUCKINGHAM, MD, ROBERT B	ALLEGHENY
BUCKINGHAM, MD, ROBERT C	DAUPHIN
BUCKLEN, MD, KEITH R	LANCASTER
BUCKLER, MD, RICHARD A	BUCKS
BUCKLEW, MD, LAWRENCE A	ALLEGHENY
BUCKLEY, MD, MARINA	WAYNE/PIKE
BUCKLEY, MD, RICHARD E	WAYNE/PIKE
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BUCKWALTER, MD, JEFFREY A	BUCKS
BUCKWALTER, MD, KEVIN R	ALLEGHENY
BUCKWALTER, MD, RICHARD A	MONTGOMERY
BUCS, MD, ROGER G	DAUPHIN
BUCU, MD, ELEANOR IRENE B	DAUPHIN
BUDD, MD, CATHERINE B	BUCKS
BUDD, MD, ROBERT M	BLAIR
BUDEIR, MD, MOHAMMED H	CHESTER
BUDNIAK, SHARON L	PHILADELPHIA
BUDWAY, MD, RAYE J	ALLEGHENY
BUEK, SUZANNE L	PHILADELPHIA
BUERGER, MD, DANIEL E	ALLEGHENY
BUERGER, MD, DAVID G	ALLEGHENY
BUERGER JR, MD, GEORGE F	ALLEGHENY
BUERK, MD, MINERVA S	MONTGOMERY
BUFFONE, MD, DAVID A	JEFFERSON
BUI, OUYNH T	STUDENT
BUJANAUSKAS, MD, PAUL	PHILADELPHIA
BULETTE, MICHAEL D	PHILADELPHIA
BULGER, MD, DONALD W	BLAIR
BULGER, DO, JOHN B	BLAIR
BULGER, MD, RICHARD H	BLAIR
BULLARD JR, MD, RAY E	WESTMORELAND
BULLOCK, MD, BRIAN W	DELAWARE
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BULTHUIS, DEANNA B	PHILADELPHIA
BUMGARDNER, MD, JAMES L	BUCKS
BUNDY, MD, THOMAS W	FRANKLIN
BUNYA, MD, VATHANA O	PHILADELPHIA
BUNYA, MD, VICHAI	PHILADELPHIA
BUONOCORE, MD, BONNITA K	MONTGOMERY
BURAK, MD, WILLIAM E	LUZERNE
BURBRIDGE, MD, GEOFFREY R	ERIE
BURCHMAN, MD, COREY A	YORK
BURD, LAWRENCE T	STUDENT
BURDEN, MD, SAMUEL S	MONTGOMERY
BURDEN, MD, THEODORE	PHILADELPHIA
BURDZIAK, DO, DOROTHY A	PHILADELPHIA
BURES, MD, J CONRAD	WESTMORELAND
BURGER, MD, JOSEPH G	BEAVER
BURGER, MD, REGIS F	ALLEGHENY
BURGER, MD, THEODORE P	NORTHAMPTON
BURGESS, MD, GEOFFREY M	CHESTER
BURGET JR, MD, DEAN E	CHESTER
BURGEY, MD, GAIL E	NORTHAMPTON
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BURGMAN, MD, WILLIAM R	LEBANON
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BURKE, MD, GERRIANNE	BUCKS
BURKE, MD, JEROME M	BUCKS
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BURKE, MD, M SUSAN	MONTGOMERY
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BURKET, MD, RAMON C	BLAIR
BURKETT, MD, DONALD E	CAMBRIA
BURKEY, MD, DAVID J	ALLEGHENY
BURKEY, MD, FRED J	ALLEGHENY
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BURKLE, MD, JOSEPH S	YORK
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BURNS SR, MD, CHARLES N	LUZERNE
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BURNS, MD, CYNTHIA A	PHILADELPHIA
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BURNS JR, MD, STEPHEN P	PHILADELPHIA
BURNS, MD, WILLIAM T	DAUPHIN
BURROUGHS, MD, BETH A	PHILADELPHIA
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BURSICK, MD, DANIEL M	ALLEGHENY
BURSTEIN, MD, FRANK	PHILADELPHIA
BURSTEIN, MD, STUART S	ALLEGHENY
BURSTEIN, MD, WILLIAM H	PHILADELPHIA
BURTON, DO, PAUL D	INDIANA
BURTON, MD, STEVEN A	ALLEGHENY
BUSCHI, MD, MARIE	NORTHAMPTON
BUSECK, MD, MARK S	ERIE
BUSH, MD, BRUCE A	INDIANA
BUSH, MD, HERMAN	BEAVER
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BUSH, MD, STEPHEN T	CAMBRIA
BUSH, MD, TODD A	VENANGO
BUSHKOFF, MD, STANLEY H	ALLEGHENY
BUSHMAN, MD, KARL E	ALLEGHENY
BUSHWICK, MD, BRUCE M	YORK
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BUSIS, MD, SIDNEY N	ALLEGHENY
BUSKO, JONNATHAN M	ALLEGHENY
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BUTANI, RAJ C	PHILADELPHIA
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BUTELA, MD, SHAWN T	ALLEGHENY
BUTERA, MD, VINCENT	YORK
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BUTKIEWICZ, MD, BERNARD L	LYCOMING
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BUTSON, MD, HARRY E	PHILADELPHIA
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BUTT JR, MD, FRANK H	WARREN
BUTT, MD, HAMEED A	LUZERNE
BUTTERFIELD, MD, SPENCER L	ALLEGHENY
BUTTERWICK, MD, LAURA A	PHILADELPHIA
BUTTERWORTH, MD, THOMAS	BERKS
BUXTON JR, MD, DONALD R	DAUPHIN
BUXTON, DOUGLAS H	PHILADELPHIA
BUYERS, MD, ROBERT A	MONTGOMERY
BUZAS, MD, JEROME W	BERKS
BUZZELLI, MD, PHILIP B	ALLEGHENY
BYBEL, MD, GRETCHEN	ERIE
BYER, MD, HAROLD H	BUCKS
BYERS, MD, JAMES F	BUTLER
BYERS, MD, JOHN A	ALLEGHENY
BYERS, MD, ROBERT O	ERIE
BYLER, MD, ARTHUR B	CHESTER
BYLER, MD, PHILIP R	LYCOMING
BYRNE, MD, JAMES E	NORTHAMPTON
BYRNE, JENNIFER	ERIE
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BYRNES, MD, TIMOTHY J	CAMBRIA
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BYRON, MD, THOMAS W	LUZERNE

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CACCHIONE, DO, PHILIP M	ERIE
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CADE, ENA M	PHILADELPHIA
CADY, MD, HERBERT M	PHILADELPHIA
CADY, MD, JOSEPH B	BRADFORD
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CAGGIANO, MD, JAMES F	LUZERNE
CAGGIANO, MD, JOHN D	CHESTER
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CAHAN, MD, ROBERT B	PHILADELPHIA
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CAHILL, MD, THOMAS J	MONTOUR
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CAIN, MD, ERIC L	PHILADELPHIA
CAIN, DO, JACQUELINE F	LUZERNE
CAIRNS, MD, LUCY J	BERKS
CALABRESE, DO, CHARLES R	FAYETTE
CALABRESE, MD, JAMIE	ALLEGHENY
CALABRETTA, MD, ARTHUR M	YORK
CALABRO, MD, SAL P	PHILADELPHIA
CALANDRA, MD, GARY B	PHILADELPHIA
CALATA, MD, ELISEO R	BERKS

ALCAGNO, MD, DAVID	DAUPHIN
ALCE, MD, JOHN V	LYCOMING
ALDER JR, MD, JOSEPH R	LYCOMING
ALDER, MD, PETER D	BERKS
ALDER, MD, TERRENCE M	YORK
ALDERON, MD, AMADOR G	UNION
ALDWELL, MD, MATTHEW W	ALLEGHENY
ALEB, MD, MAE H	DELAWARE
ALEGA, MD, VIRGINIA C	DAUPHIN
ALES, MD, ROBERT J	PHILADELPHIA
ALESNICK, MD, BENJAMIN	PHILADELPHIA
ALHOUN, MD, JOSEPH H	PHILADELPHIA
ALI, DO, GREGORY E	LACKAWANNA
ALIGUIRI, MD, JOSEPH V	ALLEGHENY
ALIGUIRI, MD, LAWRENCE A	ALLEGHENY
ALISE, MD, CRESCENZO G	LUZERNE
ALLAGHAN, MD, DANIEL J	LAWRENCE
ALLAHAN, DO, MICHAEL E	POTTER
ALLAWAY, MD, CLIFTON W	ALLEGHENY
ALLENBERGER, MD, GEORGE J	LYCOMING
ALLENBERGER, MD, RONALD W	TIOGA
ALLEY, MD, WILLIAM D	CLEARFIELD
ALLIS, MD, STEWART J	GREENE
ALVANESE, MD, NICHOLAS A	ALLEGHENY
ALVELO, MD, MANUEL G	ALLEGHENY
AMA, MD, JOSEPH	BRADFORD
AMAS, MD, JOHN M	MCKEAN
AMBIER, MD, DAVID W	ALLEGHENY
AMELE, MD, ROBERT A	FAYETTE
AMERON, MD, DONALD Y	ALLEGHENY
AMITTA, MD, FRANCINE D	YORK
AMMARANO III, DO, DOMINIC J	BERKS
AMODY-JOHNSTON, MD, PATRICIA A	PHILADELPHIA
AMP, MD, ANTHONY M	MONTGOMERY
AMP, MD, MARK O	DELAWARE
AMPAGNA, MD, JAMES T	ALLEGHENY
AMPANA, MD, FREDERICK T	WESTMORELAND
AMPANA, MD, JOSEPH F	LYCOMING
AMPANA, MD, LOUIS F	LYCOMING
AMPANA, MD, THOMAS J	LYCOMING
AMPANELLA, MD, KARLA M	LANCASTER
AMPANELLA, MD, STEPHEN D	ALLEGHENY
AMPBELL, MD, DAVID B	DAUPHIN
AMPBELL, MD, DAVID R	COLUMBIA
AMPBELL, ELIZABETH A	STUDENT
AMPBELL, MD, JEFFREY W	ALLEGHENY
AMPBELL, JENNIE M	PHILADELPHIA
AMPBELL II, JOHN T	ALLEGHENY
AMPBELL, MD, JOSEPH J	CUMBERLAND
AMPBELL, MD, KEVIN M	DELAWARE
AMPBELL, LORRAINE R	ALLEGHENY
AMPBELL, MD, NEIL P	BUCKS
AMPBELL, MD, ROBERT E	PHILADELPHIA
AMPBELL, MD, SEAN C	YORK
AMPBELL, MD, STEPHEN E	NORTHAMPTON
AMPBELL, DO, THOMAS M	LUZERNE
AMPBELL, MD, THOMAS P	ALLEGHENY
AMPBELL, MD, WILLIAM J	DAUPHIN
AMPBELL, MD, WILLIAM L	ALLEGHENY
AMPONOVO, MD, ERNEST J	DAUPHIN
AMPOPIANO, MELINDA M	ALLEGHENY
AMPSEY, MD, D MICHAEL	ALLEGHENY
ANALS, MD, JOAQUIN	MONTGOMERY
ANDELARIA, MD, OSEFINA M	ALLEGHENY
ANDER, MD, LEON	PHILADELPHIA
ANDIA, MD, ANDREA J	BUCKS
ANDOW, DAVID L	PHILADELPHIA
ANE, MD, MARTIN	PHILADELPHIA
ANFIELD, MD, PATRICIA H	ALLEGHENY
ANINO, MD, HRISTOPHER W	PHILADELPHIA
ANLAS, MD, JOLLY B	NORTHAMPTON
ANN III, MD, THOMAS W	YORK
ANNON, MD, HRISTOPHER S	LEBANON
ANNON, MD, EDWARD J	PHILADELPHIA
ANO, MD, ELMER R	ALLEGHENY
ANOSE, MD, JEFFREY L	ALLEGHENY
ANOVA, MD, ANDRES E	PHILADELPHIA
ANTEES, MD, KIMBERLY K	ALLEGHENY
ANTER, KAREN L	PHILADELPHIA
ANTERNA, MD, ANTHONY C	WASHINGTON
ANTOR, MD, CHARLES R	PHILADELPHIA
AO, YIMEI	PHILADELPHIA
APLAN, MD, AARON	LAWRENCE
APLAN, MD, BERNARD	PHILADELPHIA
APLAN, MD, JOHN L	PHILADELPHIA
APLAN, MD, MILTON L	LAWRENCE
APLAN, MD, MURRAY S	PHILADELPHIA
APLAN, MD, PAUL S	ALLEGHENY
APOBIANCO, MD, FRANK M	NORTHAMPTON
APOBIANCO, MD, LUCIAN F	BERKS
APOBRES JR, MD, JDOLFO M	WASHINGTON
APONE, MD, GAETANO J	PHILADELPHIA
APONE, MD, RALPH A	WESTMORELAND
APONE JR, MD, RAYMOND A	ALLEGHENY
APORUSSO, MD, FRANK D	PHILADELPHIA
APPA, MD, ROBERT J	BERKS
APPIELLO, MD, JUSTIN L	LANCASTER
APPIELLO, MD, WILLIAM A	BUCKS
APPOLA JR, MD, MICHAEL T	PHILADELPHIA
APPUCCIO, MD, MATTHEW S	PHILADELPHIA
APRARO, MD, PHILIPPE A	NORTHAMPTON
APUTO, MD, LARRY A	PHILADELPHIA
APUZZI, MD, DAVID M	PHILADELPHIA
CARABASI III, MD, R ANTHONY	PHILADELPHIA
CARABASI, MD, RALPH A	PHILADELPHIA
CARABELLI, MD, RONALD J	PHILADELPHIA
CARABELLO, MD, CHARLES A	BERKS
CARAMANNA, MD, JAMES F	WESTMORELAND
CARAPELLA, MD, JOHN D	LEHIGH
CARAZO, MD, ELIZABETH	PHILADELPHIA
CARAZOLA, MD, JOSEPH H	WASHINGTON
CARBAUGH, MD, HOWARD L	LEHIGH
CARBO, DO, ANTHONY P	DELAWARE
CARBONE, MD, GARY M	CARBON
CARBONI, MD, VINCENT A	LUZERNE
CARDAKLI, MD, U. FUSUN	BLAIR
CARDAMONE, MD, RALPH A	ALLEGHENY
CARDAMONE, MD, S JOSEPH	PHILADELPHIA
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CARDENAS, MD, FLORENCIO P	FAYETTE
CARDINALE, DO, JOSEPH P	DAUPHIN
CARDONA, MD, FRANCISCO	ALLEGHENY
CARDONE, MD, ANITA L	ALLEGHENY
CAREL, MD, WARREN D	PHILADELPHIA
CARELLA, MD, RICHARD J	MONTGOMERY
CARETTI, MD, J WILLIAM	WESTMORELAND
CAREY, MD, EDWARD J	LUZERNE
CAREY, MD, EVA S	ALLEGHENY
CAREY, MD, JOHN L	LUZERNE
CAREY, MD, JOHN T	BEAVER
CAREY, MD, KEVIN V	BRADFORD
CAREY, DO, PATRICK J	LYCOMING
CAREY, MD, PHILIP D	CUMBERLAND
CARHART, MD, JUDY A	DAUPHIN
CARIM, MD, HYDER M	BERKS
CARIM, MD, MOIZ M	BERKS
CARINO, MD, MARIEL G	LACKAWANNA
CARL, MD, GARY H	ALLEGHENY
CARLIN, MD, ELWIN S	MONTGOMERY
CARLIN, MD, GERALD J	ALLEGHENY
CARLIN, MD, HUGH M	NORTHAMPTON
CARLIN, MD, MARIE C	BUCKS
CARLINI, MD, CHARLES J	ALLEGHENY
CARLOS, MD, HECTOR J	BUCKS
CARLSON, MD, ARTHUR S	BERKS
CARLSON, MD, JOHN E	BERKS
CARLSON, MD, JOHN P	MONTOUR
CARLSON, MD, LYNN B	BERKS
CARLSON, MD, STEPHEN E	BERKS
CARLUCCI, MD, RONALD J	PHILADELPHIA
CARMEN, MD, THOMAS F	ALLEGHENY
CARMONA, MD, ALDO	NORTHAMPTON
CARNABUCI, MD, GUY J	PHILADELPHIA
CARNEVAL, DO, DANIEL C	ERIE
CARNEVALE, MD, THOMAS A	CLEARFIELD
CARNEY, MD, DAVID J	CAMBRIA
CARNEY, MD, EDWARD A	BERKS
CARNEY, MD, FRANK T	CAMBRIA
CARNEY, MD, MARK E	LEBANON
CARNEY, MD, PAUL L	CENTRE
CARNEY, MD, WILLIAM M	CAMBRIA
CARNIVALE, MD, SCOTT P	ALLEGHENY
CARO, MD, JOSE F	PHILADELPHIA
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CAROFF, MD, ROMUALD J	CAMBRIA
CAROL, MD, MARILYN N	SCHUYLKILL
CARP, MD, ALBERT A	PHILADELPHIA
CARP, MD, LEON M	PHILADELPHIA
CARP, MD, MASON J	DAUPHIN
CARPATHIOS, MD, MICHAEL P	ALLEGHENY
CARPENETTI, DO, STEFANO R	PHILADELPHIA
CARPENTER, MD, CATHY P	YORK
CARPENTER, MD, JEFFREY S	ALLEGHENY
CARPINIELLO, MD, VICTOR L	PHILADELPHIA
CARPOUSIS, MD, AVRA H	BERKS
CARR, MD, JAMES V	ALLEGHENY
CARR, MD, WILLIAM F	DAUPHIN
CARRATO, MD, ANTHONY M	DELAWARE
CARRAU, MD, RICARDO L	ALLEGHENY
CARRELL, MD, ROBERT L	ALLEGHENY
CARRIER, MD, WILLIAM W	YORK
CARROLL, AARON E	PHILADELPHIA
CARROLL, DAVID M	STUDENT
CARROLL, DO, EDMUND T	BUCKS
CARROLL, MD, FRED	PHILADELPHIA
CARROLL, MD, JOAN B	PHILADELPHIA
CARROLL, MD, LAURENCE E	LANCASTER
CARROLL, MD, NANCY E	ALLEGHENY
CARROLL, MD, ROBERT J	ALLEGHENY
CARROLL, MD, ROBERT T	PHILADELPHIA
CARROLL, MD, STANTON F	PHILADELPHIA
CARROLL, MD, WILLIAM L	DELAWARE
CARROZZA, MD, HARRY D	PHILADELPHIA
CARRUTHERS, MD, RALPH B	LANCASTER
CARSON, MD, CHARLES P	DELAWARE
CARSON III, MD, JOHN N	YORK
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CARSON, MD, PAUL A	ALLEGHENY
CARSON, MD, TERESA C	MONTGOMERY
CARTAYA, MD, DANIEL I	PHILADELPHIA
CARTER, MD, CRAIG S	PHILADELPHIA
CARTER, MD, DANIEL J	ALLEGHENY
CARTER, MD, DONALD L	WESTMORELAND
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CARTER, MD, JEFFREY E	PHILADELPHIA
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CARTER JR, MD, JOSEPH H	YORK
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CARTER, MD, RICARDO T D D	MIFFLIN/JUNIATA
CARTER, MD, THOMAS L	HUNTINGDON
CARTWRIGHT, MD, SCOTT R	VENANGO
CARTY JR, MD, JAMES B	MONTGOMERY
CARTY, MD, SALLY E	ALLEGHENY
CARUANA, MD, BRUCE J	BERKS
CARUGATI, MD, RICHARD K	BEAVER
CARUSO, CHRISTIAN D	PHILADELPHIA
CARUSO, DO, JUNE M	DELAWARE
CARVAJAL, MD, ROBERTO T	BUCKS
CARVELLI, MD, JOSEPH A	ERIE
CARVER, MD, MARGARET A	FAYETTE
CARY, MD, GENE L	DAUPHIN
CASADY, MD, ROGER L	YORK
CASAL, MD, ROLANDO A	DAUPHIN
CASALE, MD, LAWRENCE F	CAMBRIA
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CASELLA, MD, ROBERT R	CAMBRIA
CASELLA, MD, SALVATORE R	MONTGOMERY
CASEY, ALICIA D	ALLEGHENY
CASEY JR, MD, JOHN D	BERKS
CASEY, MD, JOHN D	MONROE
CASEY, MD, KEVIN	PHILADELPHIA
CASEY, MD, MICHAEL P	ALLEGHENY
CASH, MD, STEPHEN L	PHILADELPHIA
CASHER, MD, DANIELLE	BUCKS
CASPER, MD, DANIEL R	WESTMORELAND
CASS, MD, PAUL T	DELAWARE
CASS, MD, STEPHEN P	ALLEGHENY
CASSEL, CHRISTINE L	STUDENT
CASSEL, MD, FRANKLIN K	LANCASTER
CASSEL, MD, JOHN J	LEHIGH
CASSELBERRY, MD, E JOSEPHINE	NORTHAMPTON
CASSELLI, MD, HELENE J	PHILADELPHIA
CASSIDY, MD, ELLEN B	PHILADELPHIA
CASSIDY, MD, JOSEPH A	BLAIR
CASSIDY, MD, WILLIAM J	PHILADELPHIA
CASSOFF, MD, RICHARD G	BEAVER
CASSONE, MD, GARY J	LACKAWANNA
CASTAGNA, MD, ARMAND	PHILADELPHIA
CASTELLANO, MD, THOMAS J	LUZERNE
CASTELLI JR, DO, JOSEPH L	MONTGOMERY
CASTELLI II, MD, PETER J	SOMERSET
CASTERLINE, MD, PETER F	LUZERNE
CASTIGLIONE, MD, ANGELO	ALLEGHENY
CASTILLO, MD, FRANCISCO A	WESTMORELAND
CASTILLO, MD, MANUEL M	ALLEGHENY
CASTILLO, MD, WILLIAM M	ALLEGHENY
CASTLE, MD, CHARLES A	LANCASTER
CASTLE, MD, WILLIAM N	ALLEGHENY
CASTRINA JR, MD, FRANK P	CUMBERLAND
CASTRO, MD, ARTURO F	ALLEGHENY
CASTRO, MD, AUGUSTO D	ALLEGHENY
CASTRO, MD, OTHONIEL	ERIE
CASWELL, MD, HORACE T	PHILADELPHIA
CASWELL, KENNETH L	PHILADELPHIA
CATALANE, MD, DAVID B	ALLEGHENY
CATALANO, MD, ANTHONY C	NORTHMBRLAND
CATALANO JR, MD, LOUIS W	WESTMORELAND
CATALINA, GABRIEL R	PHILADELPHIA
CATTON, MD, RAYMOND M	CHESTER
CAUFFMAN, MD, WILLIAM J	BUCKS
CAUTILLI, MD, DAVID A	BUCKS
CAUTILLI, MD, GEORGE P	BUCKS
CAUTILLI JR, MD, RICHARD A	BUCKS
CAUTILLI, MD, RICHARD A	MONTGOMERY
CAVA, MD, JOHN	WASHINGTON
CAVAN, MD, ALBINA B	LUZERNE
CAVAN, MD, JOHN F	LUZERNE
CAVANAUGH, MD, MICHAEL F	MONTGOMERY
CAVANAUGH, MICHELLE L	STUDENT
CAVAROCCHI, MD, NICHOLAS C	NORTHAMPTON
CAVASINA, MD, MARY M	WASHINGTON
CAVORSI, MD, JOSEPH P	BERKS
CAVOTO, MD, FRANCIS V	MONTGOMERY
CAVOTO, MD, MICHAEL J	INDIANA
CAWOG, MD, ANTOINE F	WESTMORELAND
CAYE, JENNIFER	ALLEGHENY
CECCARELLI, MD, AMERIGO N	ALLEGHENY
CECH, MD, ROSANNE	LACKAWANNA
CEDERSTROM, MD, JANICE J	PHILADELPHIA
CEFARATTI, MD, MICHAEL D	BERKS
CELANI, MD, VICTOR J	LEHIGH
CELIN, MD, SCOTT E	ALLEGHENY
CELIO, MD, LEE A	PHILADELPHIA
CELKO, MD, DAVID A	ALLEGHENY
CELLINI, MD, L LUKE	DELAWARE
CENEDELLA, MD, STEPHEN C	VENANGO
CENIZAL, MD, JESUS S	WESTMORELAND
CERASO, MARK J	ERIE
CERCIELLO, MD, MARK J	LEHIGH
CERCONE, MD, RONALD G	ALLEGHENY
CERMAK, MD, MARY BETH	ERIE
CERNE, MD, ANDREW J	WESTMORELAND
CERRA, MD, CARMINE J	MONROE
CERRI, MD, HUGO J M	ALLEGHENY
CERTA, MD, KENNETH M	PHILADELPHIA
CERTO, MD, LOUIS M	ALLEGHENY
CERTO, MD, SALVATORE A	ALLEGHENY
CERUL, MD, MAURICE S	ALLEGHENY
CERVONE, MD, PAUL N	WASHINGTON
CESANEK, MD, JOSEPH E	NORTHAMPTON
CESARE, MD, JOSEPH G	LACKAWANNA
CESCON, MD, TERRENCE P	BERKS
CESSNA, MD, GERALD H	ALLEGHENY
CESSNA, WAYNE G	ALLEGHENY
CESTELLO, MD, ROBERT J	ALLEGHENY
CHABRA, MD, MOHAN L	ALLEGHENY
CHABY, DO, JEFFREY H	LANCASTER
CHADAGA, MD, P C S	DELAWARE
CHADDAH, MD, ASHOK	INDIANA
CHAFFEE, DO, REBECCA K	ERIE
CHAHIN, MD, JUAN J	WESTMORELAND
CHAI, MD, CHIU L	BUCKS
CHAI, MD, MIN S	LACKAWANNA
CHAI, MD, SUNGJI	LEHIGH
CHAITOFF, MD, KEVIN A	BLAIR
CHAKRAPANI, MD, RAJA M	ALLEGHENY
CHALAL, MD, GERALD S	PHILADELPHIA
CHALAL, MD, KENNETH	PHILADELPHIA
CHALASANI, MD, SRIDHAR	YORK
CHALFANT, MD, JOHN C	FAYETTE
CHALFANT, MD, RICHARD S	ALLEGHENY
CHALMERS, ROBERT W	PHILADELPHIA
CHAMBERS, MD, CHRISTOPHER V	PHILADELPHIA
CHAMBERS JR, GEORGE P	PHILADELPHIA
CHAMBERS, MD, JENNIFER A	DAUPHIN
CHAMOVITZ, MD, BRUCE N	BEAVER
CHAMOVITZ, MD, JEROME	ALLEGHENY
CHAMOVITZ, MD, ROBERT	ALLEGHENY
CHAN, MD, ANNE K	PHILADELPHIA
CHAN, MD, IAN	NORTHAMPTON
CHAN, SIDNEY	ALLEGHENY
CHANCELLOR, MD, MICHAEL B	PHILADELPHIA
CHANDHOK, SHEETAL	PHILADELPHIA
CHANDLER, MD, BRUCE R	MERCER
CHANDRA, MD, RAMESH R	ALLEGHENY
CHANDRA, MD, SEETHALAKSHMI	ALLEGHENY
CHANDRAN, MD, GIRIJA	CAMBRIA
CHANDRASEKARAN, MD, RAMAMURTI	ALLEGHENY
CHANDRASEKARAN, MD, SANNASIE	WESTMORELAND
CHANG, MD, ALEXANDER C S	ALLEGHENY
CHANG, MD, CHARLES H	WESTMORELAND
CHANG, MD, CHRIS C	LEHIGH
CHANG, MD, CHUN S	LUZERNE
CHANG, MD, CLAYTON W	MONTGOMERY
CHANG, DAVID F	PHILADELPHIA
CHANG, DAVID	PHILADELPHIA
CHANG, MD, DUCK-KYU	CUMBERLAND
CHANG, MD, GREGORY S	ALLEGHENY
CHANG, HELEN C	PHILADELPHIA
CHANG, MD, IN-HO	LEHIGH
CHANG, JOAN	PHILADELPHIA
CHANG, JOHN C	PHILADELPHIA
CHANG, MD, KUN T	PHILADELPHIA
CHANG, MD, LI-FEN L	ALLEGHENY
CHANG, MARK F	PHILADELPHIA
CHANG, MD, MONA P	LYCOMING
CHANG, SUSAN S	PHILADELPHIA
CHANG, SYLVIA S	ALLEGHENY
CHANG, MD, TONY CHI-KUE	NORTHAMPTON
CHANG, MD, WON S	DELAWARE
CHANGCO, MD, ALVARO N	WASHINGTON
CHANNAMALAPPA, MD, UMAPATHY	PHILADELPHIA
CHANNAPATI, MD, THIPPESWAMY	BUTLER
CHANNICK, MD, BERTRAM J	PHILADELPHIA
CHANTZ, MD, DANIEL J	ALLEGHENY
CHAO, DEREK H	STUDENT
CHAPA, MD, SUKUMAR M	CLARION
CHAPIS, MD, GREGORY J	MONTGOMERY
CHAPIS, MD, NICHOLAS J	MONTGOMERY
CHAPLER, MD, SUSAN P	ALLEGHENY
CHAPLIN, MD, STANLEY S	PHILADELPHIA
CHAPMAN, MD, ALBERT L	DAUPHIN
CHAPMAN, DO, ANDREW E	PHILADELPHIA
CHAPMAN, MD, CHRISTOPHER N	NORTHAMPTON
CHAPMAN, MD, PENELOPE	ERIE
CHAPMAN, MD, WILLIAM L	ALLEGHENY
CHAPPANO, MD, PAUL J	ALLEGHENY
CHAPPELL, MD, JAMES C	PHILADELPHIA
CHARABATI, MD, JAY	LUZERNE
CHAREPOO, MD, KHASHAIAR	WARREN
CHARLES, MD, ROBERT S	MONTGOMERY
CHARLESWORTH, MD, ERNEST E	FRANKLIN
CHARLEY, MD, JOHN A	ALLEGHENY
CHARLEY, MD, MICHAEL R	ALLEGHENY
CHARLSON, MD, MURRAY T	ALLEGHENY
CHARNEY, MD, ALAN N	WAYNE/PIKE
CHARNEY, DO, GEORGE	BUCKS
CHARNEY, MD, RICHARD H	BUCKS
CHASE, DUANE M	ALLEGHENY
CHASE, MD, HAROLD F	PHILADELPHIA
CHASE, MD, JEFFREY S	MONTGOMERY
CHASE, MD, WILLIAM D	CENTRE
CHASTENEY III, MD, EDWARD A	PHILADELPHIA
CHAT, MD, EMANUEL	PHILADELPHIA
CHATHA, MD, IFTIKHAR A	MERCER
CHATTA, MD, FOZIA A	FAYETTE
CHATTAH, MD, LEON	NORTHAMPTON
CHATTERJEE, MADHUMITA	PHILADELPHIA
CHATTERJEE, MD, MINAKSHI	DELAWARE
CHATZINOFF, MD, MARTIN	MONTGOMERY
CHAU, DO, BRUCE	BUCKS
CHAUDHARI, MD, SUNITA N	ALLEGHENY
CHAUDHARY, MD, SAFDAR I	ALLEGHENY
CHAUDHRI, MD, MUNAWAR S	DELAWARE
CHAUDHRY, MD, MEHBOOB K	ALLEGHENY
CHAUDHRY, MD, MOHAMMAD A	MONROE
CHAUDHRY, MD, NADIA J	DAUPHIN
CHAUDHRY, MD, NASSER A	DAUPHIN
CHAUDHRY, MD, RAHAT M	ALLEGHENY
CHAUHAN, MD, AMBARAM V	ALLEGHENY

CHAUHAN, MD, TUSHARSINDHU C	FAYETTE
CHAVEZ, DO, MARY A	YORK
CHAWLA, MD, HARISH C	BUCKS
CHAWLA, MD, MANORANJANA	DELAWARE
CHAWLUK, MD, JOHN B	SCHUYLKILL
CHAYAPRUKS, MD, PRAYUN	GREENE
CHECCHIO, MD, LEONARD M	MONTGOMERY
CHECK, MD, JEROME H	MONTGOMERY
CHEEVER, MD, FRANCIS S	ALLEGHENY
CHEIKIN, MD, MICHAEL I	MONTGOMERY
CHEKAN, MD, EDWARD G	ALLEGHENY
CHELIUS, MD, ALAN B	BERKS
CHEN, MD, ALEX S J	ALLEGHENY
CHEN, MD, ANNE	ALLEGHENY
CHEN, MD, CHIJEN	DELAWARE
CHEN, MD, EDWARD C H	NORTHAMPTON
CHEN, ELLIOTT H	PHILADELPHIA
CHEN, MD, HENRY Y	VENANGO
CHEN, IRENE E	PHILADELPHIA
CHEN, JAIME	PHILADELPHIA
CHEN, MD, JEFFREY H	PHILADELPHIA
CHEN, MIKE S	PHILADELPHIA
CHEN, PETER J	PHILADELPHIA
CHEN, MD, WEI-FAN	PHILADELPHIA
CHEN, WILLIAM T	PHILADELPHIA
CHEN-CONSTANTINO, MD, SUSAN M	PHILADELPHIA
CHENEY, MD, MARYALICE	PHILADELPHIA
CHENG, MD, CHUN-PIN	ALLEGHENY
CHENG, MD, GRACE Y	PHILADELPHIA
CHENG, MD, HARVEY S	LEHIGH
CHENG, MD, HO-KAN	PHILADELPHIA
CHENG, MD, KENNETH P	ALLEGHENY
CHENG, MD, LAWRENCE C	LEHIGH
CHENGAPPA, MD, PALECANDA P	ALLEGHENY
CHENSEE, MD, JASPER G	BERKS
CHEPONIS, MD, GEORGE B	BEAVER
CHERIAN, MD, GEORGE R	JEFFERSON
CHERN, MD, LAURIE	ALLEGHENY
CHERNEGA-SPIEKERMANN, MD, JOY	PHILADELPHIA
CHERNER, MD, RACHMEL	PHILADELPHIA
CHERNEY, MD, PAUL J	PHILADELPHIA
CHERNOFF, MD, ARTHUR	PHILADELPHIA
CHERNOFF, MD, BENJAMIN	PHILADELPHIA
CHERNOFF, MD, ROBERT W	DELAWARE
CHERNOFSKY, MD, MICHAEL A	LEHIGH
CHERNYK, DO, ZENIA A	MONTGOMERY
CHERPES, JENNIFER L	PHILADELPHIA
CHERRY, MD, KENNETH L	CENTRE
CHERRY, MD, LOUIS J	JEFFERSON
CHERRY, MD, MELANIE M	CENTRE
CHERRY, MD, ROBERT J	JEFFERSON
CHERRY, MD, SCOTT M	YORK
CHERRY, MD, STEVEN B	CUMBERLAND
CHERUKURI, RAVI	PHILADELPHIA
CHERUP, MD, E DAVID	ALLEGHENY
CHESEN, MD, DAVID	PHILADELPHIA
CHESIN, MD, CAROLE M	ALLEGHENY
CHESNICK, MD, STEVEN R	MONTGOMERY
CHESS, MD, DANIEL J	CUMBERLAND
CHESTER, MD, JANIS G	PHILADELPHIA
CHHABRIA, MD, MAHESH D	MONROE
CHIANESE, MD, FRANK A	CAMBRIA
CHIANG, CARY H	PHILADELPHIA
CHIANG, CHRISTOPHER	PHILADELPHIA
CHIAPELLA, MD, CARLA D	NORTHAMPTON
CHIAVACCI, MD, EUGENE J	LACKAWANNA
CHICKLO, MD, JAMES M	FRANKLIN
CHICO, ANTHONY A	ERIE
CHICO, MD, LAURO V	ALLEGHENY
CHIKARMANE, MD, AJIT M	LUZERNE
CHIKARMANE, MD, KALPANA A	LUZERNE
CHILDS III, MD, JOHN N	PHILADELPHIA
CHILDS, MD, MARION C	CHESTER
CHILDS, MD, USHA M	PHILADELPHIA
CHIN, MD, BYOUNG KWON	BUCKS
CHIN, MD, KATHLEEN L	PHILADELPHIA
CHIN, SONG S	PHILADELPHIA
CHINEA, MD, CARMEN	CAMBRIA
CHING, MD, HENRY T	FRANKLIN
CHINITZ, MD, JOEL L	PHILADELPHIA
CHINSKY, MD, KENNETH D	ERIE
CHINTA, MD, JYOTHI	MONTGOMERY
CHIRIELEISON, MD, ROCCO F	BERKS
CHISHOLM, MD, PATRICIA A	PHILADELPHIA
CHISMER, MD, MICHAEL E	ALLEGHENY
CHISUM, MD, MELVIN J	PHILADELPHIA
CHITALE, MD, VIDYADHAR S	DELAWARE
CHIU, DAVID M	PHILADELPHIA
CHIU, MD, EDWARD K Y	ERIE
CHO, MD, DOO W	BLAIR
CHO, MD, JAY J	DAUPHIN
CHO, MD, JONG S	FAYETTE
CHO, MD, YONG D	WASHINGTON
CHOBY, MD, JOHN J	BUCKS
CHODAKEWITZ, MD, JEFFREY A	PHILADELPHIA
CHODROFF, MD, CHARLES H	YORK
CHOE, MD, ANGELA I	LEBANON
CHOGICH, MD, JOHN C	DELAWARE
CHOI, MD, EDWARD W	LUZERNE
CHOI, MD, JONG J	WESTMORELAND
CHOI, LISA J	PHILADELPHIA
CHOI, MD, TOHSHIK	MONTGOMERY
CHOLAPRANEE, MD, REWAT	ALLEGHENY
CHOMSKY, MD, DAVID E	PHILADELPHIA
CHOONG, MD, SHUNG S	SCHUYLKILL
CHOPRA, MD, RAJ P	COLUMBIA
CHOPRA, VIKAS	STUDENT
CHORAZY, MD, ANNA J	ALLEGHENY
CHORAZY, MD, ZDZISLAW J	ERIE
CHORY, MD, EDWARD T	LANCASTER
CHOTINER, MD, BENNETT	DAUPHIN
CHOU, ERIC J	STUDENT
CHOU, MARY T	PHILADELPHIA
CHOU, WILLIAM C	ALLEGHENY
CHOUGH, MD, ANDREW C B	ALLEGHENY
CHOUGH, MD, SIMON H	WASHINGTON
CHOVANES, MD, GEORGE I	LEHIGH
CHOW, SERENA A	STUDENT
CHOWDARY, MD, RAJ P	LEHIGH
CHOWDHRY, MD, ZAFAR I	ARMSTRONG
CHOWDHURY, MD, A RAB	BERKS
CHRIST, MD, NICHOLAS J	BERKS
CHRIST, MD, PETER J	BERKS
CHRISTENSEN, MD, DAVID W	BERKS
CHRISTENSEN, DO, G CHRIS	MONTGOMERY
CHRISTIAN, MD, COLLEEN J	PHILADELPHIA
CHRISTIAN, MD, EUGENE P	WASHINGTON
CHRISTIAN II, MD, HORACE D	ALLEGHENY
CHRISTIAN II, MD, HORACE D	ERIE
CHRISTIANSEN, MD, DEANNE M	ERIE
CHRISTIANSEN, MD, KJELL H	MONTGOMERY
CHRISTIANSON, MD, ALAN D	WESTMORELAND
CHRISTIDES, MD, STEPHAN A	PHILADELPHIA
CHRISTIE, MD, KARL B	ALLEGHENY
CHRISTIE, MD, WILLIAM C	ALLEGHENY
CHRISTINE, DO, CRAIG R	LEHIGH
CHRISTMAN, MD, JAMES C	LEBANON
CHRISTOFORATOS, MD, DEMETRIUS	LUZERNE
CHRISTOFORETTI, MD, RUSSELL J	WASHINGTON
CHRISTOPHERSON, MD, WAYNE A	ALLEGHENY
CHRISTY, MD, MICHAEL G	ALLEGHENY
CHU, DO, ALEX	PHILADELPHIA
CHU, BETTY Z	PHILADELPHIA
CHU, MD, DONALD	PHILADELPHIA
CHU, MD, ELSIE H	PHILADELPHIA
CHU, MD, JENNIFER	PHILADELPHIA
CHU, MD, KIMWAI	YORK
CHU, MD, WINSTON	ERIE
CHUA, MD, CHONG V	MONTGOMERY
CHUA, MD, ELIAS T	PHILADELPHIA
CHUA, MD, HENRY S	BERKS
CHUA, MD, MICHAEL C	MONROE
CHUA, MD, NOEL N	ALLEGHENY
CHUENSUMRAN, MD, ONGART	ALLEGHENY
CHUENSUMRAN, MD, RAJANI S	ALLEGHENY
CHUGHTAI, MD, ARSHAD I	ALLEGHENY
CHUGHTAI, MD, MUBASHAR S	ALLEGHENY
CHUIPEK, MD, STEPHANIE A	DELAWARE
CHUKUMBA, BEATRICE C	PHILADELPHIA
CHUN, MD, YOON-TAEK	MONROE
CHUNG, BENJAMIN I	PHILADELPHIA
CHUNG, MD, CHIN D	LAWRENCE
CHUNG, MD, CHIN-YONG	ERIE
CHUNG, D CHRISTOPHER	PHILADELPHIA
CHUNG, MD, EDWARD K	PHILADELPHIA
CHUNG, MD, ESTHER K	PHILADELPHIA
CHUNG, MD, HACK R	MONTGOMERY
CHUNG, MD, HAE J	LEHIGH
CHUNG, MD, HI-YOUNG	LUZERNE
CHUNG, MD, KI Y	ALLEGHENY
CHUNG, MD, KWANG H	ALLEGHENY
CHUNG, TAMMY H	ERIE
CHUNG, MD, WHAN S	PHILADELPHIA
CHYU, RAYMOND W	PHILADELPHIA
CIACCI, MD, VINCENT W	CHESTER
CIAIO, MD, CAROLE-JAY	ALLEGHENY
CIAMBOTTI, MD, GARY F	ALLEGHENY
CIANCIULLI, MD, FRANCIS D	DELAWARE
CIANFRANI, MD, PETER M	BUCKS
CIBIK, MD, LISA M	WASHINGTON
CICCARELLI, MD, CLEM A	YORK
CICCARELLI, MD, HAROLD E	ALLEGHENY
CICCARELLI, MD, LEE M	LYCOMING
CICCHINO, MD, FRANK E	ALLEGHENY
CICCO, MD, ROBERT C	ALLEGHENY
CICCONE, MD, PATRICK E	BUCKS
CICCOTELLI, MD, ALDO A	BUCKS
CICHELLI, MD, ANDREW V	PHILADELPHIA
CICHON, MD, PHILIP J	ALLEGHENY
CICUTO, DO, ROBERT A	MERCER
CIFOR, DO, SANDRA M	FRANKLIN
CIGANIC, MD, RATIMIR R	ALLEGHENY
CIGNETTI, MD, FRANKLIN E	ALLEGHENY
CIKOWSKI, DO, EDWARD C	DELAWARE
CINCALA, DO, ROBERT P	ALLEGHENY
CINCOTTA, DO, ANTHONY J	PHILADELPHIA
CINCOTTA, MD, JANET F	DAUPHIN
CINCOTTA, MD, JOSEPH A	DAUPHIN
CIOTOLA, MD, AUGUSTINE A	LUZERNE
CIOTOLA, MD, JOSEPH G	LUZERNE
CIOTOLA, MD, THOMAS J	LUZERNE
CIOTTI, DO, ANNETTE A	ALLEGHENY
CIPOLLA, MD, CHARLES F	LYCOMING
CIRELLI, MD, MARIO G	PHILADELPHIA
CIRELLY, DO, FRANCINE A	PHILADELPHIA
CIRIGLIANO, MD, DANIEL A	BUCKS
CIROTTI, MD, JOSEPH J	MONTGOMERY
CITA, MD, KATHLEEN R	WAYNE/PIKE
CITRO, MD, LAURENCE A	BERKS
CITRONE, MD, PETER J	ALLEGHENY
CITTI, MD, JOHN G	LUZERNE
CIVITARESE, MD, LOUIS R	ALLEGHENY
CLADER, MD, STANLEY C	MONTGOMERY
CLAIR, MD, DAVID L	LEHIGH
CLAIR, MD, GERALD F	CENTRE
CLAIR, MD, PAMELA J	ALLEGHENY
CLANCY, MD, MICHAEL	PHILADELPHIA
CLARE, MD, DAVID W	ALLEGHENY
CLARE, MD, HENRY E	DELAWARE
CLARK, MD, ANN K	WESTMORELAND
CLARK, CHRISTOPHER C	PHILADELPHIA
CLARK, MD, DAVID P	LEBANON
CLARK, MD, FRANCIS J	MONTGOMERY
CLARK, MD, GRANT C	COLUMBIA
CLARK, MD, JAMES E	DELAWARE
CLARK, MD, JOSEPH M	LEBANON
CLARK, MD, KEVIN D	ALLEGHENY
CLARK, MD, LAWRENCE M	CLARION
CLARK, MD, M DORCAS	INDIANA
CLARK, MD, MICHAEL L	BLAIR
CLARK, MD, NEIL R	LANCASTER
CLARK, MD, ROY R	WESTMORELAND
CLARK, SUSAN C	PHILADELPHIA
CLARKE, MD, CHARLES E	ALLEGHENY
CLARKE, MD, FRANKLYN R	BUCKS
CLARKE, MD, LEON E	PHILADELPHIA
CLARKE, MD, ROBERT H	ALLEGHENY
CLARKSON, M CHRISTOPHER	PHILADELPHIA
CLARY, MD, ANNE A	NORTHAMPTON
CLASSEN, MD, CAROLYN F	ADAMS
CLASSEN, MD, CHARLES H	MONTGOMERY
CLAUHS, MD, RONALD P	CHESTER
CLAUSS, MD, THOMAS F	LACKAWANNA
CLAVES, JENNIFER L	STUDENT
CLAWSON, DO, KEVIN R	CUMBERLAND
CLAY, MD, BETTIE W	CHESTER
CLAY, MD, STEPHEN N	DELAWARE
CLAYTON, DO, JOHN S	CHESTER
CLAYTON, MD, RICHARD J	DAUPHIN
CLAYTON JR, MD, SAMUEL T	DAUPHIN
CLEARFIELD, MD, HARRIS R	PHILADELPHIA
CLEARFIELD, MD, RONALD J	WESTMORELAND
CLEARFIELD, DO, WILLIAM N	LUZERNE
CLEAVER, MD, CLARENCE P	COLUMBIA
CLEAVER, MD, DOROTHY M	MONTGOMERY
CLEAVER, MD, E EUGENE	MONTGOMERY
CLEMENS, MD, THOMAS M	LEBANON
CLEMENT, MD, JOHN A	MONTOUR
CLEMENTS, MD, DAVID H	WESTMORELAND
CLEMENTS, MD, DAVID H	PHILADELPHIA
CLEMENTS, MD, JAMES K	WASHINGTON
CLEMENTS, MD, MICHAEL J	NORTHMBRLAND
CLEMENTS, MD, WILLIAM W	MONTGOMERY
CLERICO, MD, DEAN M	LUZERNE
CLEVENGER, MD, ROBERT W	ALLEGHENY
CLEVER, MD, JOHN E	ALLEGHENY
CLINE, MD, CHARLES W	ALLEGHENY
CLINEDINST, CANDACE	ALLEGHENY
CLISTA, MD, BRIAN T	ALLEGHENY
CLOSE, MD, RICHARD A	BERKS
CLOSKEY, MD, GREGORY M	MONTGOMERY
CLOSSON, MD, EDWARD W	PHILADELPHIA
CLOUGH, MD, DOUGLAS F	ALLEGHENY
CLOUSE, MD, RICHARD M	BUTLER
CLOUSE, MD, SHIRLEY B	PHILADELPHIA
CLYMER, MD, DAVID G	LEHIGH
COADY, JENNIFER A	PHILADELPHIA
COADY, MD, PAUL M	CHESTER
COAR, MD, GEORGE R	LUZERNE
COATS, MD, THOMAS D	MONTGOMERY
COBERT, MD, HOWARD S	PHILADELPHIA
COBETTO, MD, BERNARD H	WESTMORELAND
COBLENTZ, MD, ROBERT H	ALLEGHENY
COCCO, MD, ALEX M	MERCER
COCHRAN, MD, JAMES F	NORTHAMPTON
COCHRAN, MD, TERENCE A	LACKAWANNA
COCHRAN, MD, WILLIAM C	MONTGOMERY
COCHRANE, MD, PETER J	NORTHAMPTON
CODARIO, MD, RONALD A	PHILADELPHIA
CODISPOTI, MD, JOSEPH R	PHILADELPHIA
COFFEY, MD, JAMES A	BERKS
COFFEY, MD, WILLIAM F	PHILADELPHIA
COFFMAN, MD, KAOHLIN M	LYCOMING
COGEN, MD, FREDERICK C	MONTGOMERY
COHEN, MD, ARCHIBALD C	BUTLER
COHEN, MD, BERNARD I	ALLEGHENY
COHEN, MD, BRIAN E	DAUPHIN
COHEN, MD, BRUCE A	BERKS
COHEN, MD, CATHY S	ALLEGHENY
COHEN, MD, DAVID A	PHILADELPHIA
COHEN, MD, DAVID E	PHILADELPHIA
COHEN, MD, DAVID L	YORK
COHEN, MD, DONALD L	MERCER
COHEN, MD, ERWIN A	PHILADELPHIA
COHEN, MD, H EMMANUEL	PHILADELPHIA
COHEN, HARLEY J	PHILADELPHIA
COHEN, DO, HERMAN P	PHILADELPHIA
COHEN, MD, IRA J K	ALLEGHENY
COHEN, MD, J STANLEY	PHILADELPHIA
COHEN, MD, JACOB J	PHILADELPHIA
COHEN, MD, JEFFREY K	ALLEGHENY
COHEN, DO, JILL B	PHILADELPHIA
COHEN, MD, KENNETH D	PHILADELPHIA
COHEN, MD, LARRY K	ALLEGHENY
COHEN, DO, LAURIE A	LEHIGH
COHEN, MD, LEONARD M	ALLEGHENY
COHEN, MD, MARC C	MONTGOMERY
COHEN, MD, MARTIN A	BUCKS
COHEN, MD, MARTIN H	PHILADELPHIA
COHEN, MD, MERRILL A	YORK
COHEN, MD, MERTON E	NORTHAMPTON
COHEN, MD, MEYER A	PHILADELPHIA
COHEN, MD, MICHAEL M	PHILADELPHIA
COHEN, MD, MILTON H	MIFFLIN/JUNIAT
COHEN, MD, MURRAY J	PHILADELPHIA
COHEN, MD, NORMAN F	ALLEGHENY
COHEN, MD, NORMAN N	PHILADELPHIA
COHEN, MD, PETER Z	ALLEGHENY
COHEN, MD, RICHARD L	ALLEGHENY
COHEN, DO, ROBERT A	ALLEGHENY
COHEN, MD, ROBERT M	PHILADELPHIA
COHEN, MD, SAMUEL F	MONTGOMERY
COHEN, MD, SARLE H	PHILADELPHIA
COHEN, MD, SHERWOOD V	PHILADELPHIA
COHEN, MD, THEODORE B	PHILADELPHIA
COHEN, MD, THOMAS	LUZERNE
COHEN, DO, WILLIAM L	DELAWARE
COHEN, MD, WILLIAM W	ERIE
COHLER, MD, ALAN	BUCKS
COHN, MD, BURTON H	DAUPHIN
COHN, MD, C HAROLD	BERKS
COHN, MD, EDWIN M	PHILADELPHIA
COHN, MD, HERBERT E	PHILADELPHIA
COHN, MD, JEFFREY B	PHILADELPHIA
COHN, MD, JOHN R	PHILADELPHIA
COLA, DO, CAROL D	MONTGOMERY
COLAIACOVO, MD, LYNN A	ALLEGHENY
COLANGELO, AUGUSTUS B	STUDENT
COLANTONI, MD, WILLIAM	WASHINGTON
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COLAVINCENZO, MD, JOHN W	BEAVER
COLBERG, MD, JAMES E	PHILADELPHIA
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COLCHER, MD, AMY	PHILADELPHIA
COLCHER, MD, IRVING S	MONTGOMERY
COLCHER, MD, ROBERT E	MONTGOMERY
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COLDREN, MD, ROBERT L	DAUPHIN
COLDREN, MD, SEAN C	LANCASTER
COLE JR, MD, CHARLES L	UNION
COLE, MD, DANIEL J	ALLEGHENY
COLE, MD, DENNIS G	ERIE
COLE, MD, JACK E	NORTHAMPTOI
COLE, MD, JAMES M	MONTOUR
COLE, MD, K NIKI	PHILADELPHIA
COLE, EXEC DIR, RICHARD S	WESTMORELAI
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COLEMAN JR, MD, ERNEST H	DAUPHIN
COLEMAN, KRISTIN H	STUDENT
COLEMAN, MD, MARTIN R	DELAWARE
COLEMAN, MD, MICHAEL K	PHILADELPHIA
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COLL, DAVID A	ALLEGHENY
COLLAZO, EDGAR R	PHILADELPHIA
COLLAZO, MD, ERNESTO L	PHILADELPHIA
COLLEY, MD, ALFRED L	PHILADELPHIA
COLLIER JR, MD, ANDREW J	PHILADELPHIA
COLLIER, DAVID J	PHILADELPHIA
COLLIER, MD, PAUL E	ALLEGHENY
COLLINI, MD, FRANCIS J	LUZERNE
COLLINS, CARLA C	PHILADELPHIA
COLLINS, MD, DEIRDRE M	BUCKS
COLLINS II, MD, J JOHN	LEHIGH
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COLLINS, MD, LEONARD R	LYCOMING
COLLINS, NICOLE A	STUDENT
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COLLURA, MD, PAUL T	LANCASTER
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COLODNY, MD, STEPHEN M	ALLEGHENY
COLOMBO, MD, JAMES L	DELAWARE
COLT, MD, CATHY A	MONTGOMERY
COLTMAN, MD, ARTHUR B	PHILADELPHIA
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COMBS, MD, WILLIAM G	PHILADELPHIA
COMER, MD, NATHAN L	PHILADELPHIA
COMESS, MD, RAYMOND R	BERKS
COMINI, MD, LIDIA	ALLEGHENY
COMPENDIO, MD, ROEL D	PHILADELPHIA
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CONAHAN, MD, BERNARDIN O	BUCKS
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CONCOOL, MD, BARRY M	BUCKS
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CONSTANTINE, MD, JILL M WESTMORELAND
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COOPER, MD, KAREN LUZERNE
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NATHANIEL H PHILADELPHIA
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CORCORAN, DO, KEVIN J LACKAWANNA
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CORDOBA, MD, DIEGO R ARMSTRONG
COREN, MD, ALFRED B CLEARFIELD
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COREY, MD, STEPHEN H ALLEGHENY
CORFF, MD, MEYER PHILADELPHIA
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CORNELL, MD, JAMES F LEHIGH

CORNFIELD, MD, DENNIS B PHILADELPHIA
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CORRADO JR, MD, CATALDO F FAYETTE
CORRAL, MD, CELESTINO F ALLEGHENY
CORRATO, MD, ROBERT R MONTGOMERY
CORRELL, MD, DARIN J PHILADELPHIA
CORRIGAN, MD, DOMINIC F MONTGOMERY
CORSELLO, MD, GUY R ALLEGHENY
CORSETTI, JEFFREY P PHILADELPHIA
CORSON, MD, JOSEPH K PHILADELPHIA
CORSON, MD, STEPHEN L PHILADELPHIA
CORSON, MD, THOMAS C COLUMBIA
CORTINA, MD, GARY J ERIE
CORTINOVIS, MD, CHARLES R WASHINGTON
CORVASCE, MD, JOSEPH M PHILADELPHIA
CORWIN, MD, DOUGLAS T WASHINGTON
COSCIA JR, DO, JOHN MONTGOMERY
COSGROVE, DANIEL J PHILADELPHIA
COSGROVE, MD, DOUGLAS S PHILADELPHIA
COSGROVE, MD, JAMES L ALLEGHENY
COSKLO, DO, SANDRA E SUSQUEHANNA
COSLETT, MD, DOUGLAS S LUZERNE
COSLETT, MD, MARTHA M Y LANCASTER
COSSROW, MD, JOEL I BEAVER
COSTA, EMILY J ALLEGHENY
COSTA, MD, FRANK J ALLEGHENY
COSTA, MD, RONALD E HUNTINGDON
COSTA-GRECO, MD, MARIA A ALLEGHENY
COSTACURTA, MD, GARY A NORTHAMPTON
COSTANZA, MD, AGATHA H NORTHAMPTON
COSTARINO, MD, ANDREW T PHILADELPHIA
COSTELLO, BERNARD J PHILADELPHIA
COSTELLO, JEFFREY J PHILADELPHIA
COSTELLO, DO, THOMAS P BUCKS
COTLER, MD, JEROME M PHILADELPHIA
COTTER, JASON W PHILADELPHIA
COTTLE, MD, BETTY L BLAIR
COTTLE, MD, HAROLD R BLAIR
COTTON, MD, JOY C L DAUPHIN
COTTRELL, MD, DAVID C NORTHMBRLAND
COULTER, MD, CLINTON R CLARION
COURSIN, MD, DAVID B LANCASTER
COURTNEY, MD, DENNIS J BEAVER
COURTNEY, MD, DREW E LEBANON
COURTNEY, MD, WILLIAM B WESTMORELAND
COUSINS, DO, TODD B MCKEAN
COUSOUNIS, MD, GERRY T PHILADELPHIA
COVATTO, MD, ROSEANN H ALLEGHENY
COVER, MD, KENNETH L ALLEGHENY
COVERDALE III, MD,
EDWARD J BUCKS
COVINGTON, MD, DARELL T MONROE
COWAN, MD, CLAYTON J LEHIGH
COWAN, MD, THOMAS W ALLEGHENY
COWDERY, MD, SUSAN L PHILADELPHIA
COWITZ, MD, BERNARD PHILADELPHIA
COWLEY, MD, ALLEN W DAUPHIN
COX, E DARRIN PHILADELPHIA
COX, MD, JAY S CENTRE
COX, MD, LAURIE A MIFFLIN/JUNIATA
COX, DO, LAWRENCE G DAUPHIN
COX, MD, N ADELE PHILADELPHIA
COX, MD, PAUL A CUMBERLAND
COX, MD, WALTER R WASHINGTON
COYLE, MD, ALICE R LACKAWANNA
COYLE, MD, JOHN J LUZERNE
COYLE, MD, JOHNSON G CUMBERLAND
COYLE, MD, ROBERT M ALLEGHENY
COYLE, MD, SOPHIE J ALLEGHENY
COYLE, MD, THOMAS J BUCKS
COYLE, MD, WILLIAM A DELAWARE
COYLE, MD, WILLIAM P ALLEGHENY
COYNE, MD, VERONICA E BUCKS
COZEN, MD, BENNETT H MONTGOMERY
COZINE, MD, RICHARD A LYCOMING
COZZA JR, MD, MICHAEL R BEAVER
COZZARELLI, MD, JAMES D MONTGOMERY
COZZONE, DO, MONICA L LUZERNE
CRABLE, MD, DANIEL J ALLEGHENY
CRAFT, MD, ROBERT E BERKS
CRAGO, MD, H ROBERT MERCER
CRAIG, MD, ANN M PHILADELPHIA
CRAIG, MD, PAUL C BERKS
CRAIG, MD, RICHARD A YORK
CRAIN, MD, RICHARD H ALLEGHENY
CRAKE, MD, ROGER F COLUMBIA
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CRAMP, MD, LLOYD L BERKS
CRAMTON, MD, DAVID C LUZERNE
CRANDALL III, MD, RICHARD A LANCASTER
CRANDALL, MD, THEODORE L ALLEGHENY
CRANDALL, MD, TONIE L BERKS
CRAPARO, MD, FRANK J MONTGOMERY
CRAPARO, MD, JOCELYN L DELAWARE
CRAPARO, MD, THOMAS J LACKAWANNA
CRASTNOPOL, MD, DAVID H BUCKS
CRAVETZ, MD, HOWARD MONTGOMERY
CRAWFORD, MD, DAVID L MONTGOMERY
CRAWFORD, MD, DONALD G DAUPHIN
CRAWFORD, MD, GEORGE A FRANKLIN
CRAWFORD, MD, PAMELA A VENANGO
CRAWFORD JR, MD, RALPH W BLAIR
CREECH, MD, RICHARD H PHILADELPHIA
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CONSTANTINE J ALLEGHENY
CRETELLA, MD, THOMAS S COLUMBIA
CREVECOEUR, MD,
CARLINE M BLAIR

CREWS, DO, NAN I LEBANON
CRIDER, MD, DONALD B BLAIR
CRILL, MD, NORMAN C LANCASTER
CRILLEY, DO, PAMELA ANN PHILADELPHIA
CRINO, MD, JANET A PHILADELPHIA
CRISPEN, MD, JOHN W FRANKLIN
CRISPINO, MD, CHARLES M ALLEGHENY
CRIST, MD, HENRY S CUMBERLAND
CRISTOL, MD, JAMES L PHILADELPHIA
CRITS, MD, HARRY J MONTGOMERY
CRITTENDEN, MD, DONALD W BUCKS
CRIVARO, MD, MICHAEL A MONTGOMERY
CROCENELLI, THERESA M STUDENT
CROCK, MD, FREDERICK W ALLEGHENY
CROFF, DO, ANTHONY H MONTOUR
CROLL, MD, MILLARD N PHILADELPHIA
CROLL, MD, SCOTT D CARBON
CRONHOLM, PETER F PHILADELPHIA
CRONIN JR, MD, RANDALL C LUZERNE
CRONKEY, MD, JOSEPH E LACKAWANNA
CRONLEY, MD, SHEA ANN PHILADELPHIA
CROSS, MD, RAOUEL ERIE
CROSS JR, RAYMOND K ALLEGHENY
CROSS JR, MD, SAMUEL ARMSTRONG
CROSSETT, MD, LAWRENCE S ALLEGHENY
CROTEAU, MD, J RUSSELL DAUPHIN
CROWLEY, MD, PATRICIA A ALLEGHENY
CROWTHER, JAMES D STUDENT
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CROYLE, MD, RAY W WESTMORELAND
CROZIER, MD, KELLEY C PHILADELPHIA
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DOMINICK A LACKAWANNA
CRUCIANI, MD, MARK LACKAWANNA
CRUDO, MD, CHITO M WESTMORELAND
CRUFT, MD, GEORGE E PHILADELPHIA
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CRUZ JR, MD, MOISES B POTTER
CRUZ, MD, RAMON A LUZERNE
CRUZ, MD, ROGELIO A ERIE
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CRYER, MD, THEODORE H FRANKLIN
CRYSTLE, MD, C DEANS LANCASTER
CRYSTLE, KATHRYN A STUDENT
CSIKOS, MD, DAVID A CAMBRIA
CUBILLO, MD, ENRIQUE LUZERNE
CUBINA, DO, MARIA D PHILADELPHIA
CUBLER, MD, EDWARD W SCHUYLKILL
CUCINOTTA, MD, SALVATORE PHILADELPHIA
CUDDEBACK, MD, THOMAS J ALLEGHENY
CUDDY, MD, VINCENT D BEAVER
CUELLO-SUAREZ, MD,
ROSA M PHILADELPHIA
CULF, MD, NORRIS K PHILADELPHIA
CULIG, MD, MICHAEL H ALLEGHENY
CULLEN, MD, ESKER W CENTRE
CULLEN, DO, MAUREEN P ALLEGHENY
CULLINEY, MD, JOHN J LACKAWANNA
CULOTTA, MD, DOMINIC A BUCKS
CULOTTA, DO, TINA M PHILADELPHIA
CULP, MD, BRUCE R MONTGOMERY
CULP, MD, RANDALL W PHILADELPHIA
CULYBA, MD, MICHAEL J BEAVER
CUMMINGS III, MD, CARY DAUPHIN
CUNARD, RENA B STUDENT
CUNNANE, MD, MARY F PHILADELPHIA
CUNNINGHAM, CHARLES D PHILADELPHIA
CUNNINGHAM, MD, PETER L NORTHAMPTON
CUNNINGHAM, MD, WILLIAM L WASHINGTON
CUPINO, MD, ELMER SCHUYLKILL
CURANZY, MD, RAYMOND R LEBANON
CURCI, MD, JOSEPH J BUCKS
CURCILLO, MD, PAUL G PHILADELPHIA
CURLEY, DO, JOHN F PHILADELPHIA
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CURRAN, MD, MARILYN R MONTGOMERY
CURRAN, SEAN C PHILADELPHIA
CURRIE, MD, PHILIP W WESTMORELAND
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CURTIN, MD, ANDREW J MONTGOMERY
CURTIN, MD, CHARLES T LACKAWANNA
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CUSANO, DO, WILBERT A BEAVER
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CUSTER, MD,
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DADDARIO, MD, RICHARD T BUCKS
DADPARVAR, MD, SIMIN D PHILADELPHIA
DAFTARY, MD, SUDHIR R LAWRENCE
DAGATA, CARIE A PHILADELPHIA
DAGEN, MD, J EDWARD CUMBERLAND
DAGEN, DO, ROSE M FRANKLIN
DAGHESTANI, MD, AIMAN N CRAWFORD
DAGHIR, MD, JOHN N CHESTER
DAGOSTINO, MD, FRANK J NORTHAMPTON
DAHL, MD, JAMES D WASHINGTON
DAHMUS, MD, ROBERT R DAUPHIN
DAIE, HAMID PHILADELPHIA
DAIL, MD, E MICHAEL ERIE
DAILEY, MD, EDWARD G DAUPHIN
DAILEY, MD, ELLEN E ERIE
DAILEY, MD, JAMES P ERIE
DAILEY, MD, JOHN R DAUPHIN
DAIT, MD, JOSE E CARBON
DAITER, MD, DONALD PHILADELPHIA
DAJANI, MD, ZUHDI M CLARION
DALAL, MD, UMESH I MONROE
DALBY, MD, PATRICIA L ALLEGHENY
DALE, MD, ANTHONY D PHILADELPHIA
DALE, MD, CAROLINE G ALLEGHENY
DALE JR, MD, HIRAM T NORTHAMPTON
DALEY, MD, MARVIN C LANCASTER
DALLAIRE, MD, LOUISE A I POTTER
DALLAS-FEENEY, DO, SUSAN CHESTER
DALONI, MD, PETER M MERCER
DALSEY, MD, ROBERT M PHILADELPHIA
DALSEY, MD, WILLIAM C PHILADELPHIA
DALTON, MD, CHARLES M CENTRE
DALY, MD, CHRISTOPHER J ALLEGHENY
DALY, MD, CHRISTOPHER X MONTGOMERY
DALY, DIANNE M ALLEGHENY
DALY JR, MD, FRANCIS T CLINTON
DALY JR, MD, JAMES F DAUPHIN
DALY JR, MD, RICHARD H YORK
DAMAZO, MD, ELPIDIO D BEAVER
DAMAZO, MD, NATIVIDAD S BEAVER
DAMESHEK, MD, H LEE ALLEGHENY
DAMIANO, MD, ROBERT E CHESTER
DAMM, MD, CHRISTOPHER J BERKS
DAMSKER, JASON A PHILADELPHIA
DAMSKER, MD, JEFFREY I PHILADELPHIA
DAMSKER, KEITH E PHILADELPHIA
DANA, MD, IHAB SUSQUEHANNA
DANAEE, MD, NOSRATOLLAH ALLEGHENY
DANCHA, DO, ANDREW J PHILADELPHIA
DANDEGIAN, MD, ALBERT N PHILADELPHIA
DANDOLU, MD, B REDDY PHILADELPHIA
DANDRIDGE, MARCELLUS A PHILADELPHIA
DANGELO, MD, GEORGE J ERIE
DANGVU, ANGELA S W PHILADELPHIA
DANIELE, MD, JOSEPH O ERIE
DANIELS, MD, DAN JEFFERSON
DANIELS JR, MD, GEORGE F BEAVER
DANIELS, JASON B PHILADELPHIA
DANIELS, MD, MICHAEL O CUMBERLAND
DANIELS, MD, ROGER B PHILADELPHIA
DANIELS, MD, WARREN C YORK
DANISHANKO, MD, ALBERT G LUZERNE
DANKMYER, MD,
FREDERICK L SCHUYLKILL
DANKO, MD, EUGENE T ALLEGHENY
DANNEKER, MD, DALE A CENTRE
DANNY, DO, MADELINE A MONTGOMERY
DANOFF, MD, DAVID M MONTGOMERY
DANOFF, MD, MIKE ALLEGHENY
DANTE, MD, STEPHEN J PHILADELPHIA
DANYO, MD, J JOSEPH YORK
DANZI, MD, JOSEPH T PHILADELPHIA
DANZIS, DO, JEFFREY J BUCKS
DAPPERT, MD, BARBARA A ALLEGHENY
DARNELL, MD, RICHARD I BUCKS
DAROSKI, MD, M SABINA ALLEGHENY
DAROWISH, DO, CHARLES E DAUPHIN
DARRELL, MD, JOHN C ALLEGHENY
DAS, MD, AMIT LACKAWANNA
DAS, MD, NIRODE C LUZERNE
DAS, SANDEEP R PHILADELPHIA
DASCHER JR, MD, JOHN J MONTGOMERY
DASGUPTA, MD, INDRANIL PHILADELPHIA
DASH-MODI, MD, ANITA ALLEGHENY
DASTUR, MD, KHURSHED J ALLEGHENY

DATLOF, MD, STEVEN B	BERKS
DATTA, MD, TAPAN D	WESTMORELAND
DATTILO, MD, JAMES T	ALLEGHENY
DAUGHERTY, MD, DONALD	YORK
DAUGHERTY, REZA J	PHILADELPHIA
DAUGHTRY, DO, GLEN R	CUMBERLAND
DAURIA, MD, THOMAS M	FAYETTE
DAVE, MD, BHAVIN R	LACKAWANNA
DAVE, MD, DEEPAK V	LUZERNE
DAVE, MD, NIKHIL K	WASHINGTON
DAVENPORT JR, WILLIAM G	ALLEGHENY
DAVID, MD, ARTHUR	ALLEGHENY
DAVID, MD, JEFFREY W	ARMSTRONG
DAVIDES, MD, KYRIAKOS C	ALLEGHENY
DAVIDOFF, MD, FRANK F	PHILADELPHIA
DAVIDOWSKI, MD, THOMAS A	CENTRE
DAVIDSON, MD, BRUCE L	PHILADELPHIA
DAVIDSON, MD, GARY M	CAMBRIA
DAVIDSON, MD, JAY H	PHILADELPHIA
DAVIDSON, MATTHEW D	ERIE
DAVIDSON, MD, PAUL R	LANCASTER
DAVIDSON, REBECCA S	PHILADELPHIA
DAVIDSON, RICHARD S	PHILADELPHIA
DAVIDSON JR, MD, WILLIAM R	LEBANON
DAVIE, MD, FRANK M	WESTMORELAND
DAVIES, MD, DONALD W	ALLEGHENY
DAVIES, MD, MATTHEW F	DAUPHIN
DAVIES, MD, PAUL W	PHILADELPHIA
DAVILA, MD, RAMON A	MERCER
DAVIS, MD, ABBY T L	DAUPHIN
DAVIS, MD, ALLAN S	LANCASTER
DAVIS, DO, CHRISTOPHER J	YORK
DAVIS, MD, DANIEL T	LUZERNE
DAVIS, MD, DENNIS	WASHINGTON
DAVIS, MD, DONNA J S	DAUPHIN
DAVIS, MD, EARLE R	ALLEGHENY
DAVIS JR, MD, EDWARD T	BEAVER
DAVIS, MD, EDWARD W	MONTGOMERY
DAVIS, MD, H ROBERT	CUMBERLAND
DAVIS, MD, HAROLD J	LACKAWANNA
DAVIS, MD, HARRIET J	BUCKS
DAVIS, MD, HELEN A P	WESTMORELAND
DAVIS, MD, IRENE B	LANCASTER
DAVIS, MD, JAMES H	YORK
DAVIS, MD, JAMES H	LANCASTER
DAVIS, MD, JAMES K	CAMBRIA
DAVIS, MD, JEFFREY A	LANCASTER
DAVIS, MD, JOHN S	ALLEGHENY
DAVIS, MD, JOHN W	PHILADELPHIA
DAVIS, KAREN E	PHILADELPHIA
DAVIS, DO, LEE W	LACKAWANNA
DAVIS, MD, MARJORIE F	ALLEGHENY
DAVIS, MD, MARY H	LANCASTER
DAVIS, DO, NEAL M	LACKAWANNA
DAVIS, MD, PAUL K	DELAWARE
DAVIS, MD, PETER L	ALLEGHENY
DAVIS, MD, ROBERT H	DAUPHIN
DAVIS, ROBERT M	STUDENT
DAVIS, MD, ROBERT M	YORK
DAVIS, MD, ROBERT V	LACKAWANNA
DAVIS, MD, STUART M	TIOGA
DAVIS, MD, THOMAS S	DAUPHIN
DAVIS, MD, WILLIAM F	WAYNE/PIKE
DAVIS, MD, WILLIAM L	FRANKLIN
DAVIS, MD, WILLIAM S	DAUPHIN
DAVITCH, MD, LEONARD S	PHILADELPHIA
DAVLIAKOS, MD, GEORGE	ALLEGHENY
DAVOLI, MD, ROBERT L	WESTMORELAND
DAWGERT, MD, F DENNIS	LACKAWANNA
DAWSON, MD, MICHAEL H O	SCHUYLKILL
DAWSON, MD, REESE E	ALLEGHENY
DAWSON, ROBERT L	PHILADELPHIA
DAWSON, MD, ROBERT R	ALLEGHENY
DAY, MD, H JAMES	MONTGOMERY
DAY JR, MD, RICHARD W	ALLEGHENY
DAY, MD, SUSAN C	PHILADELPHIA
DAYNER, JEREMY J	STUDENT
DAYNO, MD, JEFFREY M	PHILADELPHIA
DE, MD, NIRMAL K	PHILADELPHIA
DE ANGELIS, CHRISTINA T	STUDENT
DE HOFF, MD, J HOWARD	ALLEGHENY
DE JULIA, MD, JEROME J	MERCER
DE LEON, MD, RAMON	SUSQUEHANNA
DE MARIA, MD, GAIL R	BUCKS
DE MASI, MD, LEON G	CUMBERLAND
DE MEO, MD, PATRICK J	ALLEGHENY
DE MOYA, MARC A	PHILADELPHIA
DE NINO, MD, LAWRENCE A	WESTMORELAND
DE PIETRO, MD, MICHAEL R	PHILADELPHIA
DE PIPPO, MD, PAUL A	LUZERNE
DE RIENZO, MD, UMBERTO A	WASHINGTON
DE RIENZO, MD, UMBERTO A	WASHINGTON
DE RIVAS, MD, CARMELA F	MONTGOMERY
DE SANTIS, MD, DONALD	DELAWARE
DE SANTOS, MD, MARCELINO A	BUCKS
DE SOTO, MD, DANILO A	LACKAWANNA
DE SOUZA, MD, BRYAN X	PHILADELPHIA
DE VITA, MD, JACK J	PHILADELPHIA
DE VLIEGER, MD, KELLI J	PHILADELPHIA
DEAN, MD, ROBERT J	ALLEGHENY
DEANGELIS, DO, PATRICIA A	LEHIGH
DEARDORFF, MD, CHARLES L	LANCASTER
DEBAKKER, MD, CAROL J	DELAWARE
DEBALLI, PETER	PHILADELPHIA
DEBELLIS, MD, MICHAEL D	ALLEGHENY
DEBENEDICTIS, MD, KENNETH J	BERKS
DEBERARDINIS, MD, CAMILLO T	PHILADELPHIA
DEBIAS, MD, DENNIS A	BERKS
DEBIASSE, MD, TIMOTHY A	WESTMORELAND
DEBONIS, MD, CHARLES S	LUZERNE
DEBUOUE, DO, JEFFERY A	LEHIGH
DECARLO, MD, JOHN P	PHILADELPHIA
DECARO, MD, MARY M	DELAWARE
DECARO, MD, MATTHEW V	PHILADELPHIA
DECASTRO, MD, MIGUEL A	PHILADELPHIA
DECASTRO, MD, NIEVES D	PHILADELPHIA
DECHERNEY, MD, WILLIAM A	PHILADELPHIA
DECKER, MD, DOUGLASS A	CHESTER
DECKER, MD, GARY R	LUZERNE
DECKER, MD, JOHN P	PHILADELPHIA
DECKER, MD, MICHAEL J	ALLEGHENY
DECKER, MD, PETER G	LUZERNE
DECKER, MD, RICHARD L	ERIE
DECOLLI, DO, ROBERT A	SCHUYLKILL
DECOSMO, MD, VINCENT J	WESTMORELAND
DECURTIS, MD, GEORGE M	LUZERNE
DEDHIA, MD, CHAMPAK	LUZERNE
DEDIO, MD, ROBERT M	LEHIGH
DEE, MD, CECILIO C	MCKEAN
DEEB, MD, RAMON J	LEHIGH
DEEL, ANGELA R	PHILADELPHIA
DEELY, MD, DIANE M	PHILADELPHIA
DEES, MD, TERENCE D	DAUPHIN
DEES-PORCH, MD, FRANCES	DELAWARE
DEFABO, MD, FRANCIS L	WESTMORELAND
DEFALCIS, DO, DELPHY F	DELAWARE
DEFAY, MD, STANLEY D	BLAIR
DEFERIA, MD, ARMANDO A	LEHIGH
DEFORNO, MD, DONALD J	MCKEAN
DEFRANCESCO, MD, CHARLES A	WESTMORELAND
DEFRANCISCO, MD, LANCE C	BLAIR
DEFRANCISCO, MD, MARY E	MONTGOMERY
DEFRANCO, MD, RICHARD J	ERIE
DEGENNARO, MD, LOUIS P	LACKAWANNA
DEGENNARO, MD, PATRICK J	LUZERNE
DEGLIN, MD, EDWARD A	MONTGOMERY
DEGREEN, MD, HYATT P	LANCASTER
DEGREGORY, DO, THOMAS R	WESTMORELAND
DEGROOF, MD, ELLEN L	BUCKS
DEGUZMAN-CAM, MD, BRIGIDA	DELAWARE
DEHAAS, MD, DAVID R	WASHINGTON
DEHART, MD, DAVID A	ALLEGHENY
DEHORATIUS, MD, RAPHAEL F	PHILADELPHIA
DEIBERT, MD, DAVID C	BERKS
DEIBERT, MD, EDWARD B	NORTHAMPTON
DEIMEL, MD, JOSEPH F	ERIE
DEIN, MD, ROBERT A	MONTGOMERY
DEININGER, MD, ARTHUR G	CRAWFORD
DEININGER, MD, JOHN T	PHILADELPHIA
DEISHER, MD, SAMUEL W	YORK
DEITCH, MD, BERNARD	PHILADELPHIA
DEITCH, JOHN R	PHILADELPHIA
DEITCH, MD, MARC W	PHILADELPHIA
DEITRICK, MD, RICHARD E	ALLEGHENY
DEITZ III, MD, GEORGE W	MONTGOMERY
DEJESUS, MD, ROBERT	WESTMORELAND
DEJESUS JR, MD, ROMAN Y	BEAVER
DEKONING, MD, JOHANNES L	BLAIR
DEKRET, MD, JEFFREY J	PHILADELPHIA
DEKRUIF, MD, HENDRIK	CRAWFORD
DEL GAUDIO, WALTER R	ALLEGHENY
DEL GRIPPO, MD, GERARD A	CLINTON
DEL GROSSO, MD, EDWARD A	MONTGOMERY
DEL VILLAR, MD, HUGO E	CHESTER
DELA TORRE, MD, HENRY G	JEFFERSON
DELACRUZ, MD, SILVESTRE S	DAUPHIN
DELAFUENTE, MD, CARLOS F	DAUPHIN
DELANEY, GABRIELLE S	STUDENT
DELASALAS, MD, ERNESTO M	BEDFORD
DELBIANCO, MD, PAUL R	ALLEGHENY
DELEHANTY, MD, THOMAS J	LUZERNE
DELEO, MD, CAESAR A	LACKAWANNA
DELEO, MD, NICHOLAS V	LACKAWANNA
DELERME, MD, AUGUSTO N	BLAIR
DELGADO, MD, JUAN F	NORTHMBRLAND
DELGATTO, MD, LOUIS J	COLUMBIA
DELGRANDE, MD, RICHARD E	BEAVER
DELGUERCIO, MD, EDMUND T	DELAWARE
DELL, MD, DAVID A	CUMBERLAND
DELLA ROSA JR, MD, JOHN J	LUZERNE
DELLAROSE, LAURIE A	ALLEGHENY
DELLINGER, MD, KAY A	DAUPHIN
DELLOCK, CAREY A	STUDENT
DELLONE, MD, CECELIA A	ALLEGHENY
DELLOSA, MD, JOHNSON D	DAUPHIN
DELOGLOS, MD, GUST	ALLEGHENY
DELONE JR, MD, CHARLES A	DAUPHIN
DELONE JR, MD, FRANCIS X	DELAWARE
DELONG, MD, BRIAN S	DAUPHIN
DELONG, MD, STEPHEN R	ALLEGHENY
DELONG JR, MD, WILLIAM G	PHILADELPHIA
DELORENZO JR, MD, DONALD P	FRANKLIN
DELP JR, MD, CHARLES W	BERKS
DELP, MD, DANIEL L	HUNTINGDON
DELP, MD, WILLIAM T	YORK
DELPOSEN, MD, MARGARET G	ALLEGHENY
DELROSARIO, MD, VIVENCIO G	DAUPHIN
DELSERONE, MD, EUGENE W	ALLEGHENY
DELSERRA, MD, JOSEPH J	LACKAWANNA
DELUCA, MD, CHRISTOPHER	PHILADELPHIA
DELUCA, MD, TERESA M	PHILADELPHIA
DELVECCHIO, MD, FREDESUINDA P	BUCKS
DELVECCHIO, MD, LEONARD M	BERKS
DELVECCHIO JR, MD, LEONARD M	MIFFLIN/JUNIATA
DEMARCO, MD, JOHN J	ERIE
DEMARIA JR, MD, PETER A	PHILADELPHIA
DEMARINO, MD, DAVID P	ALLEGHENY
DEMARIO JR, MD, RALPH C	LACKAWANNA
DEMASI, MD, PANTALEONE	PHILADELPHIA
DEMATTEIS, MD, JAMES A	ERIE
DEMEDIO, MD, GABRIEL A	ALLEGHENY
DEMEDIO, MD, WILLIAM J	DELAWARE
DEMEZZA, MD, ANGELO	WESTMORELAND
DEMILIO, MD, MARY T	YORK
DEMJANENKO, MD, PAUL	ERIE
DEMKO, MD, JOSEPH N	LACKAWANNA
DEMKO, MD, TRUDY M	BERKS
DEMOPOULOS, MD, JAMES T	PHILADELPHIA
DEMOS, MD, JACK	ALLEGHENY
DEMPSEY, MD, DANIEL T	PHILADELPHIA
DEMPSEY, DO, EDWARD G	MONTOUR
DEMPSEY, MD, EUGENE C	PHILADELPHIA
DEMPSEY, JAMES W	STUDENT
DEMPSEY, MD, WILLIAM J	LACKAWANNA
DEMPSHER, MD, JOHN	CHESTER
DEMUTH, MD, CYNTHIA T	DAUPHIN
DEMUTH JR, MD, WILLIAM E	CUMBERLAND
DEMUTH, MD, WILLIAM W	DAUPHIN
DENARO, MD, ANTHONY T	LUZERNE
DENBY, MD, ROBERT A	BERKS
DENCH JR, MD, EDWARD H	CENTRE
DENDE, DO, PAUL F	LACKAWANNA
DENGLER, MD, ERNEST H	BERKS
DENIS, MD, LEONARD J	LACKAWANNA
DENIZARD, MD, CARL E	PHILADELPHIA
DENLINGER, MD, JOHN K	LANCASTER
DENNARD, KEISHA N	PHILADELPHIA
DENNEHY, MD, JOHN J	MONTOUR
DENNIS, MD, DEAN R	DELAWARE
DENNIS, MD, JAMES B	COLUMBIA
DENNIS, TAMMY J	ALLEGHENY
DENNISON, MD, MARIA M	DELAWARE
DENNISTON, MD, BARON T	ERIE
DENT, MD, THOMAS L	MONTGOMERY
DENTE, MD, JOSEPH B	LACKAWANNA
DEOCAMPO, MD, JOSE L	ALLEGHENY
DEORAS, MD, KIRAN S	ALLEGHENY
DEPACE, MD, NICHOLAS L	PHILADELPHIA
DEPAMPHILIS, MD, HY J	YORK
DEPAOLI, MD, ROSEMARY T	COLUMBIA
DEPAULA, MD, CARL J	PHILADELPHIA
DEPENA, MD, CHARLES A	BUCKS
DEPMAN, MD, STANLEY T	PHILADELPHIA
DEPPERT, MD, ERIC J	PHILADELPHIA
DERASSE, MD, ALAIN R	NORTHAMPTON
DERASSE, MD, JUDITH R	NORTHAMPTON
DERDEL, MD, JEROME D	CENTRE
DEREWITZ, MD, DANIEL L	YORK
DERISO, MD, BARBARA M	ALLEGHENY
DERIVAN, MD, ALBERT T	DELAWARE
DERKRIKORIAN, MD, HAGOP L	DELAWARE
DEROJAS, MD, JUAN J	LUZERNE
DEROSS, ANTHONY L	ALLEGHENY
DERR, DAVID	PHILADELPHIA
DERR, MD, RUSSELL H	LANCASTER
DERRICK, MD, BRUCE M	BUCKS
DERSH, MD, JEROME	BERKS
DERSHAW, MD, BRUCE B	BUCKS
DERSTINE, MD, RALPH L	MONTGOMERY
DERSTINE, MD, TIMOTHY H	LANCASTER
DESAI, MD, AJIT M	PHILADELPHIA
DESAI, MD, ANSUYA M	MONTGOMERY
DESAI, MD, ARUNDEV D	LACKAWANNA
DESAI, MD, ARVIND D	LACKAWANNA
DESAI, MD, BASAVARAH V	ALLEGHENY
DESAI, MD, JAYESH B	SOMERSET
DESAI, MD, JITENDRA M	ALLEGHENY
DESAI, MD, KASHMIRA A	LACKAWANNA
DESAI, MD, MEENA B	LACKAWANNA
DESAI, MD, PARUL	PHILADELPHIA
DESAI, MD, PRAFUL V	WESTMORELAND
DESAI, DO, PRAGNESH A	LEHIGH
DESAI, MD, SHIRISHKUMAR B	FAYETTE
DESANTIS, MD, LUIGI	BUCKS
DESANTOLA, MD, JOSEPH R	PHILADELPHIA
DESCIAK, EDWARD B	STUDENT
DESHPANDE, MD, SHARADCHANDRA	ERIE
DESHPANDE, MD, VILAS K	LEHIGH
DESILVA, NISHAN M	PHILADELPHIA
DESILVERIO, ROBERT V	PHILADELPHIA
DESSABLES, MD, DANIEL R	BUCKS
DESSEN, MD, EDGAR L	LUZERNE
DETHOFF, MD, JOHN C	BERKS
DETHOMAS, MD, RONALD S	MIFFLIN/JUNIATA
DETIEGE, PIERRE G	PHILADELPHIA
DETKE, MICHAEL J	PHILADELPHIA
DETRE, MD, THOMAS	ALLEGHENY
DETUERK, MD, JOHN J	PHILADELPHIA
DETWEILER, EXEC DIR, JOHN S	BUCKS
DEUTSCH JR, MD, E THOMAS	CHESTER
DEUTSCH, MD, ELLEN S	PHILADELPHIA
DEUTSCH, MD, JOEL	PHILADELPHIA
DEUTSCH, MD, MELVIN	ALLEGHENY
DEVAN, MD, W TODD	YORK
DEVAUGHN, MD, GERALD L	PHILADELPHIA
DEVELIN, MD, EDWARD D	CAMBRIA
DEVENNEY, MD, JOHN E	MONTGOMERY
DEVENUTO JR, MD, JOSEPH J	BUCKS
DEVINE, BRIAN D	PHILADELPHIA
DEVINE, MD, JEAN K	MONTGOMERY
DEVINE JR, JOHN G	PHILADELPHIA
DEVINE, MD, MICHAEL F	MONTGOMERY
DEVINE, MD, PETER J	BUCKS
DEVINE, MD, RAYLENE A	BERKS
DEVINE, SEAN T	PHILADELPHIA
DEVITA, MD, DENNIS M	MIFFLIN/JUNIAT
DEVITA, MD, MICHAEL L	MIFFLIN/JUNIAT
DEVITTORIO, MD, ARMOND A	JEFFERSON
DEVRIES, MD, JAN R J	SOMERSET
DEVRYER, MD, JOHANNA M	ALLEGHENY
DEWAR III, MD, WILLIAM R	WAYNE/PIKE
DEWAR II, MD, WILLIAM R	WAYNE/PIKE
DEWEER-AVILES, MD, ANN M	MONTGOMERY
DEWIS, MD, LESTER S	CHESTER
DEX, MD, WALTER J	LEHIGH
DEYE, MD, GREGORY A	ALLEGHENY
DEYE, MD, KATHERINE P	ALLEGHENY
DEYSHER, DO, DAVID P	LEBANON
DHADUK, MD, NARENDRA V	LEBANON
DHADUK, MD, VITHALBHAI D	LACKAWANNA
DHAGAT, MD, SATISHCHANDRA	BEAVER
DHALIWAL, MD, RANJIT S	ERIE
DHAWAN, MD, MANISH K	ALLEGHENY
DHAWAN, MD, RAJNISH	ALLEGHENY
DHAWAN, MD, RAM L	ALLEGHENY
DHAWER, MD, VIRENDER P S	CAMBRIA
DHEEN, MD, MOHAMED H R	LAWRENCE
DHILLON, SALENA	STUDENT
DI CAMILLO, VITO J	PHILADELPHIA
DI GIULIO, CHRISTOPHER P	PHILADELPHIA
DI LORENZO, LORI	PHILADELPHIA
DI MAIO, MD, F H PAUL	CLARION
DI MARCO, MD, DAVID B	ALLEGHENY
DI RISIO, MD, DARRYL J	MONTGOMERY
DIAKIW, MD, JOHN	LACKAWANNA
DIAMOND, MD, B FRANKLIN	MONTGOMERY
DIAMOND, MD, HERBERT S	ALLEGHENY
DIAMOND, MD, MARK	ALLEGHENY
DIAMOND, MD, PAUL M	WAYNE/PIKE
DIAMOND, DO, STEVEN M	NORTHAMPTON
DIAZ, MD, FLORIEL P	CARBON
DIAZ, MD, RENATO T	LUZERNE
DIAZ-GONZALEZ, MD, VICTOR M	BUCKS
DIBATTISTE, MD, PETER M	WESTMORELAN
DIBBERN JR, DONALD A	PHILADELPHIA
DIBELLO, MD, ANGELO M	PHILADELPHIA
DIBENEDETTO, MD, THOMAS D	LEHIGH
DICENZO, DO, FRANK D	ALLEGHENY
DICKENS, MD, HELEN O	PHILADELPHIA
DICKEY, MD, ROBERT F	MONTOUR
DICKINSON, MD, LEWIS G	PHILADELPHIA
DICKSON JR, MD, THOMAS B	LEHIGH
DICKSTEIN, MD, BENJAMIN	PHILADELPHIA
DICOLA, MD, NANCY M	ALLEGHENY
DICONCETTO, MD, JOSEPH A	NORTHAMPTON
DICUCCIO, MD, NICHOLAS W	CLINTON
DICUCCIO, MD, WILLIAM A	BUTLER
DIDDLE, MD, KENNETH W	WESTMORELAN
DIEDERICH, MD, CHARLES F	ALLEGHENY
DIEFENBACH, MD, WILLIAM P	ERIE
DIEHL, MD, STEVEN L	BLAIR
DIENER, MD, IAN L	MONTGOMERY
DIENHART, MD, KARL J	BRADFORD
DIEPHAUS, MD, MARY E	DELAWARE
DIETEMAN, MD, DAVID F	ERIE
DIETL, MD, CHARLES A	MONTOUR
DIETRICH, ALISON E	PHILADELPHIA
DIETRICH, DO, LEONARD M	BERKS
DIETRICH, DO, MALCOLM H	YORK
DIETRICH, DO, MARCIA C	BERKS
DIETRICH, MD, SCOTT A	BERKS
DIETRICH, THOMAS J	STUDENT
DIETRICH, MD, WARREN C	NORTHAMPTON
DIETRICK, MD, RONALD A	BLAIR
DIEZ, MD, CHARLES M	ALLEGHENY
DIGIACOMO, MD, OSCAR P	PHILADELPHIA
DIGIACOMO, MD, PAUL R	LEBANON
DIGIACOMO JR, MD, PHILIP J	MONTGOMERY
DIGILIO, MD, VICTOR A	PHILADELPHIA
DIGIOVANNI JR, RALPH J	PHILADELPHIA
DIGIOVANNI, MD, VINCENT J	LUZERNE
DIGIROLAMO, CARLA M	PHILADELPHIA
DIGREGORIO, MD, GUERINO J	CHESTER
DIIORIO, MD, EMIL J	NORTHAMPTON
DILEONARDO, MD, MARIO	PHILADELPHIA
DILIBERTO, DO, THOMAS A	DELAWARE
DILL, JANE E	STUDENT
DILLMAN, MD, NICHOLAS J	LYCOMING
DILLON, MD, DANIEL J	ALLEGHENY
DILLON, JOHANNE E	PHILADELPHIA
DILLON, DO, MARY C	ALLEGHENY
DILLON, MD, RICHARD S	MONTGOMERY
DIMAGGIO, MD, OLIVIA T	DELAWARE
DIMARCO, DO, ANTHONY E	DELAWARE
DIMARCO, DO, LINDA M	ERIE
DIMARCO, DO, LUCIANO A	DAUPHIN
DIMARCO, MD, ROSS F	ALLEGHENY
DIMARINO, MD, ANTHONY J	PHILADELPHIA
DIMAURO, MD, CYNTHIA L	ALLEGHENY
DIMICK, MD, DEAN F	LEHIGH
DIMITSOPULOS, MD, DIMITRI	ALLEGHENY
DIMOIA, MD, MARGARET M	BUCKS
DIMSDALE, MD, JASON M	ALLEGHENY
DINESEN, DO, SCOTT A	BUCKS
DINGER, MD, JOHN M	BLAIR
DINICOLA, MD, ARTHUR N	SCHUYLKILL
DINICOLA, MD, ARTURO N	SCHUYLKILL
DINON, MD, LOUIS R	PHILADELPHIA
DINSMORE, MD, HARRY H	JEFFERSON
DINUBILE, MD, NICHOLAS A	PHILADELPHIA
DINULOS, MD, BALTAZAR T	LEBANON
DION, MD, HARRY S	PHILADELPHIA
DIORIO, CHRISTOPHER	ERIE

IPILLO, MD, MARK A	BERKS
IPLACIDO, EXEC SEC, AUDREY	ERIE
IPPL, MD, JULIA M	PHILADELPHIA
IPPOLITO, MD, ANTHONY D	NORTHAMPTON
IRENZO, MD, DENNIS P	BERKS
IRIENZO, MD, ENRICO J	BUCKS
IRNBERGER, ELIZABETH M	PHILADELPHIA
IRNBERGER, DO, THOMAS	SCHUYLKILL
IROCCO, MD, VINCENT P	PHILADELPHIA
ISALVO, MD, BARBARA A	NORTHAMPTON
ISALVO, MD, EUGENE I	NORTHAMPTON
ISCHMAN, MD, ELAINE C	ALLEGHENY
ISE, KIRK R	PHILADELPHIA
ISHART, MD, MICHAEL K	ALLEGHENY
ISHART, MD, PAUL W	ALLEGHENY
ISILVESTRO, MD, HELEN E	PHILADELPHIA
ISILVESTRO JR, MD, IOHN M A	PHILADELPHIA
ISIMONE, MD, RONALD E	LYCOMING
ISSINGER, JENNIFER A	PHILADELPHIA
ISTEFANO, MD, GRIMALDO C	PHILADELPHIA
ITLOW JR, MD, RICHARD J	CUMBERLAND
ITMARS, MD, DOUGLAS D	NORTHAMPTON
ITOPPA, DO, LOUIS A	ALLEGHENY
ITTMAN, MD, THOMAS H	LUZERNE
ITTRICH, DO, RICHARD J	PHILADELPHIA
ITUNNO JR, MD, JOHN F	PHILADELPHIA
IVEN, MD, JUDITH C	ALLEGHENY
IWAN, MD, KANTA	DELAWARE
IWAN, MD, SATYENDRA K	DELAWARE
IX, MD, DAVID G	BUCKS
IX JR, MD, ROBERT C	UNION
IXON, MD, ARTHUR S	MONROE
IXON, MD, GARRETT W	VENANGO
IXON, MD, MICHAEL J	LYCOMING
IXON, MD, ROBERT E	MIFFLIN/JUNIATA
IZON, MD, GAUDENCIO S	CARBON
IERASSI, MD, ISAAC	PHILADELPHIA
IIN, MD, BARNEY M	PHILADELPHIA
LUTOWSKI, MD, BERNARD J	PHILADELPHIA
LUZANSKY, MD, JAMES J	BLAIR
), MD, SI V	DAUPHIN
)AN, LUU O	ALLEGHENY
)BISH, MD, MARK P	FRANKLIN
)BKIN, MD, LARRY A	ALLEGHENY
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)BLER, MD, JAMES C	ALLEGHENY
)BLER, MD, LEE C	ALLEGHENY
)BROSKY, MD, JOSEPH D	BUCKS
)BROTA, MD, JOHN S	BUCKS
)CKTOR, MD, JOHN W	YORK
)DD, MD, STEPHEN I	MIFFLIN/JUNIATA
)DDS, MD, H THOMAS	DELAWARE
)DGE, MD, HERBERT C	PHILADELPHIA
)DGE, JESSICA L	PHILADELPHIA
)DGE, MD, NICHOLAS D	LACKAWANNA
)DIA, VISHAL H	PHILADELPHIA
)DSON, MD, DONALD L	NORTHAMPTON
)DSON, MD, STEVEN R	NORTHAMPTON
)E, MD, ROBERT G	LANCASTER
)EBLER, MD, ROBERT W	ALLEGHENY
)ERFLER JR, MD, REDERICK B	ARMSTRONG
)FT, MD, BERNARD H	ALLEGHENY
)HERTY JR, MD, HENRY J	MONTGOMERY
)HERTY, MD, JAMES L	PHILADELPHIA
)HERTY, MD, JOHN C	ERIE
)HERTY JR, MD, JOHN H	LACKAWANNA
)HERTY SR, MD, JOHN H	LACKAWANNA
)HERTY, DO, JOHN M	DELAWARE
)HERTY, MD, JOSEPH C	WESTMORELAND
)LAN III, MD, JAMES J	CLINTON
)LAND, MD, CHERYL A	YORK
)LBERG, MD, BEVERLY K	DELAWARE
)LD, FREDERICK G	PHILADELPHIA
)LECKI, MD, MICHAEL	WESTMORELAND
)LENCE, MD, LAURICE A	FRANKLIN
)LINSKAS, MD, CAROL A	PHILADELPHIA
)LL JR, MD, ROBERT B	LEHIGH
)LSKY, MD, RICHARD L	MONTGOMERY
)MAT, MD, IMAD	ALLEGHENY
)MBKOSKI, MD, RUTH A	DELAWARE
)MBROWSKI, DO, ARIANNE	ERIE
)MENICK, MD, MICHELE A	PHILADELPHIA
)MERACKI, MD, FRANK R	MONTGOMERY
)MERACKI, MD, GARY F	MONTGOMERY
)MESEK, MD, JAMES M	PHILADELPHIA
)MINGO JR, MD, IRENO V	PHILADELPHIA
)MINGO, MD, ORVILLE H	DELAWARE
)MINGUEZ, MD, OSCAR G	PHILADELPHIA
)MIT, MD, JOHN	WESTMORELAND
)N, MD, SIDNEY H	MONTGOMERY
)NAHOE, MD, MICHAEL T	FRANKLIN
)NAHUE, MD, JOHN R	MONTGOMERY
)NALD, MD, RANITA	PHILADELPHIA
)NALDSON, MD, JAMES B	PHILADELPHIA
)NALDSON, MD, WILLIAM F	ALLEGHENY
)NALDSON III, MD, LLIAM F	ALLEGHENY
)NAN, MD, ANDERSON W	MERCER
)NATELLI, MD, JOHN M	ALLEGHENY
)NATI, MD, THERESA A	ADAMS
)NATO, DO, ROBERT A	LYCOMING
)NCASTER, MD, RICHARD M	WESTMORELAND
)NEKER, MD, THOMAS G	NORTHAMPTON
)NER, DO, IVAN A	PHILADELPHIA
)NILEY JR, MD, CHARLES M	ALLEGHENY
)NNELLY III, MD, EDWARD J	ALLEGHENY
)NNER, MD, WILLIAM T	MONTGOMERY
)NOFRIO, MD, ROBERT J	ALLEGHENY
DONOGHUE, MD, GLENDA D	PHILADELPHIA
DONOHOE, MD, DENNIS J	BUCKS
DONOHUE, MD, BRYAN C	WASHINGTON
DONOHUE JR, MD, HUGH J	NORTHAMPTON
DONOVAN, MD, BYRON L	WESTMORELAND
DONOVAN, MD, FRANCIS C	ALLEGHENY
DONOVAN, MD, MARY E	PHILADELPHIA
DONOVAN, MD, ROBERT J	ALLEGHENY
DONOVAN, MD, ROBERT J	LACKAWANNA
DONOVAN, MD, ROBERT S	BERKS
DONROVICH, MD, PAUL J	CAMBRIA
DOO, MD, GERALD K	ADAMS
DOOLEY, MD, JOHN M	YORK
DOOLEY, MD, THOMAS W	BERKS
DORAZIO, MD, DOMINICK J	LANCASTER
DOREY, MD, FRED O	PHILADELPHIA
DORF, DO, STEVEN N	LANCASTER
DORFMAN, MD, ALAN M	MONTGOMERY
DORFMAN, MD, MURRAY L	DELAWARE
DORIAN, MD, ALAN L	MONTGOMERY
DORMAN, MD, GORDON	PHILADELPHIA
DORMAN, MD, SANFORD A	NORTHAMPTON
DORMANS, MD, JOHN P	PHILADELPHIA
DORNENBURG, MD, JAMES R	ALLEGHENY
DORNFEST, MD, FRANKLYN D	BRADFORD
DORNSTEIN, MD, PERRY I	MONTGOMERY
DORO, MD, LOUIS C	WASHINGTON
DORRELL, MD, SEAN G	CHESTER
DORSCH, MD, CAROLE A	YORK
DORSCH JR, MD, RAYMOND M	LEBANON
DORSEY, E RAY	PHILADELPHIA
DORSHIMER, MD, GARY W	PHILADELPHIA
DORUNDA, JOHN W	PHILADELPHIA
DORVAL, MD, JANE	LEHIGH
DORVILLE, MD, FABIO L	NORTHAMPTON
DORWART, MD, BONNIE B	PHILADELPHIA
DOSCH, MARK T	ERIE
DOSHI, MD, KIRTI K	PHILADELPHIA
DOSHI, MD, NALINI N	ALLEGHENY
DOSHI, MD, NARENDRA S	ALLEGHENY
DOSTAL, MD, JULIE A	LUZERNE
DOTO JR, MD, JOSEPH B	NORTHAMPTON
DOTSEY, MD, MICHAEL T	CLEARFIELD
DOTTERER, MD, CHRISTINE S	NORTHMBRLAND
DOTTOR, MD, ALBINKA J	LEHIGH
DOTTS, EXEC SEC, CAROL A	CHESTER
DOTY, CHRISTOPHER I	PHILADELPHIA
DOUDS, MD, HOWARD N	ALLEGHENY
DOUGHERTY III, DO, JOHN E	DAUPHIN
DOUGHERTY, MD, MALVIN J	PHILADELPHIA
DOUGHERTY, MD, MARY C	MERCER
DOUGHERTY, MD, MICHAEL J	BEAVER
DOUGLAS, MD, BARBARA S	PHILADELPHIA
DOUGLAS, MD, DONALD D	UNION
DOUGLAS, MD, RICHARD A	ALLEGHENY
DOUGLASS, MD, PAUL H	YORK
DOUGLASS JR, MD, WILLIAM T	DAUPHIN
DOUPE, MD, DAVID W	ERIE
DOVNARSKY, MD, JAMES H	PHILADELPHIA
DOWDELL, MD, PAUL J	MERCER
DOWLING, MD, JOHN J	PHILADELPHIA
DOWLING, MD, KEITH J	DAUPHIN
DOWLING, ROBERT F	ALLEGHENY
DOWLUT, MD, MOHAMMAD N	BLAIR
DOWNES, MD, JOHN J	PHILADELPHIA
DOWNEY, MD, MARK P	WYOMING
DOWNING, MD, TIMOTHY M	CRAWFORD
DOWNS, DO, CAROLYN R	BUCKS
DOYLE, MD, ALFRED P	ALLEGHENY
DOYLE, DO, DAVID A	LEHIGH
DOYLE, MD, FAYE R	CHESTER
DOYLE, MD, HARRY A	PHILADELPHIA
DOYLE, MD, JOHN J	ALLEGHENY
DRACOS, MD, FRANK J	MONROE
DRAGANN, DO, NICHOLAS J	LANCASTER
DRAGANOSKY, MD, EUGENE A	BUCKS
DRAGO, MD, JOSEPH R	NORTHAMPTON
DRAGUN, MD, JOANNE B	VENANGO
DRAIN, MD, RANDALL T	PHILADELPHIA
DRANOV, MD, JONATHAN	CENTRE
DRAPER, MD, NELLE E	PHILADELPHIA
DRAPIEWSKI, MD, JOHN F	LUZERNE
DRATCH, MD, MICHAEL B	PHILADELPHIA
DRATLER, MD, M BRUCE	CRAWFORD
DREER, MD, AARON M	PHILADELPHIA
DREHER, MD, ROBERT H	NORTHAMPTON
DRENNEN, DO, BRADLEY R	CAMBRIA
DRENNEN JR, MD, JAMES K	BUTLER
DRESSEL JR, MD, CHRISTOPHER J	LACKAWANNA
DREW, MD, FRANCES L	ALLEGHENY
DREW-LEONHARDT, ELIZABETH A	PHILADELPHIA
DREZNER, MD, MALCOLM E	BUCKS
DRINKER, MD, HENRY M	PHILADELPHIA
DRISCOLL, MD, GENEVRA Z	MONTGOMERY
DRIVER, MD, PAUL J	MONTGOMERY
DROZDIAK, MD, RUSSELL A	INDIANA
DRUCKMAN, MD, STEPHEN M	LEBANON
DRUFFNER JR, MD, LEWIS C	LACKAWANNA
DRUMMOND, MD, DENIS S	PHILADELPHIA
DRY, MD, FREDERICK A	LEHIGH
DSILVA, MD, HENRY I	BUCKS
DUA, MD, RUP K	ALLEGHENY
DUBIN, MARC	PHILADELPHIA
DUBIN, MD, WILLIAM R	PHILADELPHIA
DUBNER, MD, PAUL F	ALLEGHENY
DUBOV, MD, WAYNE E	LEHIGH
DUCA, MD, MARK A	ALLEGHENY
DUCA, MD, PETER R	PHILADELPHIA
DUCKETT, MD, JAMES E	DELAWARE
DUCKETT, MD, JOYCE A	PHILADELPHIA
DUCLOS, MD, MARTIN A	ALLEGHENY
DUDA JR, MD, JOHN J	WESTMORELAND
DUDA, MD, JOHN R	ERIE
DUDECK, MD, CARL R	BUTLER
DUDENHOEFER, MD, CHRISTIAN P	ERIE
DUDENHOEFER, MD, FREDERICK J	ERIE
DUE, MD, CHRISTOPHER F	YORK
DUER, MD, NATHAN B	GREENE
DUFFIELD, MD, THOMAS E	BUCKS
DUFFY, MD, CHERYL A	MERCER
DUFFY, MD, SCOTT S	BERKS
DUFFY, MD, TERENCE F	LUZERNE
DUGAN, MD, CHARLES T	WESTMORELAND
DUGAN, MD, THOMAS M	ERIE
DUGAN JR, MD, THOMAS M	BEAVER
DUGGAN JR, MD, FRANCIS J	DAUPHIN
DUGGAN, MD, JAMES H	ALLEGHENY
DUGGER, MD, DOROTHY E	PHILADELPHIA
DUKE III, MD, BRUCE E	CAMBRIA
DUKE, D'ARCY N	PHILADELPHIA
DUKER, MD, DANIEL G	ALLEGHENY
DULA, MD, DAVID J	MONTOUR
DULABON, MD, DAVID A	ERIE
DULL, MD, JAMES A	WESTMORELAND
DUMARAN, MD, DELFA G	MONTGOMERY
DUMAS, MD, PETER A	PHILADELPHIA
DUMPE, MD, KEVIN C	BEAVER
DUMPE, MD, PAMELA M	BEAVER
DUNAGIN, MD, WILLIAM G	VENANGO
DUNAY, DO, DARLENE A M	LACKAWANNA
DUNCAN, MD, CARL R	YORK
DUNCAN, MD, JAMES R	ALLEGHENY
DUNCAN, MD, RALPH E	YORK
DUNCAN, SARAH C	PHILADELPHIA
DUNCAN, MD, THEODORE G	PHILADELPHIA
DUNCAN-GLOSTER, MD, CAROL V	ALLEGHENY
DUNCHESKIE, ROBERT C	PHILADELPHIA
DUNDORE JR, MD, WILLIAM C	MERCER
DUNKELBERGER, MD, JOHN A	CENTRE
DUNN, MD, DAVID D	ERIE
DUNN, MD, JAMES C	PHILADELPHIA
DUNN, MD, JEANETTE C	ALLEGHENY
DUNN, MD, JEROME	LEHIGH
DUNN, MD, JOSEPH P	VENANGO
DUNN, MD, LINDA K	MONTGOMERY
DUNN, DO, LORI	DAUPHIN
DUNNE, MD, GAY D	CENTRE
DUNNE, MD, JAMES H	CENTRE
DUNNING, MD, E RUTH	MONROE
DUNSKY, MD, ELIOT H	PHILADELPHIA
DUPONT JR, MD, PHILIP J	CLEARFIELD
DUPRE, JAYSON M	PHILADELPHIA
DUPREY, MD, JAMES G	LANCASTER
DURAN, MICHAEL G	PHILADELPHIA
DURBACK, MD, MARK A	NORTHAMPTON
DURBECK, MD, DONALD C	DAUPHIN
DURGIN, MD, BERNICE E	CENTRE
DURICA, ALLISON R	STUDENT
DURISEK, MD, GEORGE S	DAUPHIN
DURKAN JR, MD, GERALD	ALLEGHENY
DURKIN, MD, DAVID J	CENTRE
DURKIN, DO, JANE E	LUZERNE
DURKIN, MD, MARTIN J	MONTGOMERY
DURKIN, MD, RAYMOND A	LEHIGH
DURNING, MD, ROBERT P	ALLEGHENY
DUROCHER, MD, JOHN R	PHILADELPHIA
DURRWACHTER, MD, KENNETH R	LYCOMING
DURRWACHTER, MD, ROBERT J	LYCOMING
DUSENBERRY, MD, SARAH J	BEAVER
DUSZAK JR, MD, RICHARD L	BERKS
DUTTA, MD, TARIT K	ALLEGHENY
DVORCHAK, MD, MATTHEW J	CAMBRIA
DVORIN, MD, DONALD J	PHILADELPHIA
DVORKIN, MD, DANIEL	CHESTER
DWECK, MD, MONICA M	LEHIGH
DWORKIN, DO, GERALD E	PHILADELPHIA
DWYER, MD, JOHN H	ALLEGHENY
DY, MD, GEORGE R	TIOGA
DYCKMAN, MD, SHARON	BUCKS
DYE, MD, ROBERT E	DAUPHIN
DYNAN, MD, JAMES E	MONTGOMERY
DYREYES, MD, ROBERTO R	LEBANON
DZEDA, MD, MICHAEL F	MONTGOMERY
DZWONCZYK JR, MD, JOHN	PHILADELPHIA
DZWONCZYK, MD, THOMAS D	LACKAWANNA

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EAGEN, MD, JEREMIAH W	LACKAWANNA
EAGEN, KATHRYN A	PHILADELPHIA
EAGER, MD, J MICHAEL	BERKS
EAGLE, MD, PERRY A	YORK
EAKINS, MD, JAMES S	PHILADELPHIA
EARLE, MD, LINDA A	PHILADELPHIA
EARLE, MD, MARTIN F	ALLEGHENY
EARLE-BROWN, MD, JOYLEEN E	PHILADELPHIA
EARLY, MD, CALVIN B	FRANKLIN
EARLY JR, MD, ROBERT F	BERKS
EARLY SR, MD, ROBERT F	LEBANON
EARNEST, MD, TAMAR D	LEHIGH
EASLER, MD, RICHARD E	ALLEGHENY
EASTER, MD, DENNIS J	CHESTER
EASTMAN, MD, LAURA B	ALLEGHENY
EATON, AUDREY M	PHILADELPHIA
EATON, MD, EDWARD H	DAUPHIN
EBBA, MD, CELSUS I	DELAWARE
EBERLY, MD, DAVID E	DELAWARE
EBERSOLE, MD, THOMAS M	BERKS
EBERT, MD, KARL H	PHILADELPHIA
EBERZ, MD, DENNIS A	ALLEGHENY
EBRAHIM, ALI M	STUDENT
EBY, JOSEPH B	PHILADELPHIA
ECHIKSON, MD, EDWARD H	MONTGOMERY
ECHTERLING, MD, CHRISTOPHER K	YORK
ECKBERG, MD, JOHN J	ERIE
ECKEL, MD, TIMOTHY B	COLUMBIA
ECKENRODE, MD, JOSEPH L	LANCASTER
ECKER, MD, ANDREW M	MONTGOMERY
ECKER SR, MD, HERBERT A	LYCOMING
ECKER JR, MD, HERBERT A	LYCOMING
ECKER, MD, MALCOLM L	PHILADELPHIA
ECKERT, DO, ROBERT R	BERKS
ECKERT, MD, ROBERT T	BUTLER
ECKROTH, MD, RICHARD N	LEBANON
EDDINGER, MD, LEO C	LEHIGH
EDELMAN, MD, ANDREW S	MONTGOMERY
EDELMAN, MD, JONATHAN M	PHILADELPHIA
EDELMANN, MD, CHRISTINE A	ALLEGHENY
EDELSTEIN, MD, ABE J	CAMBRIA
EDELSTEIN, MD, JOEL K	PHILADELPHIA
EDELSTEIN, MD, NORMAN L	ALLEGHENY
EDER JR, MD, GEORGE E	YORK
EDGELL, MD, PENNE H	BLAIR
EDGERTON, MD, MARY E	PHILADELPHIA
EDMISTON, MD, ROBERT B	DAUPHIN
EDMUNDOWICZ, MD, DANIEL	ALLEGHENY
EDMUNDS, MD, ELIZABETH H	BERKS
EDNIE, MD, BRENT	INDIANA
EDWARDS, MD, ALAN E	BEAVER
EDWARDS, MD, ANTONIO D	DAUPHIN
EDWARDS JR, MD, ERNEST L	BEAVER
EDWARDS, MD, GEORGE E	DAUPHIN
EDWARDS, MD, MARY D	ALLEGHENY
EDWARDS, DO, RANDY J	CRAWFORD
EDWARDS, MD, WILLIAM M	ALLEGHENY
EDWARDS, MD, WILLIAM P	VENANGO
EELKEMA, MD, ELIZABETH A	ALLEGHENY
EFFAT, MD, MAHMOUD K	CHESTER
EFFINGER-KASSOW, MD, ELLIN B	PHILADELPHIA
EGGLER, MD, BETSEY A	CENTRE
EGLICK, MD, PAUL G	PHILADELPHIA
EGOVILLE, MD, CHARLES R	PHILADELPHIA
EHGARTNER, DO, GREG R	DAUPHIN
EHLY, MD, GEORGE W	CUMBERLAND
EHRENBERG, DO, ERIC E	BEAVER
EHRLICH, MD, GEORGE E	PHILADELPHIA
EHRLICH, MD, LEONARD D	MONTGOMERY
EIBLING, MD, DAVID E	ALLEGHENY
EICHENLAUB, MD, JOHN J	LANCASTER
EICHER, MD, WENDELL P	BUCKS
EICHMILLER, MD, JOHN P	ALLEGHENY
EICHNER, MD, LAMBERT G	DELAWARE
EILER, MD, WILLIAM A	ALLEGHENY
EINHORN, MD, KENNETH H	MONTGOMERY
EISEMANN, MD, ALLAN D	WESTMORELAND
EISEN, MD, CAROLE L	DELAWARE
EISEN, MD, HOWARD B	ALLEGHENY
EISENBEIS JR, MD, CARL H	ALLEGHENY
EISENBERG, MD, FLOYD P	MONTGOMERY
EISENBERG, JOSHUA A	PHILADELPHIA
EISENBERG, JUDITH M	PHILADELPHIA
EISENBERG, DO, MAUREEN E	YORK
EISENBERG, MD, RICHARD B	ERIE
EISENHARDT, DO, BRUCE T	NORTHAMPTON
EISENHOWER, MD, EDWARD A	LANCASTER
EISENHOWER-TURNER, MD, EDITH S	DELAWARE
EISENSTADT, MD, NORMAN	PHILADELPHIA
EISMAN, MD, SYLVAN H	PHILADELPHIA
EISNER, MD, ABRAHAM G	LACKAWANNA
EISNER, MD, JOEL W	CHESTER
EISNER, MD, STEVEN B	LACKAWANNA
EISTER, EXEC DIR, LOUIS L	LEHIGH
EISTER, MD, RONALD N	LYCOMING
EKBERG, MD, NORMAN L	MONTOUR
EL KASSAS, MD, HAZEM F	WESTMORELAND
EL SHARKAWY, MD, TAREK A	PHILADELPHIA
EL-ATTRACHE, MD, MAMDOUH F	WESTMORELAND
EL-ATTRACHE, MD, SELIM	WESTMORELAND
EL-AWAR, MD, MUNIR Y	BUTLER
EL-BORNO, MD, BASSAM M A	LANCASTER
EL-GENDY, MD, ALAA A	PHILADELPHIA
EL-HILLAL, MD, MOHAMMAD F	WESTMORELAND
ELATTAR, MD, ANAS A	ALLEGHENY
ELBAUM, DEBORAH A	PHILADELPHIA
ELCOCK, MD, CLAUDIUS A	PHILADELPHIA
ELDAIEF, MD, DAISY S	MONTGOMERY
ELDER, MD, E GLENN	NORTHAMPTON
ELDER, MD, JAY E	JEFFERSON
ELEFANT, MD, HOWARD L	PHILADELPHIA
ELES, DO, GUSTAV R	ALLEGHENY
ELFORD, BRIAN R	PHILADELPHIA
ELIA, MD, EUGENE A	DELAWARE
ELIAS, MD, GARTH A	ARMSTRONG
ELIAS, MD, STANTON B	ALLEGHENY
ELIAS, MD, ZEV	LEHIGH
ELIGATOR, MD, JULIAN	ALLEGHENY
ELLEN, MD, STEPHEN J	PHILADELPHIA
ELLENBERGER JR, MD, CARL	LEBANON
ELLENBERGER, MD, PAMELA M	BERKS
ELLER, MD, ANDREW W	ALLEGHENY
ELLIS, MD, DAVID J	DELAWARE
ELLIS, MD, DAVID M	MONTGOMERY

ELLIS, MD, DAVID W	LEBANON
ELLIS, MD, HERMAN M	PHILADELPHIA
ELLIS, JEFFREY B	PHILADELPHIA
ELLIS IV, MD, JOHN H	LUZERNE
ELLIS, MD, KRIS L	ALLEGHENY
ELLIS, MD, LAWRENCE D	ALLEGHENY
ELLIS JR, MD, LEANDER T	PHILADELPHIA
ELLIS, MD, PETER G	ALLEGHENY
ELLIS, RENEE A	PHILADELPHIA
ELLIS, MD, RICHARD A	PHILADELPHIA
ELLIS, DO, THOMAS J	CENTRE
ELLISON, MD, JAMES H	YORK
ELLISON, MD, JULIUS	PHILADELPHIA
ELLISON, MD, NORIG	MONTGOMERY
ELLISON JR, MD, RICHARD T	MONTGOMERY
ELLSWORTH, MD, BETTINA M G	ADAMS
ELMALEH, MD, MIRIAM K	PHILADELPHIA
ELNOUR, MD, MOHAMED F	DAUPHIN
ELSAWY, MD, MAGDY M	ALLEGHENY
ELSER, CHRISTOPHER S	ALLEGHENY
ELSNER, MD, CYNTHIA A	DAUPHIN
ELVIR, MD, RAMON	WARREN
ELYADERANI, MD, MORTEZA K	BEAVER
EMANUEL, MD, ABRAHAM	BEAVER
EMANUELSON, MD, RICHARD G	LACKAWANNA
EMERICK, MD, GEOFFREY T	PHILADELPHIA
EMERY, DANA L	PHILADELPHIA
EMERY, MD, ROBERT C	NORTHAMPTON
EMKEY, MD, KENNETH D	BERKS
EMKEY, MD, RONALD D	BERKS
EMMICK, JASON G	ALLEGHENY
EMMOLO, MD, ALFONSE A	VENANGO
EMMONS, STEPHEN W	PHILADELPHIA
EMPER, MD, WILLIAM D	MONTGOMERY
ENCKE, MD, TED K	ALLEGHENY
ENDERS, MD, JOHN G	FRANKLIN
ENDO, MD, RONALD N	BUCKS
ENDRES, MD, JAY E	WARREN
ENG, MD, RICARDO	PHILADELPHIA
ENGEL, MD, GREGORY S	ERIE
ENGLE, MD, DAVID J	ALLEGHENY
ENGLE, MD, EUGENE K	LANCASTER
ENGLE, MD, HAROLD H	LEBANON
ENGLE, MD, JOSEPH H	FRANKLIN
ENGLISH, MD, DENNIS H	ALLEGHENY
ENGLISH, MD, JAMES B	BLAIR
ENGLISH, MD, JOSEPH G	LYCOMING
ENGLISH, MD, RICHARD B	LUZERNE
ENGLISH, MD, ROBERT S	FAYETTE
ENGLISH JR, MD, WALTER E	CLINTON
ENGSTROM, MD, PAUL F	PHILADELPHIA
ENNIS, MD, MICHAEL F	ALLEGHENY
ENTERLINE, MD, HORATIO T	PHILADELPHIA
ENTWISTLE, MD, NELSON L	DAUPHIN
ENU, MD, BEENA J	PHILADELPHIA
ENZMAN, DO, PATRICIA M	LEHIGH
EPISCOPIO, MD, JOSEPH V	NORTHAMPTON
EPPINGER, MD, MARY ANN	ALLEGHENY
EPPLEY, MD, MATTHEW J	PHILADELPHIA
EPSTEIN, MD, ALAN L	PHILADELPHIA
EPSTEIN, MD, HERMAN	PHILADELPHIA
EPSTEIN, MD, ISADORE S	PHILADELPHIA
EPSTEIN, MD, PAUL E	PHILADELPHIA
EPSTEIN, MD, SCOTT K	LACKAWANNA
EPSTEIN, MD, STEVEN M	PHILADELPHIA
ERB, MD, KATHLEEN M	ERIE
ERBSTEIN, MD, ROBERT A	ALLEGHENY
ERHARD, MD, DANIEL T	MONTGOMERY
ERICKSON, MD, ELMER W	ALLEGHENY
ERKES, MD, NEAL	PHILADELPHIA
ERLANGER, DO, DANIEL B	ALLEGHENY
ERLICHMAN, MD, I FULTON	BUCKS
ERLICHMAN, DO, KATHERINE C	BEDFORD
ERNST, MD, BRETT B	DAUPHIN
ERNSTOFF, MD, BRIAN M	ALLEGHENY
ERSOZ, MD, CLARA J	ALLEGHENY
ERTEL, MD, D GREGORY	BERKS
ERVIN, MD, LAWRENCE M	BLAIR
ERWIN, MD, HENRY K	NORTHAMPTON
ERWIN, MD, KATE M	ALLEGHENY
ERWIN, MD, PATRICK J	COLUMBIA
ERZURUM, MD, SERHAT	LAWRENCE
ESAA, MD, DURRIYA S	LYCOMING
ESAA, MD, SHABBIR A	LYCOMING
ESBENSHADE II, MD, JOHN H	LANCASTER
ESCARO, MD, DANILO U	YORK
ESCHBACH, MD, EUGENIE M	BUCKS
ESCHELMAN, MD, DAVID J	PHILADELPHIA
ESCOVITZ, MD, GERALD H	PHILADELPHIA
ESENWINE, ALLISON J	ALLEGHENY
ESHBACH, MD, TED B	DAUPHIN
ESHELMAN, DO, JOSEPH K	ALLEGHENY
ESHLEMAN, MD, D ROHRER	LANCASTER
ESHLEMAN, JEFFREY S	PHILADELPHIA
ESHLEMAN, MD, JOHN D	LANCASTER
ESHLEMAN, MD, S KENDRICK	LANCASTER
ESKANDER, MD, ELHAMY D	CUMBERLAND
ESKENDRI, MD, NASSER	BEAVER
ESKIN, MD, BERNARD A	PHILADELPHIA
ESKIN, MD, DAVID J	MONTGOMERY
ESKREIS, MD, BEVERLY D	MONTGOMERY
ESKRIDGE, MD, TIMOTHY H	YORK
ESLER JR, MD, JAMES W	LEHIGH
ESMAN, MD, JUDITH H	ALLEGHENY
ESPER, DO, ERIK O	ERIE
ESPER, DO, JEFFREY J	ERIE
ESPER, DO, RONALD A	ERIE
ESPER, DO, STEPHANY F	ERIE
ESPOSITO, MD, FRANCIS A	ALLEGHENY
ESPOSITO, MD, JOHN C	DELAWARE
ESPOSITO, MD, JOSEPH P	DAUPHIN
ESOUENAZI, MD, ALBERTO	PHILADELPHIA
ESSIG, MD, MICHAEL J	ALLEGHENY
ESTOLANO, MD, MARIO G	ALLEGHENY
ESTRADA, MD, FERNANDO P	NORTHAMPTON
ETNOYER, MD, JOHN J	LANCASTER
ETTENGER, MD, ALLEN B	HUNTINGDON
ETTENGER, MD, MORRIS S	PHILADELPHIA
ETTER, MD, RUSSEL H	YORK
ETTINGER, MD, JEFFREY B	PHILADELPHIA
ETTLINGER, MD, ROBERT A	DAUPHIN
ETZEL, MD, KATHLEEN D	ALLEGHENY
ETZIONI, DAVID A	PHILADELPHIA
EUBANKS, MARCUS J	PHILADELPHIA
EULIANO JR, MD, JOHN J	ERIE
EULIANO SR, MD, JOHN J	ERIE
EVAN, MD, KARIN E	PHILADELPHIA
EVANCHO, MD, CHARLES D	CUMBERLAND
EVANGELISTA, MD, JESUS S	WASHINGTON
EVANGELISTA, MD, SIMPLICIO E	MONTGOMERY
EVANGELISTO, AMY M	PHILADELPHIA
EVANKOVICH, MD, MICHAEL R	DAUPHIN
EVANS, MD, CHARLES M	LANCASTER
EVANS, MD, CYNTHIA K	ALLEGHENY
EVANS, MD, DAVID B	CUMBERLAND
EVANS, MD, DAVID J	DAUPHIN
EVANS, MD, DAVID M	CAMBRIA
EVANS, MD, DONALD E	ALLEGHENY
EVANS, MD, HAYDEN O	MONTGOMERY
EVANS, MD, HILARY	CAMBRIA
EVANS, MD, JAMES F	MONTOUR
EVANS, MD, JOHN B	MONTGOMERY
EVANS, DO, JOHN C	CENTRE
EVANS, MD, JOHN J	CARBON
EVANS, MD, JONATHAN L	BUTLER
EVANS, MD, JOSEPH B	PHILADELPHIA
EVANS, EXEC SEC, ROBERT W	DAUPHIN
EVANS, MD, TERRY L	WESTMORELAND
EVANS, MD, THOMAS M	ALLEGHENY
EVANS, MD, WILLIAM G	INDIANA
EVARTS, MD, C MCCOLLISTER	DAUPHIN
EVERETT, MD, WILLIAM G	ALLEGHENY
EVERHART, MD, CHARLES W	MIFFLIN/JUNIATA
EVERHART, MD, WILSON C	DAUPHIN
EVERITT, MD, DANIEL E	PHILADELPHIA
EVERLY, EILEEN M	ALLEGHENY
EVERS, MD, MARTIN L	CAMBRIA
EVRARD, MD, HELEN M	UNION
EVRON, MD, WAYNE A	ALLEGHENY
EWEDEMI, OLUFUNKE O	ALLEGHENY
EWING, MD, AGNEW R	CHESTER
EWING, MD, CHARLES H	MONTGOMERY
EWING, MD, JAMES H	PHILADELPHIA
EWING, MD, MADELEINE O	PHILADELPHIA
EXLEY, MD, WILLIAM B	WYOMING
EYERLY, MD, ROBERT C	MONTOUR
EYES, SHARON T	PHILADELPHIA
EYLER, MD, J ALBERT	BEDFORD
EYLER, MD, PAUL W	LANCASTER
EYVAZZADEH, MD, CAMILLE	NORTHAMPTON

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FABENS, MD, ELIZABETH L	PHILADELPHIA
FABIANI, MD, JOSEPH A	PHILADELPHIA
FABINYI, MD, GEZA T	BLAIR
FABIO, MD, MARY B	PHILADELPHIA
FABULIAN, DO, PETER	CHESTER
FACCENDA, MD, DEBORAH R	BUCKS
FACCI, MD, MARIA	LANCASTER
FACKLER, MD, EMERSON F	DAUPHIN
FACKLER, ERIC G	STUDENT
FACKOVEC, MD, MICHAEL	ALLEGHENY
FADDEN, MD, ROBERT J	BEAVER
FADEYI, JASON T	PHILADELPHIA
FADRIGO, MD, ANDREA J	ERIE
FAGELMAN, MD, KERRY M	DAUPHIN
FAGER, MD, JOSEPH S	DAUPHIN
FAGERBURG, MD, RODGER E	LACKAWANNA
FAGIOLETTI, MD, ROBERT J	WASHINGTON
FAHMY, MD, WASFY F	CHESTER
FAIL, MD, PETER S	PHILADELPHIA
FAILLA, MD, JACK P	ALLEGHENY
FAIRBROTHER, MD, MAUREEN E	DAUPHIN
FAIRBROTHER, MD, PAUL F	DAUPHIN
FAIRFIELD, MD, JAMES C	MONTGOMERY
FAIRWEATHER, MD, JACK L	UNION
FAITH, DONALD J	ALLEGHENY
FAKHRAEE, MD, MICHAEL S	PHILADELPHIA
FALANGA, MD, NATALE J	MONROE
FALASCA, DO, THOMAS D	ERIE
FALCO, MD, FRANK J E	MONTGOMERY
FALCON, DO, CARLA T	ALLEGHENY
FALCON JR, MD, JOSEPH R	ALLEGHENY
FALCON, RONALD W	PHILADELPHIA
FALCONE, MD, DOMENICO	LEHIGH
FALCONE, VICTORIA L	PHILADELPHIA
FALK, MD, ARTHUR E	MONTGOMERY
FALK, MD, EDWARD C	MERCER
FALK JR, MD, ROBERT B	LANCASTER
FALKENSTEIN, GERALD P	PHILADELPHIA
FALKER, MD, JOHN M	MONTGOMERY
FALL, MD, STEPHEN M	BERKS
FALLAHNEJAD, MD, MANOUCHER	PHILADELPHIA
FALLERT, MD, MICHAEL A	ALLEGHENY
FALLON III, MD, EDWARD C	BERKS
FALOR, MD, STANLEY E L	GREENE
FALUDI, MD, GEORGINA	PHILADELPHIA
FAN, MD, YOUNG C	VENANGO
FANELLI, DO, ANDREW T	BUCKS
FANELLI, MD, CLAUDE	DAUPHIN
FANG, MD, JOHN Y	MONTGOMERY
FANG, MD, PETER J W	FRANKLIN
FANOUS, MD, MAHER M	ALLEGHENY
FARAGALLA, MD, RAMSES I	FRANKLIN
FARAH, MD, TONY G	ALLEGHENY
FARALLI, MD, VICTOR J	LEBANON
FARANO, MD, PETER J	MONTGOMERY
FARB, MD, STANLEY N	MONTGOMERY
FARBER, MD, DAVID N	BERKS
FARBER, MD, EMANUEL P	PHILADELPHIA
FARBER, MD, ERIC B	BERKS
FARBER, MD, HAROLD F	PHILADELPHIA
FARBER, MD, HAROLD I	BERKS
FARDO, DO, BARBARA B	ALLEGHENY
FARHI, MD, FARIDEH T	LUZERNE
FARIES JR, MD, GEORGE B	DAUPHIN
FARKAS, MD, ANDREW A	JEFFERSON
FARKAS, MD, BARRY L	ALLEGHENY
FARKAS, MD, ROBERT W	YORK
FARLAND, MD, MONICA L	BEAVER
FARLEY, MD, BENJAMIN G	LUZERNE
FARMATI, MD, OSCAR	CRAWFORD
FARMER, DO, JOHN E	FRANKLIN
FARMER, MD, LENORE	ALLEGHENY
FARNEY, MD, ESTHER S	ALLEGHENY
FARNON, MD, CHRISTA U	PHILADELPHIA
FARONE, DO, FRANK G	LAWRENCE
FAROOQ, MD, MOHAMMAD T	BERKS
FAROOQ, MD, MOHAMMAD	ALLEGHENY
FARR, MD, JAMES	LEHIGH
FARR, MD, RUSSELL M	BEAVER
FARRAR JR, MD, GEORGE E	PHILADELPHIA
FARRELL, MD, DOROTHY A	LUZERNE
FARRELL, MD, EDWARD L	ALLEGHENY
FARRELL, DO, ELENA R	MONTGOMERY
FARRELL, MD, LEO D	DAUPHIN
FARRELL, MD, ROBERT E	LACKAWANNA
FARRELL, MD, TIMOTHY J	LACKAWANNA
FARRELL, MD, TIMOTHY P	DAUPHIN
FARRELL, MD, TIMOTHY P	PHILADELPHIA
FARRELL, MD, WILLIAM J	LACKAWANNA
FASANO, MD, MICHAEL J	YORK
FASCIANA, MD, GUY M	LUZERNE
FASS, MD, BARRY D	BUCKS
FAST, MD, WILLIS B	BUCKS
FATTU, MD, JAMES M	PHILADELPHIA
FATULA, MD, GEORGE M	JEFFERSON
FATUR, MD, LEO M	ALLEGHENY
FAULX, MICHAEL D	PHILADELPHIA
FAUST, ALIX O	PHILADELPHIA
FAUST, MD, DONALD S	BERKS
FAUST, MD, HERBERT A	CHESTER
FAVINI, MD, PETER J	MONROE
FAWCETT, MD, JAMES L	ALLEGHENY
FAYNBERG, MD, MARK G	PHILADELPHIA
FAZI, MD, BURT	BLAIR
FAZIO, MD, GREGORY P	YORK
FAZIOLI, MD, LAWRENCE A	LAWRENCE
FEAR, MD, JESSE G	COLUMBIA
FEARNOW III, MD, EDGAR C	CHESTER
FEASTER, MD, MARSHALL M	BERKS
FECZKO, MD, WILLIAM A	ALLEGHENY
FEDDER, MD, STEPHEN L	DELAWARE
FEDEL, MD, GINA M	ALLEGHENY
FEDERICI, MD, VALERIO J	PHILADELPHIA
FEDERLE, MD, MICHAEL P	ALLEGHENY
FEDERMAN, MD, JAY L	DELAWARE
FEDEROFF, MD, SUSAN T	ALLEGHENY
FEDOK, MD, FREDERICK G	DAUPHIN
FEDULLO, MD, LISA M	NORTHAMPTON
FEDUSKA, MD, RICHARD G	ALLEGHENY
FEE JR, MD, WILLIAM H	VENANGO
FEEHAN, MD, PATRICK R	LANCASTER
FEES JR, MD, ARCH W	BLAIR
FEESE, ERIC J	PHILADELPHIA
FEFFERMAN, DAVID S	PHILADELPHIA
FEHNEL, MD, STEPHEN H	BERKS
FEICK, MD, RALPH H	BERKS
FEIG, MD, STEPHEN A	PHILADELPHIA
FEIGENBERG, STEVEN J	PHILADELPHIA
FEIGL, CLARE E	PHILADELPHIA
FEIGL, MD, FRANCES M	PHILADELPHIA
FEIN, DO, HOWARD K	MONTGOMERY
FEINBERG, MD, DAVID H	NORTHAMPTON
FEINBERG, MD, HALBERT J	LANCASTER
FEINBERG, MD, KALMEN A	SCHUYLKILL
FEINBERG, MD, STANFORD S	BERKS
FEINGOLD, BRIAN D	ALLEGHENY
FEINSTEIN, MD, ALEX	LANCASTER
FEINSTEIN, MD, PETER A	LUZERNE
FEIST, MD, JOHN H	ALLEGHENY
FELDER, MD, MITCHELL S	MERCER
FELDMAN, DO, BRUCE A	LEHIGH
FELDMAN, MD, JULIAN D	PHILADELPHIA
FELDMAN, MD, MICHAEL S	NORTHAMPTON
FELDMAN, MD, NATHAN I	SUSQUEHANNA
FELDMAN, DO, NEIL H	LEHIGH
FELDMAN, MD, SHERRIE B	DAUPHIN
FELDMAN, MD, STEWART L	ALLEGHENY
FELDMEIER, MD, CURTIS J	BEAVER
FELGAR, MD, RAYMOND E	PHILADELPHIA
FELINS, MD, KELLY J	LACKAWANNA
FELINS, MD, RAYMOND J	LACKAWANNA
FELIX, MD, MICHAEL D	ALLEGHENY
FELLERMAN, MD, HERBERT	LUZERNE
FELLIN, MD, CHRIS W	MONTOUR
FELLIN, MD, FREDERICK M	PHILADELPHIA
FELLNER, DIETRICH A	STUDENT
FELSHER, MD, JONATHAN C	DELAWARE
FELSINGER, MD, KATZA	PHILADELPHIA
FELTWELL JR, MD, PETER M	ALLEGHENY
FEMOVICH, MD, DAVID A	VENANGO
FENCEL, MD, RICHARD M	DAUPHIN
FENELLO, MD, ANTHONY P	BLAIR
FENLIN JR, MD, JOHN M	PHILADELPHI
FENN, MD, PATRICIA A	MONTGOMER
FENN JR, PAUL E	PHILADELPHI
FENNER, MD, HENRY E	LAWRENCE
FENSTEMACHER, MD, PAMELA A	MONTGOMER
FERENCE, ANDREA J	ALLEGHENY
FERGUSON JR, MD, ALBERT B	ALLEGHENY
FERGUSON, MD, BERRYLIN J	ALLEGHENY
FERGUSON, MD, DONALD G	ALLEGHENY
FERGUSON, MD, GARY M	ALLEGHENY
FERGUSON JR, MD, GUERRANT H	PHILADELPHI
FERGUSON, KEVIN F	PHILADELPHI
FERGUSON, MD, ROBERT H	WESTMORELA
FERGUSON, MD, ROGER J	ALLEGHENY
FERGUSON JR, MD, THEODORE J	ALLEGHENY
FERGUSON, MD, THOMAS G	ALLEGHENY
FERLAN, MD, LAWRENCE	ALLEGHENY
FERNANDEZ, MD, ARMANDO E	YORK
FERNANDEZ, MD, EDUARDO I	LYCOMING
FERNANDEZ, MD, JAVIER	PHILADELPHI
FEROUZ, MD, FAZEELA	PHILADELPHI
FERRANTE, MD, FRANCIS M	CHESTER
FERRARA, MD, JOSEPH D	BUCKS
FERRARA, MD, LEONARD P	LEBANON
FERRARA, MD, VINCENT L	PHILADELPHI
FERRARO, MD, FRANCIS T	ALLEGHENY
FERRARO, MD, PATRICK J	LACKAWANNA
FERRARO, RICHARD E	STUDENT
FERRARO, MD, ROBERT J	ERIE
FERRENTINO, MD, FRANK L	YORK
FERRER, MD, ARTHUR F	ALLEGHENY
FERRERO, MD, BRUCE R	ALLEGHENY
FERRETTI, DO, SILVIA M	ERIE
FERRI JR, MD, WILLIAM A	BEAVER
FERRIER, MD, MELVIN C	CENTRE
FERRIGNO JR, MD, C JAMES	COLUMBIA
FERRINGER, TAMMIE C	PHILADELPHI
FERRIS, MD, JAMES V	ALLEGHENY
FERRY, MD, GERALD W	BERKS
FERRY, MD, NICHOLAS J	BUCKS
FESSLER, MD, THOMAS J	ERIE
FETCHKO, MD, ALEXANDER M	ALLEGHENY
FETTERMAN, MD, HENRY H	LEHIGH
FETTERMAN, HILARY C	PHILADELPHI
FETTEROLF, MD, DONALD E	ALLEGHENY
FETTEROLF, MD, MICHAEL L	VENANGO
FETZER, MD, ARTHUR E	LEHIGH
FEUDALE, MD, RICHARD F	SCHUYLKILL
FEUSSNER, MD, JAMES W	PHILADELPHI
FICK, JENNIFER E	STUDENT
FICKE, MD, J RONALD	PHILADELPHI
FIDELER, MD, RICHARD	DAUPHIN
FIEDLER, ELIZABETH I	PHILADELPHI
FIEDLER, MD, JAMES J	PHILADELPHI
FIEHLER, MD, PAUL C	ALLEGHENY
FIELD MUNVES, MD, ELLEN M	LEHIGH
FIELDS, MD, RONALD H	BUCKS
FIERER, MD, ROBERT R	DAUPHIN
FIERRO, MD, RONALD F	ALLEGHENY
FIERRO, DO, VINCENT S	ERIE
FIESSELER, FREDERICK W	ERIE
FIGLIN, DO, JOSHUA M	CENTRE
FIGUEROA, MD, WILLIAM G	PHILADELPHI
FIGUEROA-CRUZ, MD, BETSIE	PHILADELPHI
FIGURA, ANDREW T	PHILADELPHI
FIGURA, MD, JUDITH H	ALLEGHENY
FILE, MD, JAMES C	MERCER
FILIP, MD, JOHN R	MONTGOMER
FILIPEK, MD, WALTER J	NORTHAMPTO
FILIPOWICZ, MD, THOMAS A	BUCKS
FILIPPI, MD, RONALD S	ERIE
FILKINS, MD, KAREN	ALLEGHENY
FILLER, MD, JOSEPH J	LUZERNE
FILLMAN, MD, JOHN B	HUNTINGDON
FILMYER JR, MD, EDWARD A	PHILADELPHI
FILOSA, MD, ROBERT J	MONTGOMER
FINCH, MD, ALBERTA M	MONROE
FINDER, MD, MARC J	BEDFORD
FINE, MD, ARTHUR P	ALLEGHENY
FINE, MD, DANIEL	ALLEGHENY
FINE, MD, EDWARD M	CRAWFORD
FINE, MD, ERIC W	PHILADELPHI
FINEGOLD, MD, AARON N	ALLEGHENY
FINEGOLD, MD, RICHARD A	ALLEGHENY
FINEGOLD, MD, WILFRED J	ALLEGHENY
FINESTONE, MD, ALBERT J	PHILADELPHI
FINESTONE, MD, ISRAEL	PHILADELPHI
FINESTONE, MD, STEPHEN C	ALLEGHENY
FINGERUT, MD, JERALD C	MONTGOMER
FINGO, MD, ALBERT J	MONTGOMER
FINIKIOTIS, MD, MICHAEL W	ALLEGHENY
FINK JR, MD, ALBERT H	DELAWARE
FINK, ERICKA L	PHILADELPHI
FINK, MD, JACK W	MONTGOMER
FINK, MD, PAUL J	PHILADELPHI
FINKELSTEIN, DAVID H	PHILADELPHI
FINKELSTEIN, MD, DAVID	PHILADELPHI
FINKELSTEIN, MD, GARY S	BUCKS
FINKELSTEIN, MD, JEFFREY M	PHILADELPHI
FINKELSTEIN, STANLEY P	PHILADELPHI
FINKENSTADT, MD, ERIC V	PHILADELPHI
FINLAY, MD, JAMES W	ALLEGHENY
FINLEY, MD, JOHN G	BUCKS
FINN, MD, DAVID R	LYCOMING
FINN, MD, DORON H	WASHINGTON

FINN, MD, JOANNE	ERIE
FINN, MD, JOSEPH L	PHILADELPHIA
FINN, MD, MARTHA J B	LYCOMING
FINNEGAN, MD, WALTER J	LEHIGH
FINO, MD, JULIUS A	WARREN
FINO, MD, MARSHA J	ALLEGHENY
FIOL-SILVA, MD, ZORAIDA M	PHILADELPHIA
FIORAVANTI, MD, FRED K	ALLEGHENY
FIORELLI, DO, ROBERT L	LUZERNE
FIORICA, MD, VINCENT M	CAMBRIA
FIORINI, MD, CYNTHIA M	ALLEGHENY
FIREMAN, MD, PHILIP	ALLEGHENY
FIRME, MD, STEVE RANDAL E	DELAWARE
FIRPO JR, MD, JOHN J	DELAWARE
FIRST, MD, HOWARD E	PHILADELPHIA
FIRST, MD, STEWART E	PHILADELPHIA
FISCH, MD, JOHN M	ALLEGHENY
FISCHBEIN, MD, RICHARD E	LUZERNE
FISCHER JR, MD, CARL R	PHILADELPHIA
FISCHER, MD, DAVID H	PHILADELPHIA
FISCHER, MD, EDWARD C	BERKS
FISCHER, MD, EDWARD P	BLAIR
FISCHER, MD, GARY S	ALLEGHENY
FISCHER, MD, STEVEN W	DELAWARE
FISCHETTI, MD, JOHN L	CHESTER
FISCHL, MD, EDWIN C	ALLEGHENY
FISCHMAN, DANIEL	STUDENT
FISH, MD, JAMES E	PHILADELPHIA
FISH, MD, LARRY A	ALLEGHENY
FISHER, BRUCE D	PHILADELPHIA
FISHER, DO, CLAUDIA C	BERKS
FISHER, MD, CURTIS K	ALLEGHENY
FISHER, MD, DON L	ALLEGHENY
FISHER, DO, GARY A	PHILADELPHIA
FISHER III, MD, GEORGE R	PHILADELPHIA
FISHER, MD, HAROLD	YORK
FISHER, MD, JAY B	NORTHAMPTON
FISHER, MD, JOANNA M	PHILADELPHIA
FISHER, MD, JOHN T	CENTRE
FISHER, DO, JON S	DELAWARE
FISHER JR, MD, JOSEPH W	NORTHAMPTON
FISHER, MD, MARY S	PHILADELPHIA
FISHER, MD, NORMAN J	MONTGOMERY
FISHER, MD, ROBERT M	MONTGOMERY
FISHER, MD, ROBERT S	PHILADELPHIA
FISHER, DO, SCOTT A	PHILADELPHIA
FISHER, MD, SCOTT R	ALLEGHENY
FISHER, MD, SETH M	PHILADELPHIA
FISHER, MD, STEPHEN N	ALLEGHENY
FISHER, MD, TODD R	DAUPHIN
FISHMAN, DO, MORRIS A	PHILADELPHIA
FISSEL, MD, GEORGE E	LYCOMING
FISTER, MD, FREDERICK D	LEHIGH
FITTING JR, MD, GEORGE M	ALLEGHENY
FITZ, MD, RALPH W	ALLEGHENY
FITZGERALD, DO, ELIZABETH A	MONTGOMERY
FITZGERALD, DO, JOHN J	MONTGOMERY
FITZGERALD, MICHAEL W	PHILADELPHIA
FITZGERALD, PATRICK T	ALLEGHENY
FITZGIBBON, MD, LEO D	ERIE
FITZMAURICE, MD, JOHN W	DELAWARE
FITZPATRICK, DO, JAMES W	SCHUYLKILL
FITZPATRICK, MD, LUCRETIA A	DELAWARE
FITZPATRICK, MD, MARCIA A	DELAWARE
FITZPATRICK, MD, RUTHANN P	DELAWARE
FITZSIMMONS, MD, AMY S	DELAWARE
FIUME, MD, THOMAS J	LACKAWANNA
FIX, MD, THOMAS J	ALLEGHENY
FLACCAVENTO, MD, FREDERICK G	YORK
FLACCO, MD, ALBERT J	BUCKS
FLAGG, MD, ALICE W	PHILADELPHIA
FLAHERTY, MD, MORGAN F	ALLEGHENY
FLAMBERG, MD, IRA W	MERCER
FLAMINI, MD, JOHN A	ERIE
FLAMM, MD, EUGENE S	PHILADELPHIA
FLANAGAN, MD, JOSEPH C	DELAWARE
FLANAGAN, MD, MARGARET M	FRANKLIN
FLANIGAN, MD, ROBERT E	ALLEGHENY
FLANNAGAN, MD, SAMUEL W	WESTMORELAND
FLANNERY, MD, WILBUR E	LAWRENCE
FLASHNER, MD, STEVEN C	BUCKS
FLEAGLE, MD, GENEVRA S	CENTRE
FLEEGLER, MD, EARL J	PHILADELPHIA
FLEEGLER, ERIC W	PHILADELPHIA
FLEEGLER, MD, SAUL M	WESTMORELAND
FLEISCHER, MD, ALAN N	BERKS
FLEISCHER, MD, DEBORAH E	MONTGOMERY
FLEISCHER, MD, LEROY B	DELAWARE
FLEISHER, DO, RICHARD D	PHILADELPHIA
FLEISHMAN, MD, MARTIN J	MIFFLIN/JUNIATA
FLEMING, MD, ARTHUR W	ALLEGHENY
FLEMING, MD, BURTON A	PHILADELPHIA
FLEMING JR, MD, GEORGE E	BEDFORD
FLETMAN, DO, HERBERT	PHILADELPHIA
FLICKINGER, MD, FREDERICK W	ADAMS
FLICKINGER, MD, JOHN C	ALLEGHENY
FLIT, MD, FRANK J	ALLEGHENY
FLITTER, MD, MARC A	ERIE
FLOM, MD, DAVID M	ALLEGHENY
FLOM, MD, LYNDA L	ALLEGHENY
FLOOD, MD, JAMES M	BRADFORD
FLOOD, MD, KATHERINE M	ALLEGHENY
FLOOD, MD, MICHAEL S	LANCASTER
FLORENCE, MD, DAVID W	DAUPHIN
FLORENTIN, MD, HERIBERTO M	WESTMORELAND
FLORES, AIMEE K	STUDENT
FLORES, ALAN G	PHILADELPHIA
FLORES, MD, CARLOS I	LAWRENCE
FLORES JR, MD, EMILIO G	ELK/CAMERON
FLORES, MD, EVELYN R	BERKS
FLORES, MD, MARIA L	DELAWARE
FLORES, MD, MAY R	FAYETTE
FLOURAS, MD, KATHY	MONTOUR
FLOWERS, MD, BRIAN K	YORK
FLOWERS, MD, DAVID M	BUCKS
FLOWERS, MD, PETER B	LEBANON
FLOYD, MD, SUSAN L	ALLEGHENY
FLURKEY, MD, EMERSON C	DAUPHIN
FLY-MITCHELL, DO, ERIN M	BUCKS
FLYNN, DEIRDRE C	ALLEGHENY
FLYNN, JENNIFER A	PHILADELPHIA
FOBIA, MD, JOHN B	PHILADELPHIA
FOCHLER, MD, FRANCIS J	BLAIR
FODERARO, MD, ANTHONY E	BUCKS
FODERARO, MD, JOHN C	PHILADELPHIA
FOGARTY, MD, KEVIN T	NORTHAMPTON
FOGEL, MD, STEWART R	ALLEGHENY
FOGLEY, MD, ANEES R	LACKAWANNA
FOLANDER, MD, HAL L	NORTHAMPTON
FOLDES, MD, JULIUS	LUZERNE
FOLDES-ROTH, MD, ELISABETH	BERKS
FOLEY, DONALD E	ALLEGHENY
FOLEY JR, MD, EDWARD L	WASHINGTON
FOLGUERAS, MD, ANNETTE G	DAUPHIN
FOLK, DO, MARK E	LANCASTER
FOLLWEILER, MD, BARRY R	LEHIGH
FOLTZ, EXEC SEC, SUSAN	LEBANON
FONG, MD, JAKE	WESTMORELAND
FONG, MD, JOHN K	ALLEGHENY
FONOROFF, MD, DAVID L	ALLEGHENY
FONTANA, MD, ARMAND L	ALLEGHENY
FONTANA, MD, FRANK L	ALLEGHENY
FONTANILLA, MD, RODOLFO C	PHILADELPHIA
FOOR, MD, JEFFREY L	BEDFORD
FORBES, MD, J DEXTER	ALLEGHENY
FORCE, MD, THOMAS B	PHILADELPHIA
FORCEY, MD, LLOYD R	LYCOMING
FORD, CHRISTINE E	ALLEGHENY
FORD, MD, D PATRICK	PHILADELPHIA
FORD, MD, FRANCIS W	BUCKS
FORD, MD, ROBERT W	ALLEGHENY
FORD, MD, WILLIAM T	LYCOMING
FORE, MD, WILLIAM W	PHILADELPHIA
FOREST, MD, JEAN L	PHILADELPHIA
FORKER, MD, THOMAS S	LYCOMING
FORMAN, DEENA R	PHILADELPHIA
FORMAN, MD, HOWARD I	CAMBRIA
FORMAN, MD, IRWIN H	LANCASTER
FORMAN, MD, JOSEPH E	PHILADELPHIA
FORMAN, MD, KENNETH J	PHILADELPHIA
FORMAN, MD, STEVEN D	ALLEGHENY
FORMANEK, MD, GREGORY A	BLAIR
FORNACE, DO, ALBERT J	MONTGOMERY
FORNWALT, MD, GEORGE R	DELAWARE
FORNWALT, MD, HELEN L	PHILADELPHIA
FORRY, EXEC SEC, CANDY K	MONROE
FORSTATER, MD, ALAN T	PHILADELPHIA
FORSTEIN, DO, DAVID A	PHILADELPHIA
FORSTER, DO, CARL J	SCHUYLKILL
FORSTER, MD, TERRENCE J	BUCKS
FORTI, MD, WILLIAM P	DAUPHIN
FORTNA, MD, SANDRA J	ERIE
FORTUNA, MD, KRISTINE L Z	PHILADELPHIA
FORTUNATO, MD, JAMES J	ALLEGHENY
FOSTER, MD, EDWIN N	YORK
FOSTER JR, MD, FREDERICK G	BUTLER
FOSTER, MD, HOWARD K	ALLEGHENY
FOSTER, MD, IAN S	MONROE
FOSTER, JACQUELINE S	PHILADELPHIA
FOSTER, MD, RICHARD G	ALLEGHENY
FOSTER, MD, SYLVIA L	MONTGOMERY
FOSTER, MD, WALTER D	WESTMORELAND
FOULSHAM II, MD, CHARLES K	CLINTON
FOUST, MD, TILMAN H	DAUPHIN
FOUST, MD, WILSON A	LANCASTER
FOWBLE, MD, BARBARA	PHILADELPHIA
FOWLER, MD, DAVID P	ALLEGHENY
FOWLER, MD, ERIC K	MIFFLIN/JUNIATA
FOX, MD, BRADLEY P	ERIE
FOX, CHRISTOPHER H	PHILADELPHIA
FOX, MD, CRAIG D	WASHINGTON
FOX, MD, DAVID S	MONTGOMERY
FOX, MD, DONALD C	BUTLER
FOX IV, MD, JAMES W	PHILADELPHIA
FOX, MD, MICHAEL L	MONTGOMERY
FOX, MD, ROBERT D	PHILADELPHIA
FOX, MD, ROGER E	DELAWARE
FOXX, MD, WILLIAM F	CHESTER
FRABLE, MD, DEAN G	SCHUYLKILL
FRAC, MD, MICHAEL J	ALLEGHENY
FRAGIN, JASON D	PHILADELPHIA
FRAGOLA, MD, JORGE A	ALLEGHENY
FRAILEY, DO, GREGORY R	LYCOMING
FRALEY, MD, HENRY W	ARMSTRONG
FRAME, MD, DAVID C	WASHINGTON
FRAME, KELBY L	ALLEGHENY
FRAME, MD, WILLIAM A	NORTHAMPTON
FRANCE, MD, LAURENCE W	LANCASTER
FRANCE, MD, ROBERT O	LYCOMING
FRANCESCANGELI JR, MD, VINCENT	MONROE
FRANCHINO, MD, CHARLES J	PHILADELPHIA
FRANCIS, MD, GEORGE J	ALLEGHENY
FRANCIS, JACQUELINE N	PHILADELPHIA
FRANCIS, MD, LEON R	LUZERNE
FRANCKEN, MD, GREGORY J	WESTMORELAND
FRANCO, MD, FRANK A	BERKS
FRANCOIS, MD, DAVID T	YORK
FRANCOIS, MD, MAX B	BERKS
FRANCOS, MD, CHARLES G	LANCASTER
FRANGOS, MD, JAMES N	LACKAWANNA
FRANK, MD, BARBARA B	PHILADELPHIA
FRANK, MD, EVAN D	PHILADELPHIA
FRANK, MD, HERBERT L	DAUPHIN
FRANK, MD, JEFFREY B	BERKS
FRANK, MD, LEONARD A	MONTGOMERY
FRANK, MD, LESLIE A	ALLEGHENY
FRANK, MD, MARTIN N	MONTGOMERY
FRANK, MD, PAUL E	MONTGOMERY
FRANK, MD, WILLIAM O	PHILADELPHIA
FRANKEL, MD, ANDREW S	CHESTER
FRANKEL, MD, ARTHUR M	MONTGOMERY
FRANKEL, MD, CARL A	DAUPHIN
FRANKEL, MD, HARRY A	PHILADELPHIA
FRANKEL, MD, LEON A	PHILADELPHIA
FRANKEL, MD, LESLIE B	MONTGOMERY
FRANKEL, MD, MATTHEW C	PHILADELPHIA
FRANKEL, MD, SHARON R	DAUPHIN
FRANKEL, MD, VICTOR R	PHILADELPHIA
FRANKENFIELD, MD, BRUCE A	LEHIGH
FRANKENY II, MD, JOHN R	DAUPHIN
FRANKL, MD, WILLIAM S	PHILADELPHIA
FRANKLIN, MD, HOWARD J	PHILADELPHIA
FRANKLIN, MD, IRVIN D	BUCKS
FRANKLIN, MD, JOHN W B	ALLEGHENY
FRANKLIN, MD, NORMAN	ERIE
FRANKOVITCH, MD, KARL F	ERIE
FRANKS, MD, JAMES F	LUZERNE
FRANTZ, MD, ALFRED S	FRANKLIN
FRANTZ, MD, LINDA S	LACKAWANNA
FRANZ, BETTINA E	ALLEGHENY
FRANZ, MD, JOHN P	ALLEGHENY
FRANZ, MD, THOMAS A	ALLEGHENY
FRANZI, MD, JOSEPH J	PHILADELPHIA
FRATTALI, MD, MARK A	LACKAWANNA
FRATTALI, MD, MARY J	LACKAWANNA
FRAUNFELDER, MD, JOHN A	NORTHAMPTON
FRAYER, MD, WILLIAM C	PHILADELPHIA
FRAZIER II, MD, JOHN E	ALLEGHENY
FRAZIER, MD, THOMAS G	MONTGOMERY
FREDANE, MD, LEWIS M	PHILADELPHIA
FREDERIC, MD, MYRON W	PHILADELPHIA
FREDERICK, MD, PAUL L	ARMSTRONG
FREDERICKS, MD, LILLIAN E	PHILADELPHIA
FREDERICKSON, MD, HOWARD N	YORK
FREDRICKSON, MD, VICTOR J	BUCKS
FREEBERG, MD, JOHN R	MONTGOMERY
FREED, MD, CLARENCE L	BUCKS
FREED, MD, MARTIN I	PHILADELPHIA
FREEDBERG, MD, LAWRENCE E	WESTMORELAND
FREEDMAN, MD, ABRAHAM G	PHILADELPHIA
FREEDMAN, MD, ALLAN P	PHILADELPHIA
FREEDMAN, MD, DONALD B	DAUPHIN
FREEDMAN, MD, LAWRENCE T	MONTGOMERY
FREEDMAN, MD, LOUIS J	LUZERNE
FREEDMAN, DO, MITCHELL K	PHILADELPHIA
FREEDMAN, DO, SUSAN R	CENTRE
FREELAND, MD, GEORGE R	DELAWARE
FREEMAN, MD, ALBERT W	FRANKLIN
FREEMAN, MD, DANIEL M A	MONTGOMERY
FREEMAN, MD, RICHARD E	POTTER
FREEMAN, MD, WILLIAM A	FRANKLIN
FREENOCK JR, MD, THOMAS F	CLARION
FREER, MD, CAROL V	YORK
FREESE, MD, ANDREW	DELAWARE
FREID, MD, JEFFREY D	MONTGOMERY
FREIFELD, MD, MARTIN L	LUZERNE
FREIMAN, MD, DAVID B	PHILADELPHIA
FREIMAN, MICHAEL A	STUDENT
FREIMUTH, MD, ERICH J	MONTGOMERY
FREIRE, MD, JORGE E	PHILADELPHIA
FREIWALD, MD, MILTON J	PHILADELPHIA
FREMER, MD, ABRAHAM	PHILADELPHIA
FRENCH, MD, ELIZABETH G	CHESTER
FRENCH, MD, TRAVIS A	LAWRENCE
FRESHMAN, MD, JOHN R	DAUPHIN
FREUDENBERG, MD, DORIS T	MONTGOMERY
FREY, MD, JACQUELINE M	YORK
FREY, MD, JEFFREY A	YORK
FRIBERG, MD, THOMAS R	ALLEGHENY
FRICCHIONE, MD, PATRICK J	LACKAWANNA
FRICK JR, MD, EDWARD J	LEHIGH
FRIDAY, MD, DANIEL M	BLAIR
FRIDAY JR, MD, GILBERT A	ALLEGHENY
FRIDAY, MD, JOHN R	ALLEGHENY
FRIDAY, MD, RUPERT H	ALLEGHENY
FRIED, MD, BARBARA M	ALLEGHENY
FRIED, DO, GORDON W	MONROE
FRIED, MD, GUY W	PHILADELPHIA
FRIED, MD, ROBERT C	CHESTER
FRIED, MD, ROBERT T	YORK
FRIEDBERG, MD, MILTON J	LEHIGH
FRIEDENBERG, MD, STEVEN S	NORTHAMPTON
FRIEDENBERG, MD, ZACHARY B	PHILADELPHIA
FRIEDLANDER, ERIC J	ALLEGHENY
FRIEDLANDER, MD, MARK S	DELAWARE
FRIEDLANDER, MD, MILTON A	DAUPHIN
FRIEDMAN, MD, ABRAHAM W	ALLEGHENY
FRIEDMAN, MD, ADELE K	PHILADELPHIA
FRIEDMAN, MD, ALAN LEE	PHILADELPHIA
FRIEDMAN, MD, CARL J	CHESTER
FRIEDMAN, MD, DONALD	DELAWARE
FRIEDMAN, MD, ELLIS F	BERKS
FRIEDMAN, MD, JEFFREY M	DELAWARE
FRIEDMAN, MD, JERALD N	NORTHAMPTON
FRIEDMAN, MD, LAURENCE E	BEAVER
FRIEDMAN, MD, MARK C	DAUPHIN
FRIEDMAN, MD, PAUL A	MONTGOMERY
FRIEDMAN, MD, PAUL S	PHILADELPHIA
FRIEDMAN, MD, PHILLIP	BUCKS
FRIEDMAN, MD, RICHARD A	PHILADELPHIA
FRIEDMAN, MD, RONALD H	PHILADELPHIA
FRIEDMAN, MD, SIDNEY	PHILADELPHIA
FRIEDMAN, MD, SUMNER H	DAUPHIN
FRIEDMANN, DO, DANIEL V	CHESTER
FRIEDRICH, MD, JOACHIM H	YORK
FRIEDRICH, MD, ROLAND	YORK
FRIEDSAM, MD, PATRICIA L	WASHINGTON
FRIEL, MD, MARGARET A	PHILADELPHIA
FRIEMAN, MD, BARBARA G	PHILADELPHIA
FRIEND, MD, ARTHUR	LUZERNE
FRIES, MD, GENE T	LYCOMING
FRISCH, MD, MARK B	PHILADELPHIA
FRITCHEY JR, MD, JOHN A	DAUPHIN
FRITCHLEY, MD, RODNEY B	CUMBERLAND
FRITCHMAN, LARRY A	PHILADELPHIA
FRITER, MD, BARRY S	PHILADELPHIA
FRITZ JR, MD, KARL J	WARREN
FRITZ, MD, WILLIAM D	VENANGO
FRITZ, MD, WILLIAM T	CAMBRIA
FROBESE, MD, ALFRED S	PHILADELPHIA
FROEHLICH, MD, A DAVID	DAUPHIN
FROESCHLE, MD, JAMES E	MONROE
FROMAN, MD, STEPHEN M	BEAVER
FRONC JR, MD, HENRY C	ERIE
FRONCZEK JR, MD, WILLIAM M	WASHINGTON
FRONDUTI, MD, LUCIAN J	WESTMORELAND
FRONDUTI, MD, ROBERT L	ALLEGHENY
FRONKO, MD, GERALD E	CUMBERLAND
FROOZAN, MD, HOMAYOON	LACKAWANNA
FROST, MD, ALBERT G	MONTGOMERY
FROST, MD, STEPHEN S	PHILADELPHIA
FROST JR, MD, WILLIAM W	WASHINGTON
FRUEH, WALTER W	PHILADELPHIA
FRUMIN, MD, ABRAHAM M	PHILADELPHIA
FRUNCILLO, MD, RICHARD J	PHILADELPHIA
FRY, MD, CHLOE O	DAUPHIN
FRY, MD, ROBERT D	PHILADELPHIA
FRY, MD, ROBERT L	FRANKLIN
FRYCZYNSKI, MD, THADDEUS P	ERIE
FRYE, DO, JOYCE	PHILADELPHIA
FRYE, MD, PAUL E	ALLEGHENY
FRYE, MD, VERYL F	CLINTON
FRYER, MD, THERESA F	ERIE
FRYLING, BRENT A	PHILADELPHIA
FTAIHA, MD, ZAKI	MONTGOMERY
FU, MD, FREDDIE H	ALLEGHENY
FU, MD, GENE Y	ALLEGHENY
FUCHS, MD, HANS J	ALLEGHENY
FUCHS, ROBIN	STUDENT
FUERST, MD, NICHOLAS E	WASHINGTON
FUGARO, DO, ANTHONY J	MONTGOMERY
FUGATE JR, MD, HOWARD	JEFFERSON
FUGATE, MD, JAMES K	JEFFERSON
FUGATE JR, MD, JAMES K	CLEARFIELD
FUGATE, DO, JEFFREY S	DAUPHIN
FUGE, MD, L H	ALLEGHENY
FUHRER, MD, RUSSELL S	ALLEGHENY
FUHRMAN, MD, CARL R	ALLEGHENY
FUISZ, MD, ROBERT E	NORTHAMPTON
FUJIMAGARI, MD, TAK	LAWRENCE
FULCHIERO, MD, GREGORY J	BLAIR
FULD, MD, ROBERT A	LEBANON
FULETRA, MD, GOVINDJI B	NORTHAMPTON
FULLER JR, MD, LONNIE E	PHILADELPHIA
FULLER, SUZANNE J	ALLEGHENY
FULTON, MD, WILLIAM O	YORK
FULTZ, MD, CRAIG W	DAUPHIN
FULTZ, SHAWN L	ALLEGHENY
FUMO JR, MD, PETER F	PHILADELPHIA
FUNCH, MD, ROSS S	PHILADELPHIA
FUNG, CAMILLE M	PHILADELPHIA
FUNG, MD, JOHN J	ALLEGHENY
FUNK JR, MD, ELMER H	PHILADELPHIA
FUNK JR, MD, F COLEMAN	LYCOMING
FUNK, VALERIE L	PHILADELPHIA
FUNKE, MD, ALVIN H	COLUMBIA
FUNKHOUSER, MD, GEORGE R	MONTOUR
FUNKHOUSER, MD, JAY L	BEAVER
FUNT, MD, LOREN	ALLEGHENY
FUREY JR, MD, CHARLES A	PHILADELPHIA
FURGIUELE, MD, FRANCIS P	MONTGOMERY
FURGIUELE-IRACKI, MD, NATALIE	ALLEGHENY
FURIA, MD, FREDERICK A	DELAWARE
FURIGAY, PAUL J	ALLEGHENY
FURIGAY, MD, R L	CAMBRIA
FURLONG, DO, NATALIE V	ALLEGHENY
FURMAN, MD, DONALD J	WARREN
FURMAN, MD, FRANK H	CHESTER
FURMAN, MD, JOSEPH M	ALLEGHENY
FURMAN, MD, MICHAEL B	YORK
FURNARY, MD, JAMES S	CAMBRIA
FURNER, DO, CARL L	LUZERNE
FURNESS, PATRICK T	PHILADELPHIA
FURR, MD, CHARLES M	ERIE
FURTADO, MD, FRANCISCO DE A	NORTHMBRLAND
FUSCO, MD, ROBERT D	ALLEGHENY
FUSCO-RIPKA, MD, GIOVANNA D	BERKS
FUSIA, MD, JOSEPH F	ALLEGHENY
FUST, MD, JOHN A	ERIE

FUTCHER, MD, PALMER H	PHILADELPHIA
FUTRELL, MD, J WILLIAM	ALLEGHENY

G

GAARY, MD, ALVIN E	DELAWARE
GABALA, MD, JOHN M	NORTHMBRLAND
GABOS, MD, CHARLES W	ALLEGHENY
GABOS, MD, PAUL	ALLEGHENY
GABRIEL, MD, DANIEL E	WASHINGTON
GABRIEL, MD, JOSUE P	PHILADELPHIA
GABRIEL, MD, PETER	FAYETTE
GABRIEL, MD, STEVEN A	LAWRENCE
GABRIEL, MD, VERONICA	MONTGOMERY
GABRIELE, MD, AUGUST A	YORK
GABRIELE, MD, MICHAEL W	ALLEGHENY
GABROY, MD, ALLEN S	DELAWARE
GABUZDA, MD, THOMAS G	PHILADELPHIA
GADBOIS, MD, WILLIAM F	NORTHAMPTON
GADEA, MD, RAMON A	MERCER
GAFFNEY, DANA E	PHILADELPHIA
GAFFNEY, MD, MICHAEL B	ALLEGHENY
GAFFNEY, MD, PAUL C	ALLEGHENY
GAFFORD, MD, GRADY D	TIOGA
GAGAJEWSKI, ANGELIOUE	ALLEGHENY
GAGE, KENNETH L	ALLEGHENY
GAGIANAS, MD, PETER J	ALLEGHENY
GAGNE, MD, JANE R	BEAVER
GAGNON, MD, SUZANNE	PHILADELPHIA
GAHTAN, MD, VIVIAN	PHILADELPHIA
GAIA, MD, JUAN D	LUZERNE
GAIN, MD, JOHN J	UNION
GAIN, MD, THOMAS B	PHILADELPHIA
GAISFORD, MD, JOHN C	ALLEGHENY
GAITHER, MD, HERBERT	DAUPHIN
GAJULA, MD, L NARAYAN	CARBON
GALANIS, MD, SOTIR E	LANCASTER
GALANTE, MD, LISA	PHILADELPHIA
GALASSI JR, MD, JOSEPH W	MONTGOMERY
GALASSO, MD, GWENDOLYN M	LUZERNE
GALASSO III, DO, JAMES W	LUZERNE
GALATI, MD, VICTOR G	DELAWARE
GALBREATH, MD, JOHN W	DAUPHIN
GALDUN, MD, JOHN P	ALLEGHENY
GALELLA, MD, NANCY M	MONTGOMERY
GALENA IV, MD, EDWARD C	PHILADELPHIA
GALEO, MD, ANTHONY J	PHILADELPHIA
GALGON, MD, JOHN P	LEHIGH
GALIB, MD, SAMUEL H	CHESTER
GALIETTA, MD, MARYANN C	BUCKS
GALINS, LINDA S	PHILADELPHIA
GALINSKY, MD, DAVID E	MONTGOMERY
GALITA, OLIVER C	STUDENT
GALL, MD, JOSEPH A	WESTMORELAND
GALLAGHER, MD, DORIS B	MONTGOMERY
GALLAGHER, MD, HENRY G	LUZERNE
GALLAGHER, MD, JOHN E	ARMSTRONG
GALLAGHER, DO, JOHN M	ERIE
GALLAGHER, MD, JOHN P	MERCER
GALLAGHER, MD, JOHN T	BUCKS
GALLAGHER, JOSEPH P	PHILADELPHIA
GALLAGHER, MD, JUDITH E	DAUPHIN
GALLAGHER, MD, MICHAEL D	BEDFORD
GALLAGHER, MD, MICHAEL J	LACKAWANNA
GALLAGHER, MD, PHILIP E	ERIE
GALLAGHER-SHRIFT, MD, KATHERINE A	DAUPHIN
GALLEGO-AMAYAS, MD, MANUEL F	DAUPHIN
GALLEN, MD, JOHN H	BERKS
GALLETTA, MD, ANTHONY S	WASHINGTON
GALLIA, MD, FRANCIS J	DAUPHIN
GALLIS, MD, CHRISTINE M	ALLEGHENY
GALLO, KRISTIN J	PHILADELPHIA
GALPERIN, MD, ZHANNA V	PHILADELPHIA
GALTMAN, MD, LAWRENCE M	LEHIGH
GALVIN, MD, GARY J	GREENE
GAMBETTA, MD, ESMERALDA	PHILADELPHIA
GAMBHIR, ANSHUL V	PHILADELPHIA
GANABATHI, MD, KUMARESAN	CLARION
GANDHI, MD, ANANT J	ALLEGHENY
GANDHI, MD, DHARMESH V	PHILADELPHIA
GANDHI, MD, HARSH	LUZERNE
GANDY, DO, DANIEL R	LYCOMING
GANDY, MD, VIVIAN M	PHILADELPHIA
GANGESTAD, ANGELINA K	PHILADELPHIA
GANIBAN, MD, JUSTINIANO S	PHILADELPHIA
GANIME, MD, PETER D	MONTGOMERY
GANNON, MD, MARK P	ALLEGHENY
GANNON, MD, REYNALDO T	CAMBRIA
GANNON, MD, ROBERT P	ALLEGHENY
GANZER, MD, GARY A	ALLEGHENY
GARBAK, MD, FRANK	PHILADELPHIA
GARBARINO, MD, JOSEPH L	NORTHAMPTON
GARBELY, DO, JOSEPH M	MONTGOMERY
GARBER, MD, EDWARD H	YORK
GARBER, MD, H JORDAN	ALLEGHENY
GARBERINA, MATTHEW J	PHILADELPHIA
GARCIA, MD, ALFREDO J	BUTLER
GARCIA, MD, ANTONIO S	BERKS
GARCIA, MD, CELSO R	PHILADELPHIA
GARCIA, MD, DIOSDADO A	ALLEGHENY
GARCIA, MD, DOMINADOR I	CHESTER
GARCIA, MD, GERALD D	ERIE
GARCIA, MD, GUILLERMO	DAUPHIN
GARCIA, MD, JOSE A	DAUPHIN
GARCIA, MD, JOSE R	LEHIGH
GARCIA, MD, LAUREANO P	PHILADELPHIA
GARCIA, MADELYN	PHILADELPHIA
GARCIA, MD, MARIAN	CENTRE
GARCIA, MD, MICHAEL J	NORTHAMPTON
GARCIA, MD, VICENTE R	PHILADELPHIA
GARCIA-ZUAZAGA, JORGE A	STUDENT
GARDEN, MD, JACK L	PHILADELPHIA
GARDINER JR, MD, GEOFFREY A	PHILADELPHIA
GARDNER, MD, ALAN M	CHESTER
GARDNER, DO, BONNIE J	PHILADELPHIA
GARDNER, MD, GEORGE E	YORK
GARDNER JR, MD, JAMES L	LAWRENCE
GARDNER, DO, MARSHALL K	PHILADELPHIA
GARDNER, MD, MORRIS Z	ALLEGHENY
GARDNER, MD, ROBERT S	ALLEGHENY
GARDNER, MD, SHYRELLE	PHILADELPHIA
GARDNER, MD, STUART A	LAWRENCE
GARDNER, MD, TIMOTHY J	PHILADELPHIA
GARDNER, MD, TODD E	PHILADELPHIA
GARDYASZ, MD, MIROSLAW D	DAUPHIN
GAREIS, MD, JOHN W	LANCASTER
GAREY, MD, HERMAN S	LACKAWANNA
GARFINKEL, MD, MARC E	ALLEGHENY
GARFINKEL, MICHAEL D	PHILADELPHIA
GARFINKLE, MD, WILLIAM B	PHILADELPHIA
GARG, RUCHIRA	PHILADELPHIA
GARGES, THOMAS W	PHILADELPHIA
GARIBIAN, MD, GARO S	PHILADELPHIA
GARINO, MD, JONATHAN P	PHILADELPHIA
GARNER, MD, BLAINE R	BUCKS
GARNER, MD, WILLIAM J	ALLEGHENY
GAROFALO, MD, CARL A	FAYETTE
GAROFALO, JAMES H	PHILADELPHIA
GAROFOLA, MD, JOHN H	LANCASTER
GAROFOLI, MD, CAESAR A	ALLEGHENY
GAROZZO, MARYANN C	PHILADELPHIA
GARRETT, MD, JEFFREY S	ALLEGHENY
GARRETT, MD, KEVIN O	ALLEGHENY
GARRETT JR, MD, WILLIAM S	ALLEGHENY
GARRIDO, MD, EDDY	LANCASTER
GARRIOTT, MD, JOHN C	MERCER
GARRITY, TIMOTHY F	LYCOMING
GARROTT, MD, JOHN W	ARMSTRONG
GARSON, MD, WARFIELD	ALLEGHENY
GARTLAND, DO, CHARLES J A	DELAWARE
GARTLAND, MD, JOHN J	PHILADELPHIA
GARTNER JR, MD, WILLIAM S	DELAWARE
GARTNER, MD, WILLIAM S	DELAWARE
GARVER, MD, JAMES J	ALLEGHENY
GARVER, MD, KENNETH L	ALLEGHENY
GARVEY, CHRISTOPHER M	STUDENT
GARVEY, MD, EDMUND P	LANCASTER
GARVEY, MD, WILLIAM P	ERIE
GARY, MD, GERALD L	PHILADELPHIA
GARZARELLI, MD, DAVID M	ALLEGHENY
GASCON, MD, PERLA G	PHILADELPHIA
GASH, MD, ARNOLD K	PHILADELPHIA
GASH, MD, RICHARD M	PHILADELPHIA
GASIC, MD, ANDREI C	CHESTER
GASKINS, MD, ALBERT L	PHILADELPHIA
GASOWSKI, MD, GARY L	YORK
GASPARI, MD, RAYMOND J	YORK
GASPARRE, RICHARD R	PHILADELPHIA
GASTALDO, MD, JOHN A	LANCASTER
GASTINEAU, MD, ROBERT M	ALLEGHENY
GASTON, MD, NOREEM M	BUCKS
GASULL JR, MD, H ROBERT	PERRY
GATSKI, MD, ROBERT L	MONTOUR
GATTI, MD, DOMINIC L	MONTGOMERY
GATTUSO JR, MD, JOSEPH W	BLAIR
GATZ, MD, TIMOTHY S	ALLEGHENY
GAUDIO, MD, JOHN C	LUZERNE
GAUDIO JR, MD, RALPH	ALLEGHENY
GAUGLER, DO, MICHAEL F	HUNTINGDON
GAUL, MD, JAMES J	BUCKS
GAULIN, MD, J CLAUDE	NORTHAMPTON
GAULT, MD, JAMES H	LANCASTER
GAUNTNER, MD, WALLACE C	ALLEGHENY
GAUSE, MD, TRENTON M	ALLEGHENY
GAUSLING, MD, SHARON M	NORTHAMPTON
GAUSS, MD, WILLIAM F	ALLEGHENY
GAVARONE, DO, DONNA M	PHILADELPHIA
GAVIN, MD, GEORGE M	WESTMORELAND
GAVIN JR, MD, J ROBERT	LACKAWANNA
GAVIN, MD, LAURENCE J	PHILADELPHIA
GAWLAS, DO, MICHAEL R	DAUPHIN
GAY, MD, THOMAS C	ALLEGHENY
GAYDOS, MD, JOHN D	BEAVER
GAYDOS, MD, THOMAS L	NORTHAMPTON
GAYLOR, MD, DONALD H	LEHIGH
GAYLOR, MD, THEODORE H	LEHIGH
GAYNER, MD, ROBERT S	NORTHAMPTON
GAYNOR, MD, WILLIAM B	LANCASTER
GAZDER, MD, AFTAB A	NORTHMBRLAND
GAZDICK, MD, MARY ANNE	MONTGOMERY
GAZEK, MD, FRANCISCO A	LUZERNE
GAZOWSKI, MD, THOMAS E	LUZERNE
GAZZE, RONALD M	PHILADELPHIA
GEARHART, MD, LYSTER M	LEHIGH
GEARHART, PETER A	STUDENT
GEBHART, DO, JAMES R	MERCER
GECKLE, MD, DAVID S	LUZERNE
GEDDAM, MD, BAPI R	PHILADELPHIA
GEDDES, MD, GISELLE J	CHESTER
GEE, MD, WILLIAM	LEHIGH
GEER, MD, FRANK D	LAWRENCE
GEETHA, MD, DUVURU	YORK
GEGWICH, MD, FRANK	COLUMBIA
GEGWICH, MD, JOSEPH F	COLUMBIA
GEHL, MD, LEONARD G	ALLEGHENY
GEHL, MD, RICHARD S	ALLEGHENY
GEHMAN, MD, M JACK	BERKS
GEHMAN, DO, MICHAEL J	MONTGOMERY
GEHRING, MD, DAVID A	VENANGO
GEHRIS, MD, JAMES C	NORTHMBRLAND
GEHRIS, MD, LEROY A	BERKS
GEHRON JR, MD, WILLIAM H	LYCOMING
GEIGER, MD, LEONARD R	MONTGOMERY
GEIGLE, MD, CARL F	ERIE
GEISE, DO, STEVEN W	CLINTON
GEITNER, ERIKA K	ALLEGHENY
GEITZ, MELISSA A	ERIE
GEJER, ERIC R	PHILADELPHIA
GELACEK, MD, PHILIP A	ARMSTRONG
GELB, MD, RICHARD I	ALLEGHENY
GELEHRTER, MD, JOSEPH	PHILADELPHIA
GELET, MD, THEODORE R	ALLEGHENY
GELFAND, MD, JONATHAN L	PHILADELPHIA
GELFAND, MD, STEVEN B	VENANGO
GELLER, MD, JOSEPH	PHILADELPHIA
GELMAN, MD, BRUCE P	PHILADELPHIA
GEMIL, MD, CORAZON G	CHESTER
GEMIL-CORRAL, MD, ANGELITA G	CHESTER
GEMMILL, MD, REGINALD B	YORK
GENDELL, MD, HOWARD M	ALLEGHENY
GENNARELLI, MD, THOMAS A	PHILADELPHIA
GENNAULA, MD, CHARLES P	ALLEGHENY
GENOVESE, MD, FRANK N	ARMSTRONG
GENT, MD, JOSEPH A	VENANGO
GENTER, MD, BRUCE E	PHILADELPHIA
GENTILE, MD, ANTHONY F	ALLEGHENY
GENTILE, MD, ANTHONY J	LACKAWANNA
GENTILE, MD, VICTOR G	PHILADELPHIA
GENTILEZZA, MD, KENNETH W	LACKAWANNA
GENTZLER, CYNAMON K	PHILADELPHIA
GENTZLER II, MD, RICHARD D	LANCASTER
GEORGE, MD, DAVID L	BERKS
GEORGE, MD, GARY R	WASHINGTON
GEORGE, MD, JACOB	ERIE
GEORGE, MD, JOHN J	ALLEGHENY
GEORGE, MD, JOHN M	ALLEGHENY
GEORGE, MD, ROBERT A	ALLEGHENY
GEORGE, ROBERTA	PHILADELPHIA
GEORGEVICH, MD, PHILIP G	ALLEGHENY
GEORGY, MD, FAROUK M	LYCOMING
GEOSITS, DO, EDWARD E	LEHIGH
GERACI, MD, GASPERE C	DAUPHIN
GERARD, MD, JOSEPH A	ALLEGHENY
GERARD-CIMINERA, MD, JUDY L	BUCKS
GERBER, MD, LAWRENCE D	ALLEGHENY
GERBER, DO, MELVIN D	LANCASTER
GERBER, MD, MICHAEL L	ALLEGHENY
GERBER, MD, PAUL	PHILADELPHIA
GERBER, MD, WALTER L	PHILADELPHIA
GERBERT, MD, KATHLEEN H	LANCASTER
GERBRACHT, MD, DAVID D	FAYETTE
GERCHMAN, MD, LEROY B	LEHIGH
GERDES, MD, JEFFREY S	PHILADELPHIA
GERGER, MD, JOSEPH P	WESTMORELAND
GERGITS, DO, FRANKLYN R	PHILADELPHIA
GERHARD, MD, WILHELM	DELAWARE
GERHARDT, MICHAEL B	PHILADELPHIA
GERHARDT, SUSAN G	PHILADELPHIA
GERHART, MD, CLARK D	LUZERNE
GERHART, MD, GEORGE R	BERKS
GERHART, MD, GUY H	JEFFERSON
GERLACH IV, MD, CHARLES D	DAUPHIN
GERLACH, MD, DETLEF H	YORK
GERMAIN, TIMOTHY J	PHILADELPHIA
GERMAN, MD, ANTONIO I	ERIE
GERMAN, MD, TERRY M	MONTGOMERY
GERMANWALA, ANAND V	PHILADELPHIA
GERNETH, MD, GEORGE J	ALLEGHENY
GERONIMO, MD, LAURO S	NORTHAMPTON
GERSHKOFF, MD, ARTHUR M	PHILADELPHIA
GERSON, MD, ANDREW G	MONTGOMERY
GERSON, MD, BENJAMIN	CHESTER
GERSON, MD, IRVIN M	CHESTER
GERSTADT, MD, KIMBERLY A	PHILADELPHIA
GERTNER, MD, ERIC J	PHILADELPHIA
GESSLER, CYNTHIA F	PHILADELPHIA
GESSNER, MD, THOMAS P	WESTMORELAND
GETTE, MD, MICHAEL T	DAUPHIN
GETTO, CHRISTOPHER A	PHILADELPHIA
GETZ, MD, WILLIAM B	PHILADELPHIA
GETZOW, MD, MARTIN B	BUCKS
GEVIRTZ, MD, JEFFREY L	LEHIGH
GEVJAN, MD, ARMEN H	DELAWARE
GEYER, MD, DAVID W	BERKS
GHATAK, MD, PETER K	NORTHAMPTON
GHATE, MD, SHARAD B	INDIANA
GHATTAS, MD, JANETTE G	BERKS
GHAYAL, VARSHA	PHILADELPHIA
GHEGAN, CARRIE A	PHILADELPHIA
GHIA, MD, PRADEEP S	NORTHAMPTON
GHOSH, MD, SUBRATA	PHILADELPHIA
GHOSH, MD, SURESH C	PHILADELPHIA
GHOSHHAJRA, MD, KALYANMAY	ALLEGHENY
GIACCIA, MD, AMATO	BERKS
GIACOBBO, MD, JOHN N	PHILADELPHIA
GIAMBER, MD, SAMUEL R	NORTHAMPTON
GIAMMATTEI, MD, FRANK P	DELAWARE
GIAMPOLO, MD, ANTHONY J	SOMERSET
GIANFAGNA, MD, WILLIAM J	SCHUYLKILL
GIANGIULIO, MD, DENNIS J	LEHIGH
GIANGIULIO, LOUIS M	PHILADELPHIA
GIANNASIO, MD, CHARLES V	PHILADELPHIA
GIANNINI, LAUREN E	PHILADELPHIA
GIANNOPOULOS, MD, PETER H	CHESTER
GIANVITTORIO, JOY M	PHILADELPHIA
GIBBLE, MD, JOAN W	YORK
GIBBLE, MD, LEON W	YORK
GIBBONS, MD, JACQUELYN H	DELAWARE
GIBBONS, MD, RICHARD E	PHILADELPHIA
GIBBONS, MD, ROBERT J	LUZERNE
GIBBONS, MD, WILLIAM P	BLAIR
GIBBS, KAREN D	PHILADELPHIA
GIBBS, MD, WINFIELD S	NORTHMBRLAND
GIBSON, MD, BARBARA B	PHILADELPHIA
GIBSON, MD, F CLAY	WESTMORELAND
GIBSON, MD, JOSEPH M	LANCASTER
GIBSON JR, MD, ROY L	ALLEGHENY
GIBSON, MD, WILLIAM B	DELAWARE
GIBSON, MD, WILLIAM S	ALLEGHENY
GIBSON, MD, WILLIAM S	MONTOUR
GICK, MD, STEPHEN A	ELK/CAMERON
GIEBMANNS, THOMAS	PHILADELPHIA
GIESECKE, MD, SUSAN B	BERKS
GIGA, MD, JUDITH P	ALLEGHENY
GIL, VICTOR H	PHILADELPHIA
GILBERT, MD, JERALD B	LACKAWANNA
GILBERT, DO, MAX	PHILADELPHIA
GILBERT, MD, ROBERT P	PHILADELPHIA
GILBERT, MD, STEVEN L	PHILADELPHIA
GILBERT-HILLS, MD, REBECCA D	DAUPHIN
GILBERTI, MD, FRANK F	ALLEGHENY
GILBERTI, MD, MICHAEL V	ALLEGHENY
GILDAY, MD, FRANK J	PHILADELPHIA
GILES, MD, HARLAN RAYMOND	ALLEGHENY
GILES, MD, P DUDLEY	ERIE
GILFILLAN III, MD, A GEORGE	BERKS
GILFOR, JEFFREY M	PHILADELPHIA
GILFORD, MD, LAWRENCE M	CLARION
GILGORE, MD, GARY S	PHILADELPHIA
GILHOOLEY, MD, MICHAEL G	LACKAWANNA
GILL, MD, DONALD J	PHILADELPHIA
GILL, MD, ROBERT J	PHILADELPHIA
GILL, MD, ROY A	MONTGOMERY
GILLAN, MD, MUHAMMAD M	PHILADELPHIA
GILLEN, MD, GEORGE P	NORTHAMPTON
GILLESPIE, MATTHEW J	PHILADELPHIA
GILLESPIE, THOMAS L	ALLEGHENY
GILLICK, MD, ALAN P	LACKAWANNA
GILLIGAN, MD, FRANK P	DELAWARE
GILLIO, MD, ROBERT G	LANCASTER
GILLIS, MD, ANGUS T	MONTGOMERY
GILLIS, MD, VICTORIA A	INDIANA
GILLUM, MD, DAVID F	TIOGA
GILLUM, MD, DIANE R	PHILADELPHIA
GILMAN, MD, EDWARD	ALLEGHENY
GILMAN, MD, PAUL B	PHILADELPHIA
GILMORE, MD, DOROTHEA M	CLEARFIELD
GILMORE, MD, FREDERICK R	CLEARFIELD
GILMORE, MD, GEORGE H	ALLEGHENY
GILMORE, MD, JAMES	ALLEGHENY
GILOT, GREGORY J	STUDENT
GILOT, MD, JEAN M	BLAIR
GILROY, MD, ROBERT C	DAUPHIN
GINGRICH, MD, KERRY H	LEBANON
GINGRICH, MD, KEVIN A	CHESTER
GINGRICH JR, MD, RUSSELL L	LEBANON
GINIECZKI, MD, CHESTER J	PHILADELPHIA
GINSBERG, MD, DAVID K	PHILADELPHIA
GINSBERG, MD, GARY	BERKS
GINSBERG, MD, GENE H	LEHIGH
GINSBERG, DO, PHILLIP C	PHILADELPHIA
GINSBURG, MD, DAVID S	DELAWARE
GINSBURG, MD, HOWARD H	PHILADELPHIA
GINSBURG, MD, JOHN L	UNION
GINSBURG, MD, LEONARD H	DELAWARE
GINSBURG, MD, MICHAEL J	ALLEGHENY
GINTER JR, MD, GEORGE C	LYCOMING
GIORDANO, MD, JOSEPH A	MERCER
GIORDANO, MD, NICHOLAS D	LUZERNE
GIORGIO, MD, OUENTIN M	DELAWARE
GIRARDO, MD, SALVATORE P	PHILADELPHIA
GIRDANY, MD, BERTRAM R	ALLEGHENY
GIRDANY, MD, DAVID S	ALLEGHENY
GIRDHAR, MD, RABINDRA	JEFFERSON
GIRONE, MD, JOSEPH F	PHILADELPHIA
GIROUX, BRUCE J	PHILADELPHIA
GIRSH, MD, LEONARD S	PHILADELPHIA
GIRVIGIAN, MICHAEL R	PHILADELPHIA
GISLASON, MD, G JOHN	PHILADELPHIA
GITLOW, MD, STUART	ALLEGHENY
GITTINGS, MD, PAUL E	ALLEGHENY
GITTLEMAN, MD, MARK A	LEHIGH
GITTLEMAN, MD, STANTON C	PHILADELPHIA
GITTLEN, MD, STANFORD D	BUCKS
GIUDICE, MD, VIRGINIO J	PHILADELPHIA
GIUGLIANO, MD, FRANK J	COLUMBIA
GIULIAN, MD, BERTRAND B	DAUPHIN
GIUNTOLI, MD, ROBERT L	PHILADELPHIA
GIURGIU, MD, DAN I N	PHILADELPHIA
GIVEN, MD, KENNETH M	PHILADELPHIA
GIVENS, MD, FREDERICK T	DAUPHIN
GIVENS, MD, KERRY T	LANCASTER
GLAD, MD, LAWRENCE J	FAYETTE
GLADSTONE, MD, JULIAN L	DELAWARE
GLAH JR, MD, HENRY J	LANCASTER
GLAH, DO, JAMES J	BEDFORD
GLANTZ, MD, ANDREW I	NORTHAMPTON
GLANZBERG, MD, PAULINE	MONTGOMERY
GLASER, MD, ALAN L	ERIE
GLASER, MD, BARRY L	MONTGOMERY
GLASER, JEFFREY B	PHILADELPHIA
GLASER, MD, KENNETH I	LYCOMING
GLASSBURN, MD, JOHN R	PHILADELPHIA
GLASSER, MD, STUART A	WESTMORELAN
GLASSMAN, MD, JOEL M	PHILADELPHIA
GLASSMAN, MD, SOLOMON	PHILADELPHIA
GLASSNER, MD, MICHAEL J	MONTGOMERY
GLASSO, MD, LOUIS C	ALLEGHENY
GLAUSER, MD, ELINOR M	PHILADELPHIA

GLAUSER, MD, TERRY A	MONTGOMERY
GLAZER, MD, ROBERT M	PHILADELPHIA
GLAZERMAN, MD, LARRY R	LEHIGH
GLEASON, MD, JAMES A	ALLEGHENY
GLEESON, MD, GEORGE H	ALLEGHENY
GLEESON, MD, MICHAEL F	LACKAWANNA
GLENN, ADM, ALBERT L	BERKS
GLENNEY, MD, ROBERT J	POTTER
GLESSNER, MD, CAROL A	BERKS
GLICINI, MD, ROBERT L	LUZERNE
GLICK, MD, ABRAHAM	PHILADELPHIA
GLICK, MD, HAROLD M	ALLEGHENY
GLICK, MD, KENNETH A	ALLEGHENY
GLICK, MD, MARK R	DAUPHIN
GLICK, MD, RONALD M	ALLEGHENY
GLIKMAN, MD, NADEZHDA	PHILADELPHIA
GLORIOSO, MD, DAVID V	ALLEGHENY
GLORIOSO, MD, ROBERT C	YORK
GLOSSER, MD, WILLIAM E	BERKS
GLOWACKI, MD, FRANCIS L	VENANGO
GLUCK, MD, JULIE L	ALLEGHENY
GLUCKMAN, MD, ROBERT J	ALLEGHENY
GLUNK, MD, DANIEL J	LYCOMING
GLUNK, MD, RICHARD P	MONTGOMERY
GMUER, MD, PAUL J	ERIE
GNEGY, MD, RICHARD	ALLEGHENY
GO, MD, ALFONZO H L	LYCDMING
GO, MD, JDSEPHINE L	DELAWARE
GO, MD, WELLES P	PHILADELPHIA
GO JR, MD, WILLIAM C	CAMBRIA
GOBEL, MD, REGINALD T	YDRK
GOBERN, MD, CARMITA A	PHILADELPHIA
GOCHOCO, MD, JACINTO J	YORK
GDDBDUT, MD, BRETT P	NDRTHAMPTON
GODDARD JR, MD, JAMES E	LANCASTER
GODFREY, DO, CRAIG R	CRAWFORD
GODFREY, MD, DAVID K	MCKEAN
GODINEZ, MD, RODOLFO I	PHILADELPHIA
GODLA, MD, GREGORY J	ALLEGHENY
GODSHALL, CHRISTOPHER J	PHILADELPHIA
GODSHALL, MD, RICHARD W	BUCKS
GODSHALL, STEPHEN E	STUDENT
GOEBERT, MD, HERBERT W	CHESTER
GOEHRING, MD, DONALD E	BUTLER
GOEHRING, MD, WALTER O	ALLEGHENY
GOELTSCH, MD, RDBERT E	DAUPHIN
GOESER, MD, EUGENE	DELAWARE
GOESSLER, MD, MARY C	ALLEGHENY
GDHEL, MD, MIRA M	PHILADELPHIA
GOHN, MD, DOUGLAS C	LANCASTER
GOITZ, MD, ROBERT J	ALLEGHENY
GOKHALE, MD, SUDHIR B	ERIE
GOLANI, MD, UMESH A	ALLEGHENY
GOLD, MD, ALLAN	PHILADELPHIA
GOLD, MD, BARBARA W	PHILADELPHIA
GOLD, MD, HENRY J	PHILADELPHIA
GOLD, MD, HERMAN	DELAWARE
GDLD, MD, JACK	ERIE
GOLD, MD, MORRIE G	CHESTER
GDLDBACHER, MD, LAWRENCE R	PHILADELPHIA
GOLDBERG, MD, ANDREW L	ALLEGHENY
GOLDBERG, MD, BARRY B	PHILADELPHIA
GOLDBERG, MD, GARY	PHILADELPHIA
GOLDBERG, MD, HARRY	PHILADELPHIA
GOLDBERG, MD, HARVEY E	BUCKS
GOLDBERG, MD, LARRY H	PHILADELPHIA
GOLDBERG, MD, LISA A	ALLEGHENY
GOLDBERG, MD, LOUIS	MONTGOMERY
GOLDBERG, DO, RICHARD A	MONTGOMERY
GOLDBERG, MD, RICHARD E	PHILADELPHIA
GOLDBERG, MD, RONALD J	DELAWARE
GOLDBERG, MD, SHELDON	PHILADELPHIA
GOLDBERG, MD, STEVEN P	WESTMORELAND
GOLDBERG, MD, TODD H	PHILADELPHIA
GOLDBLATT, MD, SIDNEY A	CAMBRIA
GOLDBLUM, MD, ABRAHAM D	ALLEGHENY
GOLDBLUM, MD, KENNETH D	CHESTER
GOLDBLUM, MD, LEE J	ALLEGHENY
GOLDBLUM, MD, ORIN M	ALLEGHENY
GOLDBLUM, MD, RAYMOND W	ALLEGHENY
GOLDBURGH, MD, WARREN P	PHILADELPHIA
GOLDEN, GIL A	PHILADELPHIA
GOLDEN, MD, MANO R	MONTGOMERY
GOLDEN, MD, MICHAEL A	PHILADELPHIA
GOLDEN, MD, MICHAEL F	CHESTER
GOLDEN IV, MD, SAMUEL W	ALLEGHENY
GOLDEN, MD, THADDEUS W	PHILADELPHIA
GOLDENBERG, MARAT	PHILADELPHIA
GOLDFARB, MD, DANIEL D	LEHIGH
GOLDFARB, MD, HAROLD J	LEHIGH
GOLDFARB, MD, I WILLIAM	ALLEGHENY
GOLDFARB, MD, RICHARD M	BUCKS
GOLDFARB, MD, STANLEY	PHILADELPHIA
GOLDFEDER, MD, WARREN J	WAYNE/PIKE
GOLDFINE, MD, ALAN	CHESTER
GOLDIN, MD, RALPH J	LANCASTER
GOLDING, MD, DANIEL M	PHILADELPHIA
GOLDING, MD, IRVIN M	ALLEGHENY
GOLDMAN, MD, ALLA	BERKS
GOLDMAN, MD, ARTHUR	DELAWARE
GOLDMAN, MD, GARY L	LANCASTER
GOLDMAN, MD, H WARREN	PHILADELPHIA
GOLDMAN, MD, IRVING S	ALLEGHENY
GOLDMAN, MD, MICHAEL S	PHILADELPHIA
GOLDMAN, MD, RICHARD J	DELAWARE
GOLDMAN, MD, ROBERT F	FRANKLIN
GOLDMAN, MD, SCOTT M	PHILADELPHIA
GOLDMAN, MD, STANLEY R	DAUPHIN
GOLDMAN, MD, STEPHEN M	PHILADELPHIA
GOLDMAN, MD, WILLIAM J	MONTGOMERY
GOLDNER, MD, DAVID B	LEHIGH
GOLDNER, DO, JONATHAN A	MONROE
GOLDSCHMIDT, MD, HERBERT	MONTGOMERY
GOLDSCHMIDT JR, MD, JOSEPH C	DELAWARE
GOLDSMITH, MD, CHARLES P	LEHIGH
GOLDSMITH, MD, JOYCE	PHILADELPHIA
GOLDSTEIN, MD, ALLAN	BERKS
GDLDSTEIN, MD, ARNOLD L	BUCKS
GOLDSTEIN, MD, ARTHUR M	PHILADELPHIA
GOLDSTEIN, MD, BERNARD	PHILADELPHIA
GOLDSTEIN, COREY N	PHILADELPHIA
GOLDSTEIN, MD, ELLIOTT J	ALLEGHENY
GOLDSTEIN, MD, FRANZ	PHILADELPHIA
GOLDSTEIN, HOWARD B	PHILADELPHIA
GOLDSTEIN, MD, JACOB	PHILADELPHIA
GOLDSTEIN, MD, JEROME B	DELAWARE
GOLDSTEIN, MD, JEROME	PHILADELPHIA
GOLDSTEIN, MD, KEITH S	ALLEGHENY
GOLDSTEIN, MD, LARRY E	MONTGOMERY
GOLDSTEIN, MD, MARC F	PHILADELPHIA
GOLDSTEIN, MD, MARK R	DELAWARE
GOLDSTEIN, MICHAEL J	PHILADELPHIA
GOLDSTEIN, MITCHELL J	ALLEGHENY
GOLDSTEIN, MD, MORTON L	ALLEGHENY
GOLDSTEIN, MD, NEIL H	CHESTER
GDLDSTEIN, MD, NORMAN A	CHESTER
GOLDSTEIN, MD, PHILIP D	MONTGOMERY
GOLDSTEIN, RACHEL	PHILADELPHIA
GOLDSTEIN, MD, RICHARD S	BUCKS
GOLDSTEIN, MD, ROBERT C	PHILADELPHIA
GOLDSTEIN, MD, SCOTT D	PHILADELPHIA
GDLDSTEIN, DO, STEVEN H	PHILADELPHIA
GOLDSTONE, MD, SHELDON B	LACKAWANNA
GOLDSTROHM, MD, GREGG L	WESTMORELAND
GOLDWEIN, MD, MANFRED I	PHILADELPHIA
GOLESTANIAN, MD, ELLIE	PHILADELPHIA
GOLIO, MD, ANTHONY G	WESTMORELAND
GOLLA, MD, SARASWATHI K	ALLEGHENY
GOMBAR, MD, EDWARD F	LACKAWANNA
GOMBERG, MD, JACK A	PHILADELPHIA
GDMEZ, JDHN-PAUL	PHILADELPHIA
GOMEZ, MD, LUIS L	CRAWFORD
GONCZ JR, DO, GRAY	ALLEGHENY
GONNELLA, MD, JOSEPH S	PHILADELPHIA
GDNSKY, DO, MARK A	LUZERNE
GONTHIER, MD, DOLORES M	ALLEGHENY
GONZALES, MD, JERRY M	PHILADELPHIA
GONZALEZ, MD, ALEJANDRO R	ALLEGHENY
GONZALEZ, MD, CARLOS F	PHILADELPHIA
GONZALEZ, MD, DIEGO J	YORK
GONZALEZ, JEFF O	PHILADELPHIA
GONZALEZ, MD, JOSE L	YORK
GONZALEZ, MD, LORENZO	MERCER
GONZALEZ, MD, RENE M	ALLEGHENY
GONZALEZ - FLORIN, MD, RUBEN A	LEHIGH
GONZALEZ-BARRETO, MD, JORGE	PHILADELPHIA
GONZALEZ-MASO, MD, GUILLERMD E	PHILADELPHIA
GOOD, CANDACE R	STUDENT
GOOD, MD, CYNTHIA J	BEAVER
GDDD, MD, DANIEL C	LANCASTER
GOOD, MD, GARTH M	PHILADELPHIA
GOOD, MD, MILTON S	LANCASTER
GOOD, MD, ROBERT P	MONTGOMERY
GOODE JR, MD, JOHN G	PHILADELPHIA
GOODENOW, MD, ELIZABETH L	LYCDMING
GOODKIN, MD, MICHAEL B	DELAWARE
GOODMAN, MD, BRUCE A	BUCKS
GOODMAN, MD, BRUCE	DAUPHIN
GOODMAN, MD, CARL R	MONTGOMERY
GOODMAN, MD, DAVID A	MONTGOMERY
GOODMAN, MD, DAVID A	YORK
GOODMAN, MD, DAVID B	FAYETTE
GOODMAN, MD, GEORGE B	BEAVER
GOODMAN, MD, LOWELL I	DELAWARE
GOODMAN, MD, MARK A	ALLEGHENY
GOODMAN, MD, MATTHEW A	PHILADELPHIA
GOODMAN, MD, RICHARD A	ALLEGHENY
GOODMAN, SALLY L	PHILADELPHIA
GOODMAN, MD, SANFORD M	MONTGOMERY
GOODNER, MD, DAVID M	PHILADELPHIA
GOODREAU, MD, JAMES J	LEHIGH
GOODRICH, MD, DAVID C	NORTHAMPTON
GOODSTEIN, MD, MICHAEL H	YORK
GOODWORTH, MD, JOHN H	ALLEGHENY
GOODYEAR, MD, JAMES A	MONTGOMERY
GOODYEAR, MICHAEL H	ERIE
GOOLSARRAN, VANESSA J	PHILADELPHIA
GOONEWARDENE, MD, SHANTH A	PHILADELPHIA
GOPAL, MD, KRISHNAN A	ALLEGHENY
GOPAL, RAJESH	PHILADELPHIA
GOPAL, MD, T A	LEHIGH
GOPALANI, MD, AZIZ A	ALLEGHENY
GOPLERUD, MD, ELIZABETH J	CARBON
GOPPELT, MD, JOHN W	MONTGOMERY
GORALCZYK JR, MD, EDWARD J	ALLEGHENY
GORCHESKY, MD, MARK S	BLAIR
GDRDEUK, MD, DANIEL S	CENTRE
GORDIN, MD, STEPHEN J	PHILADELPHIA
GORDON, MD, ADAM J	ALLEGHENY
GORDON, MD, ALAN D	MIFFLIN/JUNIATA
GORDON, DO, DANIEL S	JEFFERSON
GORDON, MD, DAVID A	LEHIGH
GORDON, MD, DAVID A	PHILADELPHIA
GORDON, MD, GARY V	MONTGOMERY
GORDON, MD, HAROLD E	WESTMORELAND
GORDON, MD, HAROLD M	DELAWARE
GORDON, MD, ISADORE	CHESTER
GORDON, MD, JAMES K	BEDFORD
GORDON, MD, JEROLD S	ALLEGHENY
GORDON, MD, JOSEPH S	DELAWARE
GORDON JR, MD, KENNETH H	MONTGOMERY
GORDON, MD, LEONARD F	MONTGOMERY
GORDON, MD, MICHAEL E	BERKS
GORDON, MD, MICHAEL J	LEHIGH
GORDON, MD, MILTON S	WESTMORELAND
GORDON, MD, MURRAY B	ALLEGHENY
GORDON, MD, NANCY D	PHILADELPHIA
GORDON, PAULA J	ALLEGHENY
GORDON, RAM Y	ALLEGHENY
GORDON, MD, RICHARD D	BUCKS
GORDON, MD, RODNEY G	ALLEGHENY
GORDON, DO, SANFORD A	WASHINGTON
GORDON, MD, SUSAN J	PHILADELPHIA
GORDON, MD, TOM J	ALLEGHENY
GORDON, MD, WILLIAM S	DAUPHIN
GOREN, MD, ELIHU N	MONTGOMERY
GOREN, MD, ROBERT A	PHILADELPHIA
GOREN, MD, RONALD C	PHILADELPHIA
GOREN, MD, STANLEY E	PHILADELPHIA
GOREY, DO, CHARLES F	MONTGOMERY
GORIN, MD, MICHAEL B	ALLEGHENY
GORMAN, MD, PAUL J	DAUPHIN
GORMAN-CATTON, MD, JOHANNA H	CHESTER
GORMLEY, MD, TIMOTHY S	PHILADELPHIA
GORTI, MD, SUBBARAO	PHILADELPHIA
GORTYCH-BARNES, MD, VIRGINIA A	MONROE
GOSAI, MD, JAYESH B	GREENE
GOSAI, MD, KAMLESH B	WASHINGTON
GOSFIELD JR, MD, EDWARD	PHILADELPHIA
GOSNELL, MARK S	PHILADELPHIA
GOSS, EDWARD S	BERKS
GOSSETT, JEFFREY G	PHILADELPHIA
GOSZTONYI JR, MD, RUDOLPH E	NORTHAMPTON
GOTKIEWICZ, MD, EDWARD M	DAUPHIN
GOTTESMAN, DO, MAX W	ERIE
GOTTHEIL, MD, EDWARD	PHILADELPHIA
GOTTLIEB, MD, HARRY	PHILADELPHIA
GOTTLIEB, MD, JEROME I	LANCASTER
GOTTLIEB, MD, MICHAEL A	ALLEGHENY
GOTTLIEB, MD, PHILIP M	PHILADELPHIA
GOTTLIEB, MD, ROBERT J	LANCASTER
GOTTLIEB, MD, RONALD S	PHILADELPHIA
GOTTLIEB, MD, STANLEY	PHILADELPHIA
GOTTSHALL, MD, SAMUEL C	LACKAWANNA
GOULD, DAVID A	ALLEGHENY
GOULD, MD, MARY JEAN	LYCOMING
GOULD, MD, RICHARD B	PHILADELPHIA
GOULD, MD, SAM C	LUZERNE
GOULDIN, MD, JUDITH A	LYCOMING
GOULDY, MD, CHRISTINE A	BERKS
GOUMAS, MD, WILLIAM M	LYCDMING
GOURASH, MD, LEONA	ALLEGHENY
GOUW, MD, CHRISTOPHER B	CARBON
GOVINDARAO, DINESH	PHILADELPHIA
GOWDEY, MD, M AGNES	PHILADELPHIA
GOWEN, MD, GEORGE F	PHILADELPHIA
GOYAL, MD, AJAY K	PHILADELPHIA
GOYAL, MD, MAHEEP K	PHILADELPHIA
GOYAL, VIPIN K	PHILADELPHIA
GDYNE, MD, RUTH G	DELAWARE
GOZUM, MD, CARMEN Z	NORTHAMPTON
GRAB, MD, EDMUNDO M	BLAIR
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GRABIAS, MD, STANLEY L	BERKS
GRABOWSKI, MD, MARIE A	LUZERNE
GRACE, MD, HELEN K	PHILADELPHIA
GRACEY, MD, JACK G	YORK
GRACEY, VICKIE L	PHILADELPHIA
GRAD, MD, CHARLES T	LACKAWANNA
GRADMAN, MD, ALAN H	ALLEGHENY
GRADY, MD, PATRICK J	LACKAWANNA
GRAEFFE, MD, ESTELLA F	MONTGOMERY
GRAF, JONATHAN D	PHILADELPHIA
GRAFF, MD, DANIEL M	ALLEGHENY
GRAFF, MD, HAROLD A	MONTGOMERY
GRAHAM, MD, BARRY E	BERKS
GRAHAM, DO, E JOAN	LUZERNE
GRAHAM, JOHN M	PHILADELPHIA
GRAHAM, MD, MARK G	PHILADELPHIA
GRAHAM, MD, NATHANIEL L	MCKEAN
GRAHAM, MD, PATRICIA A	DELAWARE
GRAHAM, MD, THOMAS H	CHESTER
GRAHAM, MD, THOMAS R	ALLEGHENY
GRAHAM, MD, TIMOTHY S	LAWRENCE
GRAHAM III, MD, WILLIAM P	CUMBERLAND
GRANADOS, MD, NICANOR G	BERKS
GRANATH, MD, LINDA L	UNION
GRANATO, MD, JEROME E	ALLEGHENY
GRANDIS, MD, DONALD J	ALLEGHENY
GRANDIS, MD, JENNIFER R	ALLEGHENY
GRANDON, MD, RAYMOND C	DAUPHIN
GRANETT, MD, JEFFREY R	DELAWARE
GRANITO, MD, CHARLES D	DAUPHIN
GRANOWITZ, MD, SAMUEL P	ALLEGHENY
GRANSON, MD, MARC A	NDRTHAMPTON
GRANT, MD, B DAVID	DELAWARE
GRANT, MD, HOWARD R	CHESTER
GRANT, MD, KATHLEEN J	ALLEGHENY
GRASSI, MD, JOSEPH J	LEHIGH
GRATCH, DO, DAVID M	PHILADELPHIA
GRATCH, MD, MICHAEL J	MONTGOMERY
GRATZ, MD, RICHARD E	LACKAWANNA
GRAUEL JR, MD, THEODORE A	LAWRENCE
GRAVES JR, MD, BEVERLY	PHILADELPHIA
GRAVES, LAUREL A	PHILADELPHIA
GRAVES, MD, LYNDA C S	SCHUYLKILL
GRAVES, MD, VAUGHAN C	PHILADELPHIA
GRAY, MD, CHARLES R	PHILADELPHIA
GRAY, MD, CYNTHIA A	ALLEGHENY
GRAY, MD, DAVID W	UNION
GRAY JR, MD, FRANK D	PHILADELPHIA
GRAY, MD, FRIEDA G	PHILADELPHIA
GRAY JR, MD, GEORGE H	ALLEGHENY
GRAY, MD, HERBERT M	BEAVER
GRAY, MD, JERRY L	CAMBRIA
GRAY, MD, LOUIS P	LANCASTER
GRAY, MD, ROBERT T	FRANKLIN
GRAY III, MD, SAMUEL	ALLEGHENY
GRAYSON, KEVIN D	PHILADELPHIA
GRAYUM, MD, BRADLEY P	DELAWARE
GRAZIANI, MD, VIRGINIA	PHILADELPHIA
GREALISH, MD, ROBERT J	ALLEGHENY
GREATHOUSE, MD, MARK K	ALLEGHENY
GRECO, DAVID T	PHILADELPHIA
GRECO, MD, FRANK D	ALLEGHENY
GRECO, MD, JEFFREY M	NORTHMBRLAND
GRECO, MD, JOSEPH A	DELAWARE
GRECO, MD, ROBERT M	SCHUYLKILL
GRECO, MD, TIMOTHY M	PHILADELPHIA
GRECO, MD, TOBY A	PHILADELPHIA
GRECO, MD, VICTOR F	LUZERNE
GREEN, ALAN R	ALLEGHENY
GREEN, DO, ALFRED I	PHILADELPHIA
GREEN, MD, BARRY P	MONTGOMERY
GREEN, MD, CHARLES	SCHUYLKILL
GREEN III, MD, EDWARD	ERIE
GREEN, ERIC H	PHILADELPHIA
GREEN, MD, GEORGE R	MONTGOMERY
GREEN, MD, LAWRENCE	DELAWARE
GREEN, MD, LELAND J	MONTGOMERY
GREEN, MD, M EDWIN	DAUPHIN
GREEN, MD, MAYER A	ALLEGHENY
GREEN, MD, RICHARD L	ALLEGHENY
GREEN, DO, ROBERT L	DAUPHIN
GREEN, MD, ROBERT M	ALLEGHENY
GREEN, MD, ROY	SCHUYLKILL
GREEN, MD, THOMAS J	CUMBERLAND
GREEN, MD, WILLIAM H	DELAWARE
GREEN JR, MD, WILLIAM T	ALLEGHENY
GREEN, MD, WILLIAM	PHILADELPHIA
GREENAWALD, MD, HENRY A	DAUPHIN
GREENBARG, MD, JEFFREY B	PHILADELPHIA
GREENBAUM, MD, ARTHUR M	WARREN
GREENBAUM, MD, CHARLES H	PHILADELPHIA
GREENBAUM, MD, JAMES K	ARMSTRONG
GREENBAUM, MD, MARVIN H	MONTGOMERY
GREENBERG, MD, BRAM	MONTGOMERY
GREENBERG, MD, JACK O	PHILADELPHIA
GREENBERG, MD, JAMES A	ALLEGHENY
GREENBERG, JEFFREY	PHILADELPHIA
GREENBERG, LINDA W	PHILADELPHIA
GREENBERG, MD, MICHAEL J	MONROE
GREENBERG, MD, MICHAEL R	CLINTON
GREENBERG, MD, RICHARD H	PHILADELPHIA
GREENBERG, MD, RICHARD M	PHILADELPHIA
GREENBERG, MD, RDBERT N	BERKS
GREENBERG, MD, STEVEN M	JEFFERSON
GREENBERG, MD, STEVEN M	PHILADELPHIA
GREENBERG, MD, WAYNE V	ALLEGHENY
GREENBERGER, MD, JOEL S	ALLEGHENY
GREENBLATT, MD, JEFF M	DELAWARE
GREENBURG, MD, MORREN J	MERCER
GREENE, MD, DONALD H	LYCOMING
GREENE, GLENN J	PHILADELPHIA
GREENE, MD, JEFFREY M	MONTGOMERY
GREENE, MD, LUCILLE T	BERKS
GREENE, MD, NEIL A	LANCASTER
GREENE, MD, RICHARD J	BERKS
GREENE, MD, ROBERT F	ALLEGHENY
GREENE, MD, RONALD B	PHILADELPHIA
GREENE, MD, THOMAS E	MONTGOMERY
GREENFIELD, MD, LAWRENCE S	MDNTOUR
GREENFIELD, MD, VAL S	PHILADELPHIA
GREENIER, MD, VANESSA R	PHILADELPHIA
GREENLEE, MD, DANIEL P	GREENE
GREENLER, MD, DANIEL P	ALLEGHENY
GREENSMITH, MD, J ERIC	DAUPHIN
GREENSPAN, MD, ALLAN M	PHILADELPHIA
GREENSPAN, MD, BRUCE M	NORTHAMPTDN
GREENSPAN, MD, HERBERT S	MONTGOMERY
GREENSPAN, MD, MITCHELL M	BUCKS
GREENSPAN, MD, ROBIN L	BEAVER
GREENSPON, MD, SAMUEL E	MONTGOMERY
GREENWALD, MD, DAVID W	LUZERNE
GREENWALD, MD, EARL F	DAUPHIN
GREER III, MD, ROBERT B	DAUPHIN
GREGG, DAWN MARIE	STUDENT
GREGG, MD, GRACE S	ALLEGHENY
GREGG, MD, JOHN S	ALLEGHENY
GREGG, PATRICK J	PHILADELPHIA
GREGORY, MD, GEORGE W	BERKS
GREGORY, MD, ROBERT E	ALLEGHENY
GREGUS, MD, THOMAS J	BLAIR
GREIFENSTEIN, MD, ELAINE M	ALLEGHENY
GREIM, MD, CHARLES C	ALLEGHENY
GREINER, MD, ANN S	DAUPHIN
GRESS, MD, FRANCIS A	NORTHAMPTON
GRESS, MD, GORDON A	CAMBRIA
GRESS, MD, JEFFREY P	BUCKS
GRESS, MD, ROBERT E	LANCASTER

GRESS, MD, WILLIAM W CAMBRIA
GRETH, MD, WARREN E BERKS
GREULICK, MD, JOAN E LUZERNE
GREYBUSH, MD, JOSEPH N LEHIGH
GRIBB, MD, JOHN J BUCKS
GRIBB, MD, JOSEPH C DAUPHIN
GRIBIK, MD, MICHAEL ALLEGHENY
GRIEBEL, MD, STEPHEN R LEHIGH
GRIECO, MD, ROBERT L BEAVER
GRIECO, MD, WILLIAM M MONTOUR
GRIER, MD, JONATHAN F BLAIR
GRIESMER, MD, PAUL D LUZERNE
GRIFF, MD, LEONARD C DAUPHIN
GRIFF, MD, ROBERTA E DAUPHIN
GRIFFIN JR, DO, ROBERT M NORTHAMPTON
GRIFFIN, MD, STEVEN P INDIANA
GRIFFIN, MD, THOMAS D PHILADELPHIA
GRIFFITH, MD, ANNETTE Y BUCKS
GRIFFITH, MD, CHARLES O PHILADELPHIA
GRIFFITH, MD, GLENN G CAMBRIA
GRIFFITH, MD, JOHN R PHILADELPHIA
GRIFFO, MD, MARK D ADAMS
GRIGGS, RICHARD C ALLEGHENY
GRIJSEELS, MD, STEPHANE PHILADELPHIA
GRILL, MD, HOWARD P ALLEGHENY
GRILL, MD, WINFRED E JEFFERSON
GRILLO, SAMANTHA PHILADELPHIA
GRIMES, KELLY D ERIE
GRISKA, MD, JOEL A PHILADELPHIA
GROB, MD, DANIEL K ALLEGHENY
GROBLEWSKI, MD, EDWARD A LUZERNE
GROFF, MD, HENRY C ALLEGHENY
GROFF, DO, JAMES A DAUPHIN
GROGAN, MD, WENDELL A PHILADELPHIA
GROH, MD, JOHN R LEBANON
GROHSMAN, MD, JONATHAN M MONTGOMERY
GROLEAU, MD, GEORGE E LANCASTER
GROLMAN, MD, DENNIS M YORK
GRONKIEWICZ, MD, BRUCE V CUMBERLAND
GROOMES, MD, RODERICK B ARMSTRONG
GROSH, MD, JOHN L LANCASTER
GROSH, MD, JOSEPH W LANCASTER
GROSH, MD, PAUL R LANCASTER
GROSH, MD, WILLIAM B LANCASTER
GROSH, MD, WILLIAM K LANCASTER
GROSKY, MD, MURRAY B LEBANON
GROSS, MD, BENJAMIN A PHILADELPHIA
GROSS, MD, DONALD R YORK
GROSS, GRETTA A PHILADELPHIA
GROSS, MD, LAWRENCE S BERKS
GROSS, MD, PAUL R PHILADELPHIA
GROSS, MD, PAUL ALLEGHENY
GROSSBERG, MD, MICHAEL F FRANKLIN
GROSSINGER, DO, BRUCE H DELAWARE
GROSSMAN, MD, DAVID CHESTER
GROSSMAN, ERIC B PHILADELPHIA
GROSSMAN, MD, GILBERT PHILADELPHIA
GROSSMAN, MD, I WILLIAM FAYETTE
GROSSMAN, MD, IRA C LUZERNE
GROSSMAN, JESSICA D PHILADELPHIA
GROSSMAN, MD, SHEILA S MONTGOMERY
GROTZINGER, MD, MARGARET L DAUPHIN
GROTZINGER, MD, PAUL J PHILADELPHIA
GROVE JR, MD, DALE A NORTHAMPTON
GROVE, MD, GLENN P YORK
GROVE, MD, RUSSELL E YORK
GROVE, MD, WILLIAM K YORK
GROVER, MD, JOSEPH G PHILADELPHIA
GROVER, MD, SUKHDEV S ALLEGHENY
GRUBB, MD, WILLARD Y BERKS
GRUBER, MD, JOHN W BERKS
GRUCHACZ, MD, MARK J PHILADELPHIA
GRUEN, MD, GARY S ALLEGHENY
GRUENBERG, MD, ALAN M PHILADELPHIA
GRUESEN, DO, MICHAEL J MONTGOMERY
GRUMET, MD, BERNARD A ALLEGHENY
GRUNBERG, MD, ROBERT W NORTHAMPTON
GRUNDY, MD, PAUL H BERKS
GRUNEWALD, MD, KARL E PHILADELPHIA
GRUSZECKI, AMY C ERIE
GRZESZCZAK, MD, EWA F DAUPHIN
GRZESZCZAK, MD, MAREK J DAUPHIN
GSCHWEND III, MD, PAUL LANCASTER
GUAGLIARDO, DO, JOSEPH P BUCKS
GUANZON, MD, DANILO L CRAWFORD
GUARINI, MD, PASQUALE B DELAWARE
GUARINO, MD, EDWARD F LEHIGH
GUARINO, MD, JAMES C DAUPHIN
GUARINO, MD, JULIUS M DELAWARE
GUASTAVINO, MD, THOMAS D SCHUYLKILL
GUAY JR, MD, ROBERT C BERKS
GUBERNICK, MD, JULIE A PHILADELPHIA
GUCCIONE, MD, ANGELA L ALLEGHENY
GUEHL JR, DO, JOHN J ALLEGHENY
GUEHL SR, MD, JOHN J ALLEGHENY
GUELBENZU, MD, NELSON O CAMBRIA
GUELCHER, MD, ROBERT T ERIE
GUERRA, MD, CORAZON A NORTHAMPTON
GUERRA, CRISTINA L STUDENT
GUERRA, MD, REYNALDO C NORTHAMPTON
GUIE, DO, MARGEL C FAYETTE
GUILES, STACEY L STUDENT
GUILES-LACHINA, DO, AMY A BERKS
GUILLARD, MD, FRANK CENTRE
GUINTO, MD, JOSE C ALLEGHENY
GUIRGUES, ASHRAF F ALLEGHENY
GUIRGUIS, MD, MORRIS F DELAWARE
GUIRNALDA-CASTRO, MD, NEMESIA G MONTGOMERY

GUISER, MD, LYNN G MIFFLIN/JUNIATA
GUISTWITE, MD, KENNETH R CUMBERLAND
GULATI, MD, AMAR N MONTGOMERY
GULATI, MD, RAJEEV LANCASTER
GULICK, MD, THOMAS H MONROE
GULISH, HEATHER A PHILADELPHIA
GULLOTTI, MD, MICHAEL J PHILADELPHIA
GULOTTA, MD, PAUL LEHIGH
GUMEINER, MD, STEVEN C PHILADELPHIA
GUMERMAN, MD, LEWIS W ALLEGHENY
GUMINA, MD, THOMAS F DELAWARE
GUMNIT, MD, ROBERT Y PHILADELPHIA
GUMP, MD, ROBERT B ALLEGHENY
GUNDER, MD, SCOTT A DAUPHIN
GUNDERSON, MD, ROBERT L LUZERNE
GUNDUZ, MD, PAULA A ERIE
GUNNING, MD, MARY LISA CHESTER
GUP, MD, DANIEL I ALLEGHENY
GUPTA, AKASH B PHILADELPHIA
GUPTA, MD, AMITABHA ALLEGHENY
GUPTA, MD, CHITRA L PHILADELPHIA
GUPTA, MD, GIRIWARLAL MONROE
GUPTA, MD, KRISHNA G WESTMORELAND
GUPTA, MD, NAND K BUCKS
GUPTA, MD, PRAMILA P NORTHAMPTON
GUPTA, SANJAY K PHILADELPHIA
GUPTA, MD, VED P PHILADELPHIA
GURGUN, MD, MELIH ALLEGHENY
GURITZKY, RONALD P PHILADELPHIA
GURMAN, MD, ANDREW W BLAIR
GURSON, MD, HELEN W ALLEGHENY
GURUSHANTHAIAH, DEEPAK PHILADELPHIA
GUSA JR, MD, WILLIAM E BUCKS
GUSIC, MD, MARYELLEN E DAUPHIN
GUSTAVSON, MD, ROGER B DAUPHIN
GUSTIN, MD, THOMAS A ERIE
GUTEKUNST, MD, PAUL E PHILADELPHIA
GUTHLEBEN, MD, JOHN G ERIE
GUTHRIE, MD, DAVID A FRANKLIN
GUTHRIE, MD, WILLIAM J MONTGOMERY
GUTIERREZ, MD, FELIX DAUPHIN
GUTTERMAN, MD, PAUL LUZERNE
GUTTMAN, MD, MICHAEL BUCKS
GUTTMANN, MD, GAD G PHILADELPHIA
GUTTMANN, MD, HARVEY MONTGOMERY
GUTTMANN, MD, MARLANE C PHILADELPHIA
GUYER, MD, SAMUEL MONTGOMERY
GUZIEC, DO, JOY A DAUPHIN
GUZZARDO, MD, MICHAEL N ERIE
GUZZO, MD, JOSEPH C LEHIGH
GVOZDEN, MD, ROBERT CAMBRIA

H

HAACK, MD, SUSAN M LYCOMING
HAAN, MD, CONSTANCE K ALLEGHENY
HAAS, MD, CHARLES M BLAIR
HAAS, MD, DONALD D WESTMORELAND
HAAS, MD, KENT S PHILADELPHIA
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HAAZ, MD, WILLIAM S PHILADELPHIA
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HABECKER, DO, MELVIN B LANCASTER
HABER, MD, ARTHUR S LUZERNE
HABER, KRISTIN E ALLEGHENY
HABER, MD, MICHELE A PHILADELPHIA
HABER, MD, SHERYL A PHILADELPHIA
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HADDON JR, MD, HARRY H FRANKLIN
HADFIELD JR, MD, WILLIAM A DELAWARE
HADLEY, DO, PAMELA L PHILADELPHIA
HADRA, MD, ELLINOR S MONTGOMERY
HAEBERLE, MD, WILLIAM A PHILADELPHIA
HAEUSSNER, MD, CHARLES F ALLEGHENY
HAFT, MD, HAROLD PHILADELPHIA
HAGAN JR, MD, EUGENE P PHILADELPHIA
HAGARTY, MD, JOHN J MONTGOMERY
HAGBERG, MD, MARGARET M ALLEGHENY
HAGBERG, MD, WILLIAM C ALLEGHENY
HAGERTY, MD, FRED D YORK
HAGES, MD, FOSTER BEAVER
HAGGARD, MD, ROBERT A LEBANON
HAGGERTY, MD, ROBERT W DELAWARE
HAGGERTY, MD, SALLY M NORTHAMPTON
HAHM, MD, JEE HO PHILADELPHIA
HAHN, MD, ADAM W ALLEGHENY
HAHN, CHRISTINE PHILADELPHIA
HAHN, MD, JEANNINE R CHESTER
HAHN, MD, JONATHAN F UNION
HAHN, MD, KON S WAYNE/PIKE
HAHN, MD, RICHARD M WASHINGTON
HAHN, MD, ROBERT J PHILADELPHIA
HAIBACH, MD, RAYMOND A ERIE
HAIDET, MD, KEITH R DAUPHIN
HAILES, DARBY-A PHILADELPHIA
HAIMOWITZ, MD, DANIEL BUCKS
HAIMOWITZ, MD, SAMUEL I PHILADELPHIA
HAIN, MD, HOWARD L NORTHAMPTON
HAIRSTON JR, MD, JOHN C ALLEGHENY
HAITH JR, MD, LINWOOD R DELAWARE
HAKALA, MD, THOMAS R ALLEGHENY
HAKAM, MD, ARDESHIR ALLEGHENY
HAKAS, MD, JOSEPH F ALLEGHENY
HAKAS JR, MD, JOSEPH F ALLEGHENY
HAKE, MD, JEAN H DAUPHIN
HAKIM, MD, CHRISTIANE M ALLEGHENY
HAKKI, MORGAN B PHILADELPHIA
HALE, MD, EDWARD H ALLEGHENY
HALE JR, MD, RAYMOND M ADAMS
HALE, DO, RICHARD C CENTRE
HALE, MD, ROBERT G MONTGOMERY
HALE, MD, ROBERT H BUCKS
HALE, MD, THOMAS K SCHUYLKILL
HALENDA, MD, GREGORY ALLEGHENY

HALL, MD, DANIEL A PHILADELPHIA
HALL, MD, GRAVES S YORK
HALL, MD, JAMES P BLAIR
HALL, MD, JOHN H PHILADELPHIA
HALL JR, MD, JOHN H WASHINGTON
HALL, MD, MICHAEL M ELK/CAMERON
HALL, MD, RICHARD N ERIE
HALL II, MD, ROBERT F CUMBERLAND
HALL, MD, ROBERT H PHILADELPHIA
HALL, MD, ROBERT L CENTRE
HALL, MD, ROBERT M CENTRE
HALL, MD, VIRGINIA E DAUPHIN
HALLAHAN, MD, WILLIAM F LEBANON
HALLERMEIER JR, MD, ROBERT G DELAWARE
HALLETT, MD, JOSEPH W PHILADELPHIA
HALLMARK, MD, KAREN H ALLEGHENY
HALLOCK, MD, GEOFFREY LEHIGH
HALLOCK, MD, RICHARD H DAUPHIN
HALLSTROM, MD, LAUN R PHILADELPHIA
HALPERIN, MD, MEYER A MONROE
HALPERN, AUDREY L ALLEGHENY
HALPERN, MD, BARRY R PHILADELPHIA
HALPERN, MD, BARTON L LANCASTER
HALPERN, MD, JANIS S BUCKS
HALPERN, JENNIFER D STUDENT
HALSTEAD, JEFFREY E PHILADELPHIA
HALTAUFDERHYDE, VYNETTE E ALLEGHENY
HAM, MD, JAMES W VENANGO
HAM, MD, TONG H MERCER
HAMADANI, MD, HOUSHANG G LEHIGH
HAMANN, MD, JOSE G PHILADELPHIA
HAMATY, MD, RONALD M CAMBRIA
HAMIDI, MD, JAFAR A MCKEAN
HAMILTON, MD, RALPH W PHILADELPHIA
HAMILTON, MD, ROBERT W ALLEGHENY
HAMILTON, MD, ROBERT W DAUPHIN
HAMILTON, SARAH P STUDENT
HAMILTON, MD, WILLIAM C PHILADELPHIA
HAMILTON, MD, WILLIAM L PHILADELPHIA
HAMM, MD, CHARLES R ALLEGHENY
HAMM, MD, FRANCIS E LACKAWANNA
HAMM, MD, GLENN G VENANGO
HAMM, MD, WILLIAM G LYCOMING
HAMME, MD, ELMER G YORK
HAMMELL, MD, EUGENE J ALLEGHENY
HAMMETT, MD, JAMES H ADAMS
HAMMOND III, MD, N LEROY MONTGOMERY
HAMOY, MD, ALICE G LYCOMING
HAMOY, MD, GEORGE L LYCOMING
HAMPEL, MD, AVRAHAM PHILADELPHIA
HAMPTON, MD, JANET A PHILADELPHIA
HAMPTON, REGINA M PHILADELPHIA
HAMSHER, MD, JAMES R DAUPHIN
HAMZAVI, MD, SIAMAK LACKAWANNA
HAN, MD, AARON C PHILADELPHIA
HAN, MD, DALSOO ALLEGHENY
HAN, MD, SAMUEL I BUTLER
HAN, MD, SUN TAK LACKAWANNA
HAN, MD, YOONG O ALLEGHENY
HANAWALT, MD, MARTIN E ERIE
HANAWAY, MD, ANDREA S PHILADELPHIA
HANBY JR, MD, W FORWOOD E MONTGOMERY
HANCHAK, MD, NICHOLAS A DELAWARE
HANCHETT, MD, JAMES E ALLEGHENY
HANCOCK, MD, REGINALD A ALLEGHENY
HAND, MD, HAROLD R ADAMS
HAND, MD, ROY H MONTGOMERY
HANDEL, HEIDI S ERIE
HANDELSMAN, MD, GORDON L ALLEGHENY
HANDELSMAN, MD, OLIVER ALLEGHENY
HANDFORD, MD, H ALLEN DAUPHIN
HANDLER, MD, IRA S BUTLER
HANES, MD, DAVID J BUCKS
HANES, MD, MARYANN PHILADELPHIA
HANES, MD, ROBERT B DELAWARE
HANHAUSEN JR, MD, EDWARD H MONTGOMERY
HANISEK, MD, WILLIAM F NORTHAMPTON
HANJANI, MD, PARVIZ PHILADELPHIA
HANKEY, MD, JOHN C ALLEGHENY
HANKS, MD, GERALD E PHILADELPHIA
HANLEY, DO, PATRICK J LEHIGH
HANLON, MD, JAMES T ALLEGHENY
HANLON, MD, THOMAS W LUZERNE
HANNA, MD, ANTONIOUS H WESTMORELAND
HANNA, MD, DWIGHT C ALLEGHENY
HANNA, MD, EZZAT A BERKS
HANNA, MD, HERBERT L INDIANA
HANNA, NADINE B PHILADELPHIA
HANNA, MD, ROBERT H CHESTER
HANNAGAN, MD, FRANK J LACKAWANNA
HANNO, MD, PHILIP M PHILADELPHIA
HANNUM, MD, CHRISTOPHER F DELAWARE
HANNUSH, MD, SADEER B BUCKS
HANRAHAN, MD, JAMES B ALLEGHENY
HANSBERRY, MD, MARK T YORK
HANSEN, MD, CARL A BUCKS
HANSPAL, MD, REENA K CHESTER
HANSROTE, MD, LOUIS W LEHIGH
HANZEL, MD, GEORGE D CAMBRIA
HAPPEL, MD, JOHN L ALLEGHENY
HAPPEL JR, MD, JOHN L ALLEGHENY
HARADA, MD, WILLIAM A NORTHAMPTON
HARADIN, MD, ANTHONY R ALLEGHENY
HARASYM, MD, E LAWRENCE COLUMBIA
HARASYM, MD, EUGENE D LACKAWANNA
HARBACH, MD, HARRISON F ADAMS

HARBERGER, MD, JAMES H YORK
HARBISON, MD, SEAN P PHILADELPHIA
HARDAWAY, MD, ALFRED E ELK/CAMERON
HARDEN III, MD, WESLEY R YORK
HARDENBROOK, MITCHELL A PHILADELPHIA
HARDESTY, MD, JAMES L HUNTINGDON
HARDY, MD, CHARLES A BUCKS
HARDY, MD, HEIDRUN D ERIE
HARE, MD, JEFFREY D NORTHAMPTON
HARE, MD, JEFFREY L BERKS
HAREN, MD, WILLIAM E FRANKLIN
HARGEST JR, MD, THOMAS E YORK
HARGLEROAD II, MD, JOHN A CENTRE
HARGRAVE, MD, HUGH J LANCASTER
HARGROVE III, MD, WALTER C PHILADELPHIA
HARIADI, JOHN W PHILADELPHIA
HARIKA, MD, JOPINDAR P ALLEGHENY
HARINSTEIN, MD, DAVID A ALLEGHENY
HARKAVY, MD, SANDRA E DELAWARE
HARKAWAY, MD, RICHARD C PHILADELPHIA
HARKER, EXEC SEC, MARJORIE E BLAIR
HARKER, MD, RICHARD C DAUPHIN
HARKINS, MD, HERBERT P PHILADELPHIA
HARKNESS, MD, MICHAEL J CHESTER
HARLAN, MD, WILLIAM K NORTHAMPTON
HARLEY, MD, BARBARA M ALLEGHENY
HARM JR, MD, KENNETH R DAUPHIN
HARMADY, DEBBIE PHILADELPHIA
HARMATZ, MD, ALEXANDER J PHILADELPHIA
HARMELIN, DO, MICHAEL C BERKS
HARMON, MD, ELI B MONTGOMERY
HARMON-WEISS, MD, SANDRA MONTGOMERY
HARNED, MD, E MICHAEL PHILADELPHIA
HARNISH, MD, DAVID M LANCASTER
HARNIST, MD, KIMBERLY S ALLEGHENY
HARP, MD, JAMES R PHILADELPHIA
HARPER, DEIRDRE W PHILADELPHIA
HARPER, MD, JOHN J ALLEGHENY
HARPER, SUSAN J STUDENT
HARR, MD, DENISE F DAUPHIN
HARRER JR, MD, WILLIAM J MERCER
HARRIGER, MD, MILES D LANCASTER
HARRING, MD, MAYNARD SCHUYLKILL
HARRIS, MD, ALBIN W FRANKLIN
HARRIS, MD, BARRY C ALLEGHENY
HARRIS, MD, BRIAN W DAUPHIN
HARRIS, MD, DAVID T PHILADELPHIA
HARRIS, DOUGLAS C PHILADELPHIA
HARRIS, MD, JAMES S PHILADELPHIA
HARRIS, JEFFREY H PHILADELPHIA
HARRIS, JOHN S PHILADELPHIA
HARRIS, JONATHAN S PHILADELPHIA
HARRIS, MD, KATHLEEN M ALLEGHENY
HARRIS, MD, KENNETH H PHILADELPHIA
HARRIS, MD, KEVIN R MONTGOMERY
HARRIS, MD, LAWRENCE K BERKS
HARRIS, MD, MALCOLM S ALLEGHENY
HARRIS, DO, MARK R CHESTER
HARRIS, MD, MERLEEN PHILADELPHIA
HARRIS, MD, RICHARD N ALLEGHENY
HARRIS, MD, STANLEY R LEHIGH
HARRISON, MD, ANTHONY M ALLEGHENY
HARRISON, MD, BRETT M BUCKS
HARRISON, MD, C SCOTT CUMBERLAND
HARRISON, MD, DIANE D BERKS
HARRISON, MD, DREW S LEHIGH
HARRISON, MD, FRANK D WESTMORELAND
HARRISON JR, MD, JOSEPH MONTGOMERY
HARRISON, DO, KEITH W MONTGOMERY
HARRISON, KURT D ERIE
HARROP, MD, DONALD E CHESTER
HARRY, MD, HARRIET M CENTRE
HARRYHILL, MD, JOSEPH F PHILADELPHIA
HARSTER, MD, GERALD A WESTMORELAND
HART, MD, ALEX D NORTHAMPTON
HART, MD, GEORGE R LAWRENCE
HART, MD, JAMES C DAUPHIN
HART, MD, NEIL J ALLEGHENY
HART, MD, PHILIP L FAYETTE
HART, DO, WILLIAM J DELAWARE
HARTLEY, MD, PAUL A FAYETTE
HARTMAN, MD, CHARLES E YORK
HARTMAN, MD, DOROTHY I S LEHIGH
HARTMAN, MD, H KING WESTMORELAND
HARTMAN JR, MD, H KING ALLEGHENY
HARTMAN, MD, OWEN W FRANKLIN
HARTMAN II, MD, SAMUEL A LEBANON
HARTMAN, SANDRA J PHILADELPHIA
HARTMAN, DO, STUART A LEBANON
HARTMAN, MD, WILLIAM F LANCASTER
HARTMANN, MD, DAVID B ALLEGHENY
HARTMANN, MD, PETER M YORK
HARTNETT, MD, ROBERT W CAMBRIA
HARTSOCK, MD, ROBERT J ALLEGHENY
HARTZ, MD, LEO M LYCOMING
HARTZ, MD, WILLIAM H PHILADELPHIA
HARTZ-SOLOFF, MD, CYNTHIA H ALLEGHENY
HARTZELL, MD, DAVID LARRY L CUMBERLAND
HARTZELL JR, MD, GEORGE W LEHIGH
HARTZELL, KATHLEEN N STUDENT
HARVATINE, LAURA L STUDENT
HARVEY, MD, AMY L BUCKS
HARVEY JR, MD, BENSON LEBANON
HARVEY, DO, CHARLES J BLAIR
HARVEY, MD, EDITH E PHILADELPHIA
HARVEY, MD, JAMES S CENTRE
HARVEY, MD, KENNETH L LEHIGH
HARVEY, MD, WILLIAM J ALLEGHENY

HARWICK, MD, JEAN C	ALLEGHENY
HARWICK, MD, JOHN D	LEHIGH
HARWICK, MD, ROBERT D	PHILADELPHIA
HASABNIS, MD, SUHAS P	BLAIR
HASAN, MD, AHMED M	CARBON
HASBACH, MD, THOMAS J	ALLEGHENY
HASER, MD, HEYWOOD A	ALLEGHENY
HASHIDA, MD, YOSHIE	ALLEGHENY
HASHIN, MD, KIMBERLY A	DAUPHIN
HASHMI, MD, MAJID A	ALLEGHENY
HASKIN, MD, MYRA R	MONTGOMERY
HASLEY, MD, STEPHEN K	ALLEGHENY
HASSAN, MD, JOSEPH R	BERKS
HASSANEIN, MD, ASHRAF M	PHILADELPHIA
HASSANI, MD, FARZANEH	SOMERSET
HASSEL JR, MD, CARL W	LANCASTER
HASSEL, MD, JEFFREY L	BERKS
HASSEL, MD, MARK H	LANCASTER
HASSEY, MD, JOSEPH A	PHILADELPHIA
HASSLACHER, MD, ELISABETH A	PHILADELPHIA
HASSLER, MD, CARL W	BERKS
HASSLER, LISA M	STUDENT
HASSOURI, MD, HASSAN	ALLEGHENY
HASTINGS JR, MD, LEO J	LEHIGH
HATCHER, MD, KIM A	INDIANA
HATLEBERG, MD, STEVEN L	CUMBERLAND
HATTI, MD, SHIVKUMAR S	DELAWARE
HATTOUM, MD, PITTAGORE	WESTMORELAND
HAUER, MD, MARLIN L	LEBANON
HAUGER, MD, HAROLD N	WESTMORELAND
HAUGER, MD, WILLIAM D	CAMBRIA
HAUN, MD, JOHN P	LANCASTER
HAUPT, MD, DONALD N	MONTGOMERY
HAUPT, MD, GEORGE J	PHILADELPHIA
HAUPT, MD, HANS M	YORK
HAUPT, MD, HELEN M	PHILADELPHIA
HAUPT, MD, RICHARD M	DELAWARE
HAUPTMAN, MD, WILLIAM A	PHILADELPHIA
HAURIN, BETH A	PHILADELPHIA
HAUS, MD, MARY M	WESTMORELAND
HAUS, MD, WILLIAM	ALLEGHENY
HAUSCH, MD, RAYMOND C	MONTOUR
HAUSER, MD, ADAM C	DELAWARE
HAUSER, MD, JOHN R	WASHINGTON
HAUSER, MD, NORMAN	MONTGOMERY
HAUSER, MD, RAYMOND J	BERKS
HAUSSMANN, ANDREW N	STUDENT
HAUT, MD, MICHAEL J	PHILADELPHIA
HAUTEA, MD, MARION C	DAUPHIN
HAVER, MD, PAUL M	BEAVER
HAVRILLA, MD, THOMAS R	ALLEGHENY
HAWARD, MARLYSE F	ALLEGHENY
HAWK, MD, DAVID L	YORK
HAWKE, MD, WILLIAM	BERKS
HAWKINS, MD, JAMES G	ALLEGHENY
HAWKINS JR, MD, RICHARD F	BLAIR
HAWKINS, MD, ROGER A	MERCER
HAWLEY, MD, RICHARD C	SCHUYLKILL
HAWN, MD, MARGARET M	DAUPHIN
HAWORTH, MD, CHARLES S	BUTLER
HAWRYLUK, MD, OREST	PHILADELPHIA
HAY, MD, HAROLD S	SOMERSET
HAYAG-BARIN, MD, JULIETA	ALLEGHENY
HAYASHI, MD, T TERRY	ALLEGHENY
HAYDEN, MD, JAMES B	HUNTINGDON
HAYES, MD, BRIAN L	PHILADELPHIA
HAYES, MD, GEORGE T	PHILADELPHIA
HAYES, MD, JAMES C	ALLEGHENY
HAYES, MD, MERRILL B	DELAWARE
HAYES, MD, WARREN H	LYCOMING
HAYMAN, MD, HARRIS R	CHESTER
HAYNES, ADM, LEILA	ALLEGHENY
HAYNICZ, MD, PETER	MONROE
HAYTHORNTHWAITE, MD, B MARY	MONTGOMERY
HAZEL, MD, ELIZABETH W	ALLEGHENY
HAZLETT, MD, JANE	LUZERNE
HAZLETT JR, MD, WALTER S	WESTMORELAND
HAZLETT, MD, WILLIAM H	LUZERNE
HAZZOURI, MD, MICHELE A	LACKAWANNA
HEADLEY, MD, CHAUNCEY R	WASHINGTON
HEAPS, MD, KENNETH P	YORK
HEATH, MD, F RICHARD	ALLEGHENY
HEBDA, MD, WILLIAM B	VENANGO
HEBRANK, MD, GREGORY T	WESTMORELAND
HECHT, MD, PAUL J	PHILADELPHIA
HECHT, MD, WARREN B	MONTGOMERY
HECK, MD, ALBERT W	DAUPHIN
HECK III, MD, HARRY J	ALLEGHENY
HECK, MD, HARRY J	ALLEGHENY
HECKLER, MD, FREDERICK R	ALLEGHENY
HEDGEPETH, CHESTER M	PHILADELPHIA
HEDLUND, DO, TIMOTHY L	BEAVER
HEDRICK, MD, G WINFIELD	BUCKS
HEDRICK, MD, THOMAS A	CAMBRIA
HEERE, MD, BARBARA A	LYCOMING
HEFFELFINGER, SEAN M	PHILADELPHIA
HEFFERN, MD, JAMES E	LANCASTER
HEFFERNAN, MD, ANDREW H	LEHIGH
HEFFLEY, MD, WILLIAM M	DAUPHIN
HEFFLIN, MD, BROCKTON	ALLEGHENY
HEFFLIN, MD, CHARLES M	ALLEGHENY
HEFFNER JR, MD, GEORGE W	SCHUYLKILL
HEFLIN, MD, DANIEL W	LYCOMING
HEGARTY, MD, FRANCIS A	ALLEGHENY
HEHER, MD, ELIOT C	MONTGOMERY
HEID, MD, CHARLES E	UNION
HEIDARY, MD, GHODRATALLAH O	MONTGOMERY
HEIDENREICH, MD, FRED P	ALLEGHENY
HEILBRUNN, MD, STEVEN M	ALLEGHENY
HEILMAN, MD, J DANIEL	ALLEGHENY
HEILMANN, MD, TIMOTHY M	LYCOMING
HEIM, MD, WILLIAM J	LACKAWANNA
HEIMBACH, MD, GEORGE Z	NORTHAMPTON
HEIMER, MD, JEFFREY L	CENTRE
HEIN, MD, EDWARD W	BERKS
HEIN, MD, JEFFREY P	ALLEGHENY
HEINE, MD, MARILYN J	BUCKS
HEINE, MD, WILLIAM I	PHILADELPHIA
HEINLE JR, MD, EDWARD W	BEAVER
HEINLE JR, MD, FREDERICK J	LANCASTER
HEINLE, MD, MICHAEL S	BEAVER
HEINTZ, MD, JAMES J	LUZERNE
HEISER, MD, MARK S	PHILADELPHIA
HEISEY, MD, JOHN C	BERKS
HEISEY, MD, ROBERT G	LEBANON
HEISLER, MD, DAVID B	LYCOMING
HEISTAND, MD, LANDIS C	SCHUYLKILL
HEISTERKAMP III, MD, CHARLES A	LANCASTER
HEIT, MD, JEFFREY	PHILADELPHIA
HEKLER, MD, EMILIAN M	DAUPHIN
HELINEK, MD, GERARD L	BERKS
HELINEK, MD, THOMAS G	BERKS
HELLER, MD, ALVIN G	MONTGOMERY
HELLER, MD, FREDERICKA S M	BERKS
HELLER, MD, MELVIN S	PHILADELPHIA
HELLERSTEDT, BETH A	ALLEGHENY
HELLMAN, MD, ARTHUR A	WESTMORELAND
HELLMANN, JOSEPH R	STUDENT
HELM JR, MD, JOHN D	LANCASTER
HELM, MD, ROBERT C	LANCASTER
HELMICK, MD, NATHANIEL D	MONROE
HELMICK, MD, WAYNE W	BEAVER
HELMOLD, MD, KARL W	NORTHAMPTON
HELMOLD, MD, MARIE E	NORTHAMPTON
HELSING, MD, WALTER J	BEAVER
HELWIG JR, MD, JOHN	PHILADELPHIA
HELY, MD, DANIEL P	CUMBERLAND
HEMACHANDRA, ANUSHA H	PHILADELPHIA
HEMLER, MD, PAUL M	DAUPHIN
HEMLEY, MD, SUSAN R	NORTHAMPTON
HEMMERLY, MD, WILLIAM C	NORTHAMPTON
HEMPHILL, MD, RICHARD W	ALLEGHENY
HENDERSON, MD, K WAYNE	LYCOMING
HENDERSON, DO, MARYANNE J	ALLEGHENY
HENDLER, MD, BARRY H	PHILADELPHIA
HENDREN, MD, WILLIAM G	PHILADELPHIA
HENDRICKS JR, MD, GILBERT L	CENTRE
HENDRICKS, MD, ROBERT T	CRAWFORD
HENDRICKSON, MD, CLIFFORD D	MONTGOMERY
HENDRIX JR, MD, ANDREW L	PHILADELPHIA
HENDRY, MD, STANLEY G	ALLEGHENY
HENDRZAK, MD, ANDREA J	NORTHAMPTON
HENKEN, DO, HOWARD B	DAUPHIN
HENNESSEY, MD, DAVID H	ALLEGHENY
HENNESSEY, MD, JOSEPH F	MONTGOMERY
HENNESSEY, MD, MICHAEL S	ERIE
HENNING III, MD, GEORGE F	SUSQUEHANNA
HENNINGER, MD, WILLIAM H	BERKS
HENNON, MD, DON L	ALLEGHENY
HENNON, MD, ROBERT P	ALLEGHENY
HENRIKSEN, MD, DANIEL S	YORK
HENRIKSEN, MD, SUSAN A	YORK
HENRIQUES, MD, ERROL D	CAMBRIA
HENRIQUEZ, MD, LILIANA C	LEHIGH
HENRY JR, MD, EDGAR S	ALLEGHENY
HENRY, JEAN M	PHILADELPHIA
HENRY, MD, JOHN M	BERKS
HENRY JR, MD, LELAND T	ALLEGHENY
HENRY, MD, MARK R	YORK
HENRY, MD, MITCHELL J	DAUPHIN
HENRY, MD, SCOTT P	ERIE
HENTOSH, MD, JOHN P	LEHIGH
HENTSCHEL, DO, WAYNE R C	CHESTER
HENWOOD, DO, CAROL L	CHESTER
HENWOOD, DO, WILLIAM R	MERCER
HENZES, MD, JACK	LACKAWANNA
HEPLER-SMITH, MD, ELIZABETH	ALLEGHENY
HEPLER-SMITH, MD, MICHAEL	ALLEGHENY
HEPPNER, MD, BRADLEY T	ALLEGHENY
HEPPNER, MD, RICHARD L	ALLEGHENY
HERALD, MD, GEOFFREY R	BEAVER
HERB, DO, RONALD K	BERKS
HERBERT, MD, ANITA J	MCKEAN
HERBERT, DO, REX A	DAUPHIN
HERBERT, MD, VICKI L	ALLEGHENY
HERBERT, DO, WILLIAM J	MERCER
HERBICK, MD, WILLIAM T	CAMBRIA
HERBISON, MD, GERALD J	PHILADELPHIA
HERBST, MD, ALLISON B	PHILADELPHIA
HERBST, MD, BERNADETTE A	PHILADELPHIA
HERBST, MD, CHARLES G	ERIE
HERBST, MD, VINCENT P	LYCOMING
HERCEG, MD, STEPHEN J	DAUPHIN
HERGAN, MD, ROBERT R	CHESTER
HERLING, MD, PATTI J	MONTGOMERY
HERMAN, MD, BARRY E	NORTHAMPTON
HERMAN, MD, CARL D	PHILADELPHIA
HERMAN, MD, HAROLD	PHILADELPHIA
HERMAN, MD, JAMES M	DAUPHIN
HERMAN, MD, JAY B	ALLEGHENY
HERMAN, MD, LEONARD Y	PHILADELPHIA
HERMAN, MD, RICHARD M	LEHIGH
HERMAN, MD, ROMAN K	NORTHAMPTON
HERMAN, MD, RONALD J	YORK
HERMAN, MD, WALTER M	PHILADELPHIA
HERMANN, MD, CHRISTOPHER P	BUCKS
HERMANN, JEFF W	PHILADELPHIA
HERMANN, MD, MARY E	COLUMBIA
HERMANOVICH JR, MD, JOHN	BERKS
HERMANY, DO, DEBRA K	SCHUYLKILL
HERMANY, MD, PAUL R	BUCKS
HERNANDEZ, MD, ENRIQUE	PHILADELPHIA
HERNANDEZ, MD, WILBERT E	LUZERNE
HERNDON, MD, JAMES H	ALLEGHENY
HEROLD JR, MD, CRESTON C	DAUPHIN
HEROLD, MD, SANFORD L	PHILADELPHIA
HEROMIN, MD, THOMAS J	NORTHMBRLAND
HERON, MD, LISMORE B	PHILADELPHIA
HERR, MD, JAMES D	LANCASTER
HERR, JILL M	PHILADELPHIA
HERRERA, MD, ANIBAL F	DELAWARE
HERRERO, MD, CARMELO	PHILADELPHIA
HERRERO, MD, REBECCA L	PHILADELPHIA
HERRICK, RICHARD E	ERIE
HERRING, MD, ALLEN B	PHILADELPHIA
HERRING, MD, WILLIAM	PHILADELPHIA
HERRINGTON, MD, PAMELA J	LYCOMING
HERROLD, MD, WARREN C	YORK
HERSCHAFT, MD, RICHARD J	LANCASTER
HERSH, CRAIG P	PHILADELPHIA
HERSHEY, MD, RICHARD E	ALLEGHENY
HERSHLINE, MD, ROGER K	ALLEGHENY
HERSHOCK, MD, BRUCE A	WESTMORELAND
HERSHOCK, MD, DIANE M	PHILADELPHIA
HERSPERGER, MD, WEBB S	CUMBERLAND
HERTFORD, MD, JO ANN F	BEAVER
HERTFORD, MD, STEVE C	BEAVER
HERTZ, MD, BARRY C	CHESTER
HERTZ, MD, CHARLES S	LEHIGH
HERTZ, GAIL S	STUDENT
HERTZ, MD, JONATHAN	LEHIGH
HERTZOG, MD, JAMES E	ALLEGHENY
HERZEL JR, MD, FRANK B	DAUPHIN
HESKEL, MD, MILTON M	PHILADELPHIA
HESS, MD, EDWARD R	TIOGA
HESS, MD, FLOYD M	NORTHAMPTON
HESS, MD, IVAN W	MONTGOMERY
HESS, MD, J CLAIR	LANCASTER
HESS, MD, JOSEPH B	LANCASTER
HESS, MD, PAUL G	LANCASTER
HESS, DO, RUSSELL C	YORK
HESS, MD, STEVEN G	PHILADELPHIA
HESS, MD, W FRED	MONTOUR
HESSEN, MD, MARGARET T	DELAWARE
HESTER, MD, CHRISTOPHER E	DAUPHIN
HESTER, MD, GLORIA E	CHESTER
HESTER, MD, PAUL S	BERKS
HETKOWSKI, EXEC DIR, ALLAN	LACKAWANNA
HETRICK, MD, WILLIAM D	ALLEGHENY
HETZEL, MD, DAVID J	LEHIGH
HEUERMANN, MD, ROBERT P	SCHUYLKILL
HEWIE, MD, S P	WASHINGTON
HEWLETT, MD, GUY S	PHILADELPHIA
HEWSON, MD, WILLIAM C	CHESTER
HEY JR, MD, E BERRY	BERKS
HEYD, MARK L	ERIE
HEYL, MD, LOUIS W	ALLEGHENY
HEYMACH III, MD, GEORGE J	ALLEGHENY
HEYMAN, MD, DAVID C	LYCOMING
HIBBERD, MD, ALAN E	DELAWARE
HICKEY, MD, ANDREW E	YORK
HICKS, DO, LAURENCE V	ERIE
HIDALGO, MD, HORACIO A	BUCKS
HIDALGO JR, MD, HORACIO A	BUCKS
HIEHLE, MD, J FREDERICK	BERKS
HIEMENZ, MD, DONALD W	MONROE
HIGGINS, MD, DAVID E	BLAIR
HIGGINS, DO, KENNETH R	YORK
HIGGINS, MD, YING L	PHILADELPHIA
HIGH, MD, BERTRAND J	BERKS
HIGHTOWER, MD, MARTIN C	BUCKS
HIJAZI, MD, SAADEDDINE A	LACKAWANNA
HILAL, MD, ELIAS Y	ALLEGHENY
HILBERG, MD, ROBERT W	ALLEGHENY
HILBIG, CLARKE A	PHILADELPHIA
HILDRETH, MD, EUGENE A	BERKS
HILEMAN, MD, JAMES D	ERIE
HILL, MD, CYNTHIA A	PHILADELPHIA
HILL, MD, DANIEL E	LYCOMING
HILL, MD, E MERTON	LEHIGH
HILL, MD, EDWARD B	CAMBRIA
HILL, MD, JOHN B	ALLEGHENY
HILL, MD, ROBERT J	BLAIR
HILLER JR, MD, WALTER W	ALLEGHENY
HILLS, MD, EVERETT C	DELAWARE
HILLS, MD, JAMES R	DAUPHIN
HILLYER, MD, PETER N	CHESTER
HILTON, MD, ALEXANDER E	ALLEGHENY
HILTY, CHERYL A	PHILADELPHIA
HIMELFARB, MD, HILLARD M	FRANKLIN
HIMELSTEIN, MD, RIMA H	DELAWARE
HIMES JR, MD, RALPH F	BLAIR
HIMES, DO, RAND S	MERCER
HIMMELREICH III, MD, LESTER L	CUMBERLAND
HIMMELSTEIN, MD, EUGENE	DELAWARE
HIMMELSTEIN, MD, FRED R	CHESTER
HIMOT, MD, LINDA J	ALLEGHENY
HINCHLIFFE, MD, JOSEPH G	ALLEGHENY
HINDI, MD, MUSA A	LUZERNE
HINES, MD, JOSEPH H	ERIE
HINES, MD, RODERICK E	LANCASTER
HINKENS, MD, GEORGE F	ALLEGHENY
HIPP, MD, THOMAS J	BUCKS
HIPPLE, MD, RANDALL F	LYCOMING
HIPPS, MD, JOHN G	TIOGA
HIRSCH, MD, BARRY E	ALLEGHENY
HIRSCH, MD, BERNARD	BEAVER
HIRSCH, MD, IRVIN H	PHILADELPHIA
HIRSCH, MD, STANLEY A	ALLEGHENY
HIRSCH, MD, STUART D	ALLEGHENY
HIRSCH, DO, WILLIAM S	BUCKS
HIRSH, MD, LEONARD F	DELAWARE
HIRSH, MD, MICHAEL P	ALLEGHENY
HIRSH, MD, S JAY	DELAWARE
HIRSHBERG, MD, RICHARD W	ALLEGHENY
HIRSHMAN, MD, PHILIP G	PHILADELPHIA
HITCHCOCK, MD, JOHN	ALLEGHENY
HITCHNER, MD, LEWIS C	DELAWARE
HNELESKI JR, MD, IGNATIUS S	CHESTER
HO, MD, CLEMENT T	YORK
HO, MD, SZE-KEY	ERIE
HO, MD, YEE C	ALLEGHENY
HOANG, THUY D	PHILADELPHIA
HOBART, MD, JOHN H	NORTHAMPTON
HOBBIB, GEORGE C	PHILADELPHIA
HOBBS, MD, JAN D	UNION
HOBBS, MD, JOSEPH H	SCHUYLKILL
HOBBS II, WILLIAM E	ALLEGHENY
HOBERMAN, MD, EDWARD	CLINTON
HOBERMAN, MD, MAURY	CHESTER
HOCH, MD, BRADLEY R	ADAMS
HOCH, MD, CARL W	ALLEGHENY
HOCH, MD, JOHN J	NORTHAMPTON
HOCH, MD, WILLIS S	BERKS
HOCHBERG, MD, ROBERT D	PHILADELPHIA
HOCKFIELD, MD, HAL S	MONTGOMERY
HODESS, MD, ARTHUR B	CHESTER
HODGE, MD, ARTHUR J	DAUPHIN
HODGES, MD, JOHN H	PHILADELPHIA
HODGSON, MD, JOHN P	ALLEGHENY
HOELLEIN, MD, DEBORAH E	PHILADELPHIA
HOERNER, MD, GEORGE H	YORK
HOERNER, MD, RALPH W	PHILADELPHIA
HOESSLY, MD, MICHEL C	MONTGOMERY
HOFF, KOLIN K	PHILADELPHIA
HOFFMAN, AMBER M	ALLEGHENY
HOFFMAN, MD, ANDREW P	NORTHAMPTON
HOFFMAN, MD, BRUCE I	PHILADELPHIA
HOFFMAN, MD, CARL J	MONTGOMERY
HOFFMAN, MD, CHAROLETTE	ALLEGHENY
HOFFMAN, DO, DAVID A	MONTOUR
HOFFMAN, MD, DAVID A	BERKS
HOFFMAN, MD, DAVID E	NORTHAMPTON
HOFFMAN, MD, DAVID F	CHESTER
HOFFMAN JR, MD, DAVID J	YORK
HOFFMAN, MD, HOLLY C	CUMBERLAND
HOFFMAN, MD, HOWARD L	FRANKLIN
HOFFMAN, MD, J DAVID	PHILADELPHIA
HOFFMAN, MD, J LYNN	CUMBERLAND
HOFFMAN, MD, JAMES P	MONTGOMERY
HOFFMAN, MD, JOHN E	NORTHAMPTON
HOFFMAN, DO, MARC E	ALLEGHENY
HOFFMAN, MD, NEIL A	BERKS
HOFFMAN JR, MD, RICHARD R	LEBANON
HOFFMAN, MD, SALEE L	BLAIR
HOFFMAN, MD, WILLIAM J	WESTMORELAND
HOFFMAN, MD, WILLIAM W	LEHIGH
HOFFMAN-TERRY, MD, MARGARET L	LEHIGH
HOFFMANN, MD, RON	MONTGOMERY
HOFFMEIER, MD, CHARLES L	PHILADELPHIA
HOFMAN, MD, WALTER I	MONTGOMERY
HOFMANN, MD, DOUGLAS J	YORK
HOFMANN, MD, JAMES W	YORK
HOFMANN, MD, KURT P	MONROE
HOFMANN, MD, MARY T	PHILADELPHIA
HOFSTETTER, MD, ALEXANDER M	ALLEGHENY
HOFSTETTER, MD, MARK	ALLEGHENY
HOFSTROM, MD, GLEN T	LYCOMING
HOGAN, MD, RICHARD C	ALLEGHENY
HOGAN, MD, W MICHAEL	MONTGOMERY
HOGGE, MD, WILLIAM A	ALLEGHENY
HOHING, MD, CHARLES C	ALLEGHENY
HOHMANN, MD, THOMAS C	ALLEGHENY
HOKE JR, MD, HUGH H	LANCASTER
HOLAK, FRANCINE C	PHILADELPHIA
HOLDER, MD, ARTHUR J	LANCASTER
HOLENCIK, DO, MARK P	DAUPHIN
HOLL, MD, PAUL F	ALLEGHENY
HOLLA, MD, P SHRIPATHI	LACKAWANNA
HOLLAND, MD, CLARENCE A	LEHIGH
HOLLAND JR, MD, CLARENCE A	LEHIGH
HOLLAND, MD, EDWARD F	YORK
HOLLAND, MD, SANFORD J	LACKAWANNA
HOLLAND-HULL, MD, NORMAN E	BUCKS
HOLLANDER, MD, ALEXIS C	PHILADELPHIA
HOLLANDER, MD, BENTLEY A	PHILADELPHIA
HOLLANDER, MD, GEORGE	PHILADELPHIA
HOLLANDER, MD, IRWIN J	BUCKS
HOLLANDER, MD, JOSEPH L	PHILADELPHIA
HOLLANDS, MD, CELESTE M	PHILADELPHIA
HOLLEN, MD, ROBERT A	CUMBERLAND
HOLLERAN, MD, BERNARD L	LUZERNE
HOLLIMAN, MD, CECIL J	DAUPHIN
HOLM, MD, ERIC K	BERKS
HOLM, MD, WILLIAM W	MONTGOMERY
HOLMAN, MD, INGRID A	ALLEGHENY
HOLMBERG, MD, DONALD E	MONTGOMERY
HOLMES, ANDREW S	PHILADELPHIA
HOLMES, MD, JOHN J	LACKAWANNA
HOLMS, DO, BARRY C	DELAWARE
HOLSINGER, MD, DAVID F	CAMBRIA

HOLSTEIN, MD, JAMES J	DELAWARE
HOLT, MD, ALLEN H	MERCER
HOLT, DO, SARAH W	LANCASTER
HOLTON EDD, EXEC DIR, JAMES N	MONTGOMERY
HOLTZER, MD, KARL W	WESTMORELAND
HOLUMZER, CLINTON C	PHILADELPHIA
HOLZINGER, MD, ELMER J	ALLEGHENY
HOM, MATTHEW H	PHILADELPHIA
HONEBRINK, MD, ANN L	PHILADELPHIA
HONG, MD, KAB S	MONTGOMERY
HONG, MD, KEUMSOON	PHILADELPHIA
HONG, MD, SOO W	LYCOMING
HONG, MD, SUNG H	BEAVER
HONGBARCO, MD, PABLO	ALLEGHENY
HONIGMAN, MD, FREDERIC H	PHILADELPHIA
HONKALA, MD, TIMOTHY K	ALLEGHENY
HOOBLER, MD, RANDALL J	ERIE
HOOD, MD, JOHN M	ERIE
HOON, MD, WILLIAM L	ALLEGHENY
HOOTMAN, MD, BARRY D	BUTLER
HOOVER, MD, ALAN D	ALLEGHENY
HOOVER II, MD, BENJAMIN A	YORK
HOOVER, MD, DARREN L	ALLEGHENY
HOOVER, MD, DEAN S	YORK
HOOVER, MD, HERBERT C	LEHIGH
HOOVER, MD, PHILIP A	YORK
HOOVLER, MD, PHILIP W	BLAIR
HOPE, MD, ALEXANDRA M	VENANGO
HOPE, MD, EARL J	BERKS
HOPKINS, MD, JOHN E	BERKS
HOPKINS, MD, MICHAEL S	CAMBRIA
HOPP, JENNIFER L	PHILADELPHIA
HOPPER, MD, BRUCE D	MONTGOMERY
HORAK, MD, JIRI G	PHILADELPHIA
HORAN, MD, JENNIFER	BERKS
HORAN, MD, KEVIN F	BERKS
HORAN, MD, PARIS B	BRADFORD
HORCHOS, MD, DONALD D	LACKAWANNA
HORMELL, MD, JOHNSON G	BLAIR
HORN, MD, DAVID L	MONTGOMERY
HORN III, MD, FRANK W	YORK
HORN, MD, KEVIN D	ALLEGHENY
HORN, MD, RICHARD H	ALLEGHENY
HORN, MD, THOMAS L	ALLEGHENY
HORNER JR, MD, DANIEL W	MONTGOMERY
HORNER, MD, SCOTT A	BERKS
HOROWITZ, MD, CAROLYN J	PHILADELPHIA
HOROWITZ, DO, GARY R	PHILADELPHIA
HOROWITZ, MD, GLENN D	PHILADELPHIA
HORSLEY, MD, ROSS A	MCKEAN
HORTH, MD, DANIEL J	JEFFERSON
HORTON, MD, JOSEPH A	ALLEGHENY
HORVATH, MD, DAVID A	ALLEGHENY
HORWICH, MD, DAVID N	CHESTER
HORWIN, MD, SAMUEL	CAMBRIA
HORWITZ, MD, BRETT R	MONTGOMERY
HORWITZ, MD, MILTON R	BUCKS
HOSCH, AMY J	PHILADELPHIA
HOSPODAR, MD, MARK E	ALLEGHENY
HOSSAIN, MD, AYESHA	WESTMORELAND
HOSSEINI, LEILA D	ALLEGHENY
HOST, MD, WILLIAM R	WYOMING
HOSTEN, MD, EDWARD B	PHILADELPHIA
HOSTETLER, MD, LISA W	DELAWARE
HOSTETTER, MD, ABRAM M	LEBANON
HOTMER, MD, DIANNE D	CHESTER
HOTTENSTEIN, MD, DANIEL W	DAUPHIN
HOTTENSTEIN, MD, JONATHAN E	ALLEGHENY
HOU, MD, CHING W	ERIE
HOUGAARD, MD, JOHN P	BUCKS
HOUGH, MD, RODNEY K	CUMBERLAND
HOUIDES, MD, ATHANASIOS C	LEHIGH
HOUSER, MD, JAMES J	VENANGO
HOUSER, JOHN F	PHILADELPHIA
HOUSER, EXEC SEC, JUNE L	CLINTON
HOUSER, MD, LAURA L	ALLEGHENY
HOUSER, STEPHANIE A	PHILADELPHIA
HOUSER, MD, STEPHEN A	CHESTER
HOUSHMAND, MD, CYRUS	CARBON
HOUSMAN, MD, JOHN H	LANCASTER
HOUSTON, MD, R ROSS	LAWRENCE
HOUSTON JR, MD, ROBERT R	LAWRENCE
HOVENDEN, MD, ANTHONY L	ALLEGHENY
HOVICK, MD, EDWARD T	MONTGOMERY
HOWANITZ, MD, E PAUL	BERKS
HOWANITZ, MD, EMIL P	LUZERNE
HOWANITZ, MD, MICHAEL P	DAUPHIN
HOWARD, CANDACE M	PHILADELPHIA
HOWARD, MD, THOMAS K	YORK
HOWDEN, MD, RICHARD F	MONTGOMERY
HOWE, MD, F ROBERT C	DAUPHIN
HOWE, MD, J DALE	NORTHAMPTON
HOWELL JR, MD, DAVID D	ERIE
HOWER, MD, ROBERT D	ALLEGHENY
HOWLAND, MD, ROBERT H	ALLEGHENY
HOWSE, MD, ROBERT M	LEBANON
HOYDU, ALISON K	PHILADELPHIA
HOYLE, MD, J PRESTON	UNION
HOYNE, MD, PATRICIA M	BLAIR
HOYSON, MD, GREGORY M	ALLEGHENY
HOYT, DO, DAVID G	MERCER
HOYT, MD, JOHN W	ALLEGHENY
HOYT, MD, RALPH C	BERKS
HOZACK, MD, WILLIAM J	PHILADELPHIA
HRATKO, MD, JOHN R	NORTHAMPTON
HRICISAK, DO, PAULINE M	DAUPHIN
HRINDA, MD, JOHN G	ERIE
HRIVNAK, PATTI L	ALLEGHENY
HSIA, MD, RAYMOND W	MONROE
HSIAO, MD, LI LI	PHILADELPHIA
HSIEH, MD, MING K	MONTGOMERY
HSU, CONNIE W	PHILADELPHIA
HSU, EDWIN Y	PHILADELPHIA
HSU, MD, SHIEN S	WASHINGTON
HSU, MD, STEVE S	PHILADELPHIA
HSU, MD, WEI T	DELAWARE
HU, MD, JAMES W T	SCHUYLKILL
HU, MD, KENNETH K N	ALLEGHENY
HUANG, MD, CHAO H	PHILADELPHIA
HUANG, MD, CHAU FE	LACKAWANNA
HUANG, KATHY	PHILADELPHIA
HUANG, MD, RONG	ALLEGHENY
HUBBARD, MD, RAYMOND J	BERKS
HUBER, MD, KENNETH C	ALLEGHENY
HUBER, STEPHEN J	STUDENT
HUBSHER, MD, JAY W	DELAWARE
HUDAK, MD, MARY J	YORK
HUDOCK JR, MD, GEORGE E	LUZERNE
HUDSON JR, MD, HOWARD E	LEHIGH
HUDSON, MD, HOWARD L	ERIE
HUDZINSKI, MD, MARTIN	FRANKLIN
HUFFARD, MD, ROBERT S	CENTRE
HUFFER, MD, DONALD H	YORK
HUFFMAN, JASON T	PHILADELPHIA
HUFFMAN, MD, PAMELA A	PHILADELPHIA
HUFFNAGLE, DO, H JANE	DELAWARE
HUFFNAGLE, MD, HENRY W	LANCASTER
HUFFNAGLE, DO, SUZANNE L	DELAWARE
HUGHES, MD, CHRISTOPHER M	WASHINGTON
HUGHES, MD, DAVID C	INDIANA
HUGHES, MD, GEORGE V	ALLEGHENY
HUGHES, MD, HOWARD G	MONTOUR
HUGHES, MD, JAMES M	ALLEGHENY
HUGHES, MD, JANE S	PHILADELPHIA
HUGHES, LESLEY A	PHILADELPHIA
HUGHES, MD, PATRICK H	ALLEGHENY
HUGHES, MD, PAUL J	LUZERNE
HUGHES, RACHEL A	PHILADELPHIA
HUGHES, SKIP	MONTGOMERY
HUGHES, MD, WILLIAM M	WESTMORELAND
HUGHEY, MD, JAMES R	WASHINGTON
HUH, MD, YOUNG I	MONTGOMERY
HUHTA, MD, JAMES C	PHILADELPHIA
HUI, SHIRLEY	ALLEGHENY
HULL III, MD, DONALD F	LYCOMING
HULLEY JR, MD, WILLIAM C	ALLEGHENY
HUME, MD, ERIC L	PHILADELPHIA
HUMES, MD, ALEXANDER B	ALLEGHENY
HUMMER III, MD, CHARLES D	DELAWARE
HUMMER JR, MD, CHARLES D	DELAWARE
HUMPHREY, MD, DAVID M	PHILADELPHIA
HUMPHREYS, MD, EARL A	ALLEGHENY
HUNGATE, MD, RITA G	ALLEGHENY
HUNN, MD, RICHARD H	ALLEGHENY
HUNSBERGER, MD, CHARLES L	CAMBRIA
HUNSBERGER, MD, JOSEPH L	MONTGOMERY
HUNSICKER, MD, LLEWELLYN W	MONROE
HUNSICKER, MD, ROBERT C	NORTHAMPTON
HUNT, MD, EUGENE H	BUCKS
HUNT, MD, JOSIAH A	YORK
HUNT, MD, PATRICK J	PHILADELPHIA
HUNT, MD, ROBERT E	BUTLER
HUNT JR, MD, WILLIAM T	PHILADELPHIA
HUNTER, MD, CAROL A	LEHIGH
HUNTER, MD, DORIS M	ALLEGHENY
HUNTER, MD, GEORGE R	WESTMORELAND
HUNTER, MD, JAMES M	PHILADELPHIA
HUNTER, MD, JOHN S	BERKS
HUNTER, MD, MARVIN T	BUCKS
HUNTER, MD, ROBERT J	CENTRE
HUNTLEY, MD, ARTHUR C	MONTGOMERY
HUOT, MD, DAVID A	ALLEGHENY
HURH, MD, RYON	ALLEGHENY
HURITE, MD, FRANCIS G	ALLEGHENY
HURLEY, MD, HARRY J	DELAWARE
HURLEY II, MD, JAMES E	FRANKLIN
HURLEY, MD, JAMES M	BUCKS
HURLEY, MD, JEFFREY P	DELAWARE
HURLEY, MD, JOHN N	PHILADELPHIA
HURLOCK, MD, JOAN E	PHILADELPHIA
HUROWITZ, DO, MARC P	PHILADELPHIA
HURSH, MD, DALE K	LANCASTER
HURST, MD, JOHN W	BLAIR
HURST, MD, KENNETH L	LANCASTER
HURTADO, DAVID	PHILADELPHIA
HURWITZ, MD, DENNIS J	ALLEGHENY
HURWITZ, JOSHUA M	PHILADELPHIA
HURWITZ, MD, LARRY E	ALLEGHENY
HUSAIN, MD, ZAHID	LUZERNE
HUSAINI, MD, SYED N	ALLEGHENY
HUSHION, MD, WILLIAM F	DELAWARE
HUSMANN, DEREK L	PHILADELPHIA
HUSSAIN, MD, SHABBAR	FRANKLIN
HUSSAINI, MD, SYED R	ALLEGHENY
HUSSON, MD, MICHAEL A	PHILADELPHIA
HUST, MD, FREDERICK S	BUTLER
HUSTED, MD, JAMES W	DELAWARE
HUSTON, MD, CHARLES C	CLARION
HUSTON III, MD, CHARLES C	VENANGO
HUTCHINGS, MD, DIANA M	BUCKS
HUTCHINSON III, DO, HARRY J	CHESTER
HUTCHINSON, MD, THOMAS A	LEHIGH
HUTCHISON, MD, JAMES C	MONTGOMERY
HUTSON, DO, JODY W	COLUMBIA
HUTT, MD, GORDON H	LANCASTER
HUTTON, MD, JOHN E	YORK
HUTTON, MD, LISA J	MONTGOMERY
HUTZ, DAVID P	PHILADELPHIA
HUXSTER, MD, ROBERT H	CHESTER
HWAN, MD, JUNG J	LACKAWANNA
HWAN, WARDEN H	PHILADELPHIA
HWANG, MD, MAISIE	ALLEGHENY
HYATT, MD, FLOYD R	ERIE
HYATT, MD, GLENN A	MONTGOMERY
HYATT, MD, ROBERT W	PHILADELPHIA
HYKES, MD, JAMES I	MONTGOMERY
HYLAND, MD, JOHN A	ALLEGHENY
HYMAN, MD, DAVID S	NORTHAMPTON
HYMAN, MD, HAROLD L	PHILADELPHIA
HYMAN, MD, HERBERT L	LEHIGH

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IALEGGIO, MD, JOHN J	NORTHAMPTON
IAMS, MD, WILLIAM B	DAUPHIN
IANCU, MD, ALBERT L	ALLEGHENY
IANNACONE, MD, WILLIAM M	PHILADELPHIA
IANNAMORELLI, MD, ANTHONY S	FAYETTE
IANNUZZI, MD, C CHARLES	ALLEGHENY
IBANEZ, MD, MELCHISEDEC	MCKEAN
IBARRA, MD, JOSELUIS	LANCASTER
IBERICO, MD, MARIANO M	MIFFLIN/JUNIATA
ICHTER, MD, JOSEPH T	LUZERNE
ICKLER, MD, JOHN L	MONTGOMERY
IDDENDEN, MD, DAVID A	PHILADELPHIA
IDICULLA, MD, ANNE A	PHILADELPHIA
IDREES, MD, MOHAMMAD	ALLEGHENY
IGLESIAS, MD, MANUEL	LANCASTER
IGNACIO JR, MD, GLICERIO V	CAMBRIA
IGNATIUS, MD, PAUL F	WARREN
IGNOCHECK, MD, ANTHONY R	ERIE
IHTESHAM, MD, MOHAMMAD	PHILADELPHIA
ILLES, MD, RICHARD W	LYCOMING
ILLINGWORTH, DO, WILLIAM A	BEDFORD
ILLUZZI, DO, ANGELO	JEFFERSON
ILSON, MD, BERNARD E	PHILADELPHIA
IMBER, MD, IRVING	BERKS
IMBRIGLIA SR, MD, JOSEPH E	LUZERNE
IMBRIGLIA JR, MD, JOSEPH E	ALLEGHENY
IMBROGNO, MD, MICHAEL S	LUZERNE
IMPERIALE, MD, SALVATORE M	LUZERNE
IMPINK, MD, ROBERT R	BERKS
IMRO, AMY K	PHILADELPHIA
INCORVATI, DO, DENNIS L	ALLEGHENY
INCORVATI, DO, ROBERT L	ALLEGHENY
INDORATO, MD, LEROY S	ALLEGHENY
INGAGLIO, MD, PHILIP E	PHILADELPHIA
INGERMAN, MD, MARK J	PHILADELPHIA
INGERSOLL, MD, CHARLES J	PHILADELPHIA
INGLESE, MD, ROBERTO	BEAVER
INNIS, MD, PATRICIA A	BERKS
INSALATA, MD, ROBERT A	CHESTER
INSLEY JR, MD, MARION C	DAUPHIN
IOBST, MD, JOSEPH I	MONTOUR
IOBAL, MD, IBRAIZ	PHILADELPHIA
IOBAL, MD, NADEEM	BEAVER
IOBAL, MD, SARWAT A	PHILADELPHIA
IOBAL, MD, ZAFAR	ALLEGHENY
IRANI, MD, MAHAKHURSHID	NORTHAMPTON
IRANI, MD, MAHATAB	NORTHAMPTON
IRANI, MD, ROSHEN N	PHILADELPHIA
IRBY, MD, SUSAN K	ALLEGHENY
IREY JR, MD, PHILIP M	COLUMBIA
IRVIN, MD, FRANCES E C	ALLEGHENY
IRVING, MD, THOMAS H	CENTRE
IRVIS, MD, KENNETH M	ALLEGHENY
IRWIN, MD, JOHN T	BUCKS
IRWIN, JOSEPH J	PHILADELPHIA
IRWIN, SIOBHAN L	PHILADELPHIA
ISAACS, MD, CHARLES T	DAUPHIN
ISAACSON, MD, HOWARD	PHILADELPHIA
ISCKARUS, MD, GEORGE S	MONTOUR
ISDANER, MD, NEIL L	PHILADELPHIA
ISENBERG, MD, CHESTER L	HUNTINGDON
ISENBERG, MD, GERALD A	PHILADELPHIA
ISHLER, MD, H RICHARD	CENTRE
ISIDRO, MD, EUGENIO G	LAWRENCE
ISIOCHA, MD, UCHEBUIKE H	BERKS
ISLAMOFF, MD, IGOR I	CAMBRIA
ISMAEL, MD, MOHAMED M	CLARION
ISMAIL-BEIGI, MD, FARHAD	ALLEGHENY
ISRAEL, MD, HAROLD L	PHILADELPHIA
ISRAEL, MD, HOWARD A	LEHIGH
ISRAEL, MD, MICHAEL	ALLEGHENY
ITKIN, MD, IRVING H	PHILADELPHIA
ITSKOWITZ, MD, ALAN L	ALLEGHENY
ITSKOWITZ, MD, HARVEY Z	PHILADELPHIA
ITZKOFF, MD, JEROME M	ALLEGHENY
IVES, MD, WILLIAM L	COLUMBIA
IVILL, MD, DENNIS W	DELAWARE
IVINS, MD, JOSEPH L	DELAWARE
IVINS, MD, SAMUEL P	DELAWARE
IVKER, MD, MORRIS	MONTGOMERY
IYENGAR, MD, PURUSHOTHAMA M	WESTMORELAND
IZZO, MD, DOMENIC C	BERKS
IZZO, MD, KENNETH L	PHILADELPHIA

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JABERS, DO, FAITH J	DAUPHIN
JABLIN, MD, PETER	FRANKLIN
JACKSON, MD, DAVID W	LANCASTER
JACKSON, MD, FRANK W	DAUPHIN
JACKSON, MD, JAY R	YORK
JACKSON, KELI D	ALLEGHENY
JACKSON, KRISTIN A	PHILADELPHIA
JACKSON, MD, MELVIN L	PHILADELPHIA
JACKSON, MD, PAUL W	DELAWARE
JACKSON, MD, RAYMOND W	BEDFORD
JACKSON, MD, RICHARD D	LANCASTER
JACKSON, MD, TIMOTHY L	BEAVER
JACOB, MD, EMMANUEL E	LUZERNE
JACOB, MD, LEONARD S	PHILADELPHIA
JACOB, MD, N J	ALLEGHENY
JACOB JR, MD, THOMAS C	DELAWARE
JACOBIUS, MD, HENRY F	NORTHAMPTON
JACOBS, MD, CLYDE H	NORTHMBRLAND
JACOBS, MD, DAVID	ALLEGHENY
JACOBS, ELIZABETH S	PHILADELPHIA
JACOBS, MD, FRANCIS	CHESTER
JACOBS, MD, GEORGE J	ALLEGHENY
JACOBS, MD, IRVIN	LUZERNE
JACOBS II, MD, J P	ALLEGHENY
JACOBS, DO, JANA L	ALLEGHENY
JACOBS, MD, JOSEPH M	NORTHAMPTON
JACOBS, MD, KENNETH M	LACKAWANNA
JACOBS, MD, LEWIS M	PHILADELPHIA
JACOBS, MD, MARK	DELAWARE
JACOBS, MICHAEL B	PHILADELPHIA
JACOBS, MD, SAMUEL A	ALLEGHENY
JACOBS, MD, STANLEY R	PHILADELPHIA
JACOBSON, MD, HORACE H	BRADFORD
JACOBSON, MD, MARTIN A	BERKS
JACOBSTEIN, MD, JEROME G	PHILADELPHIA
JACOBUS, MD, JUDITH L	BLAIR
JACOBY, JEANNE L	STUDENT
JACOBY, MD, RICHARD A	PHILADELPHIA
JADALI, MD, NASSRIN	PHILADELPHIA
JADIDI, MD, SHIRIN	NORTHAMPTON
JADITZ,.DO, STEPHEN G	LACKAWANNA
JAEGER, MD, EDWARD A	DELAWARE
JAEGER, MD, RANDY	LEHIGH
JAEGER, MD, ROBERT M	LEHIGH
JAEGER, MD, SCOTT M	ADAMS
JAFAR, MD, MOHAMMAD A	PHILADELPHIA
JAFARI, MD, NERCY	LEHIGH
JAFFARI, MD, MOHAMMED	PHILADELPHIA
JAFFE, FREDRIC	PHILADELPHIA
JAFFE, MD, JOEL D	BUCKS
JAFFE, MD, JOHN S	LEHIGH
JAFFE, MD, LOUIS	MONTGOMERY
JAFFE, MD, SEYMOUR S	ERIE
JAFFE, MD, STEPHEN C	BUCKS
JAFFEE, DO, LEE	PHILADELPHIA
JAGANNATH, MD, ANAND	DAUPHIN
JAHNLE, MD, RICHARD L	DELAWARE
JAHRE, MD, JEFFREY A	NORTHAMPTON
JAHROMI, MD, HEIDAR K	CHESTER
JAIN, MD, ASHOK K	ALLEGHENY
JAIN, MD, BHARAT	WESTMORELAND
JAIN, MD, SUPRABHA N	ALLEGHENY
JAIN, MD, SUSHMA A	ARMSTRONG
JAKAB, MD, IRENE	ALLEGHENY
JAKRIBETTUU, MD, VAMAN S	PHILADELPHIA
JAKUBEK, MD, DONALD J	WESTMORELAND
JALALI, MD, SHAILEN	PHILADELPHIA
JAMA, DO, ROBERT H	MERCER
JAMALI, MD, ANMAR A	DELAWARE
JAMES, CATHERINE A	PHILADELPHIA
JAMES, MD, DAVID L	MONTGOMERY
JAMES, DO, EDWARD E	ALLEGHENY
JAMES, MD, GEOFFREY M	DAUPHIN
JAMES, MD, JEFFREY R	BERKS
JAMESON, MD, E CARLETON	LANCASTER
JAMIESON, MD, DARA G	PHILADELPHIA
JAMIL, MD, OAZI A	MCKEAN
JAMSHIDI, MD, JAVAD	BEAVER
JAN, JAY C	PHILADELPHIA
JAN, MD, REHANA A	PHILADELPHIA
JAN, MD, RONALD S	PHILADELPHIA
JAN, MD, TAYYABA S	LACKAWANNA
JANA, MD, BARID B	WESTMORELAND
JANA, MD, DILIP K	ERIE
JANAKIRAMAN, MD, VIJYAYARA G	BLAIR
JANCARIK, JOHN P	ALLEGHENY
JANERICH, MD, ALBERT D	LUZERNE
JANESKY, MD, CINDY	LANCASTER
JANEWAY, MD, TIMOTHY	ALLEGHENY
JANG, CATHY J	STUDENT
JANG, MD, JANG-HUEI	LUZERNE
JANG, SUNGYON	PHILADELPHIA
JANIAK, DO, DANIEL D	ALLEGHENY
JANICIJEVIC, MD, NENAD	ALLEGHENY
JANICKI, DENISE L	STUDENT
JANNELLI, MD, ANGELA F	BUCKS
JANNELLI, MD, DOROTHY F	ALLEGHENY
JANNETTA, MD, PETER J	ALLEGHENY
JANOSKO, MD, RUDOLPH E M	ALLEGHENY
JANSMA JR, MD, DAVID R	BEAVER
JANSON, MD, RUSSELL R	DAUPHIN
JANTON III, MD, FRANCIS J	DAUPHIN
JAOUISS, MD, G WILLIAM	ALLEGHENY
JARDINE, MD, LISA M	PHILADELPHIA
JARIWALA, MD, LETICIA Q	ALLEGHENY
JARMAN, MD, MARTHA L	BUCKS
JARMOLOWSKI, MD, CHESTER R	ALLEGHENY
JAROWENKO, MD, DALEELA G	LANCASTER
JARRETT, MD, FREDRIC	ALLEGHENY
JASKO, JOHN J	ALLEGHENY
JASPER, DO, RONALD L	INDIANA
JAURIGUE, MD, VENERANDO G	PHILADELPHIA
JAVAN, MD, MEHDI B	WESTMORELAND
JAVIAN JR, MD, THOMAS A	BUCKS
JAWAD, MD, BASIL S	CHESTER
JAXHEIMER, MD, ERIC C	BERKS
JAY JR, MD, W THOMAS	BERKS
JAYAKUMAR, MD, SUBRAMONIAM	WASHINGTON
JAYASUNDERA, MD, TIMOTHY	PHILADELPHIA
JEAN, MICHAEL C	PHILADELPHIA

JEAN-JEROME, EVA	PHILADELPHIA
JEFFERIES III, MD, GEORGE E	DAUPHIN
JEFFERS, MD, JOHN B	PHILADELPHIA
JEFFREYS, MD, WILLIAM H	MONTOUR
JEFFRIES, DO, NANCY E	LANCASTER
JELEN, MD, JOSEPH A	PHILADELPHIA
JELEN JR, MD, JOSEPH A	PHILADELPHIA
JENCKES III, MD, GEORGE A	BERKS
JENG, BENNIE H	PHILADELPHIA
JENKINS, MD, BENJAMIN C	BLAIR
JENKINS II, MD, DONALD	PHILADELPHIA
JENKINS, MD, DOROTHY S	DELAWARE
JENKINS JR, MD, ROBERT J	ALLEGHENY
JENKINS, MD, ROSEMARY	DAUPHIN
JENNINGS, MD, DAVID T	LYCOMING
JENNINGS, MD, JOHN F	BUCKS
JENNINGS, MD, RICHARD A	ALLEGHENY
JENOFF, JAY S	PHILADELPHIA
JENS, MD, KURTIS D	LANCASTER
JENSEN, MD, GORDON L	MONTOUR
JENSON, MD, CYNTHIA L	ALLEGHENY
JERDAN, DENNIS A	PHILADELPHIA
JEROME-ZAPADKA, MD, KAREN M	BEAVER
JESICK, MD, ANN R	INDIANA
JESICK, GRETCHEN A	ALLEGHENY
JESINGER, ROBERT A	ALLEGHENY
JESSAR, MD, RALPH A	PHILADELPHIA
JEVAJI, MD, PADMA-RAO	ALLEGHENY
JEW JR, MD, EDWARD W	ALLEGHENY
JEW III, MD, EDWARD W	ALLEGHENY
JEWART, MD, BRIAN H	ALLEGHENY
JEWELL, MD, BRIAN F	ALLEGHENY
JEWELL, MD, MELANIE	PHILADELPHIA
JHO, MD, HAE DONG	ALLEGHENY
JIANG, SHAN	PHILADELPHIA
JIAS, LISA M	ALLEGHENY
JIMBO, MD, MASAHITO	PHILADELPHIA
JIMERSON, MD, CEDRIC C	BERKS
JIN, MD, PAMELA Y	PHILADELPHIA
JOCHNOWITZ, MD, MICHAEL J	MONTGOMERY
JOHAN, MD, MORTON	ALLEGHENY
JOHANSON, DIANA E	PHILADELPHIA
JOHANSON, MD, NORMAN A	PHILADELPHIA
JOHN, MD, JOHN P	ALLEGHENY
JOHN, MD, LAWRENCE R	ALLEGHENY
JOHN, MD, MALIYAKKAL J	COLUMBIA
JOHN, PAUL P	NORTHMBRLAND
JOHN, MD, THOMAS	TIOGA
JOHNS, MD, MILTON W	LANCASTER
JOHNS IV, MD, WALTER S	ERIE
JOHNSON, MD, ALFRED T	BERKS
JOHNSON, MD, ANNETTE J	MONTOUR
JOHNSON, MD, BERNETT L	PHILADELPHIA
JOHNSON JR, MD, BERTRAM L	LANCASTER
JOHNSON, MD, BRETT A	ERIE
JOHNSON, MD, CHARLES F	LEHIGH
JOHNSON, MD, CRAIG H	BERKS
JOHNSON, MD, DANIEL W	BLAIR
JOHNSON, MD, DAVID W	ALLEGHENY
JOHNSON, MD, DON E	PHILADELPHIA
JOHNSON, MD, DOUGLAS E	LEHIGH
JOHNSON, MD, ELTING C	BRADFORD
JOHNSON, MD, FRANKLIN P	ALLEGHENY
JOHNSON, MD, GARY E	ALLEGHENY
JOHNSON, MD, GEORGE M	YORK
JOHNSON, MD, GLEN	BRADFORD
JOHNSON JR, MD, HOWARD J	PHILADELPHIA
JOHNSON , MD, JEANNE D	ERIE
JOHNSON, MD, JOAN E	LANCASTER
JOHNSON, MD, JOHN H	BLAIR
JOHNSON, MD, JONAS T	ALLEGHENY
JOHNSON III, MD, JOSEPH E	PHILADELPHIA
JOHNSON, LAUREL R	PHILADELPHIA
JOHNSON, MD, LYNN R	ALLEGHENY
JOHNSON, MD, PETER C	ALLEGHENY
JOHNSON, MD, ROBERT P	LANCASTER
JOHNSON III, MD, S HARRIS	ALLEGHENY
JOHNSON, MD, THOMAS A	PHILADELPHIA
JOHNSON, TIMOTHY S	PHILADELPHIA
JOHNSON, MD, VAN W	WARREN
JOHNSON, MD, WAINE C	PHILADELPHIA
JOHNSON, , WESLEY D	ALLEGHENY
JOHNSON, MD, WILLIAM T	BERKS
JOHNSON-HAMERMAN, MD, LOIS M	PHILADELPHIA
JOHNSTAD, MD, CHRISTOPHER J	DAUPHIN
JOHNSTON, DO, CRAIG T	ERIE
JOHNSTON, MD, FRANK B	PHILADELPHIA
JOHNSTON III, MD, JAMES R	CUMBERLAND
JOHNSTON JR, MD, JOHN A	ALLEGHENY
JOHNSTONE, MD, GRAHAM F	ALLEGHENY
JOLLY, MD, RAJ K	ELK/CAMERON
JONES, MD, ANCIL A	DELAWARE
JONES, MD, BRIAN C	ALLEGHENY
JONES, MD, DANIEL C	MONTGOMERY
JONES, MD, DAVID B	YORK
JONES, MD, DAVID G	LEHIGH
JONES, MD, DAVID J	YORK
JONES, MD, EDWARD R	PHILADELPHIA
JONES, MD, FRANK E	ALLEGHENY
JONES, MD, FREDERICK L	HUNTINGDON
JONES, MD, GEORGE J	WASHINGTON
JONES, HORATIO C	PHILADELPHIA
JONES, MD, JAMES B	MONTOUR
JONES, MD, JAMES E	DAUPHIN
JONES JR, MD, JOHN H	LYCOMING
JONES, MD, JOSEPH C	ADAMS
JONES, MD, KAREN E	YORK
JONES, MD, LARRY W	BLAIR
JONES, MD, MICHAEL W	LYCOMING
JONES, MD, REBECCA K	BERKS
JONES JR, DO, ROBERT S	BERKS
JONES, MD, SETH M	LACKAWANNA
JONES, MD, STEVEN R	ALLEGHENY
JONES, MD, STUART A	LEHIGH
JONES, MD, TAMMY R	ALLEGHENY
JONES, MD, THOMAS B	FAYETTE
JONES, TIMOTHY R	PHILADELPHIA
JONES, DO, WAYNE T	ERIE
JONES, MD, WENDELL E	ALLEGHENY
JONES-GORDON, MD, SANDRA M	ALLEGHENY
JONOV, MD, CRAIG R	ALLEGHENY
JORDAN, MD, JEROME W	LACKAWANNA
JORDAN III, MD, WALTER E	LACKAWANNA
JORDAN, MD, WILLIAM J	LACKAWANNA
JORDAN, MD, WILLIAM P	MONROE
JORGE, MD, EDUARGO	DAUPHIN
JORGENSEN, MD, BRIAN K	PHILADELPHIA
JORKASKY, MD, DIANE K	PHILADELPHIA
JOSEF, MD, ERNEST M	CUMBERLAND
JOSEPH, MD, ALFRED J	MERCER
JOSEPH, MD, ANDREW H	ALLEGHENY
JOSEPH, MD, ELAINE R	ALLEGHENY
JOSEPH, MD, GEORGE M	NORTHAMPTON
JOSEPH, DO, JEFFREY I	PHILADELPHIA
JOSEPH, MD, KADANKAVIL C	ELK/CAMERON
JOSEPH, MD, SAJI	PHILADELPHIA
JOSHI, MD, HARENDRA V	PHILADELPHIA
JOSHI, MD, KISHOR E	FAYETTE
JOSHI, MD, MANOHAR J	ALLEGHENY
JOSON, MD, PHILIP M	WASHINGTON
JOSON, MD, RAYMOND M	PHILADELPHIA
JOURDAIN, MD, LUIS M	BLAIR
JOVANOVICH, MD, DANIEL B	ALLEGHENY
JOVES, MD, JOJO E	NORTHAMPTON
JOY, MD, CHARLES A	ERIE
JOY, MD, CHARLES R	ERIE
JOYCE, MD, ELLEN M	LEHIGH
JOYCE, MD, JUDITH M	ALLEGHENY
JOYCE, MD, MICHAEL F	MONTGOMERY
JOYE, DO, JAMES D	ALLEGHENY
JOYNER, MD, DAVID M	DAUPHIN
JOZEFCZYK, MD, PATRICIA B	ALLEGHENY
JOZEFIAK, MD, JUDITH A	LEBANON
JOZWIAK, MD, MARIOLA R	ALLEGHENY
JUANG, MD, RICHARD C	ERIE
JUBELIRER, MD, ROBERT A	MONTGOMERY
JUDD, MD, JAMES D	MONTGOMERY
JUDGE, MD, SHEILA	PHILADELPHIA
JUDSON, MD, JOHN P	DAUPHIN
JUDSON, MD, WILLIAM W	LYCOMING
JUDY, MD, KEVIN D	PHILADELPHIA
JUHASZ, MD, ALEX B	INDIANA
JULES, MD, ARNOLD J	MONTGOMERY
JULIA, MD, RONALD R	NORTHAMPTON
JULIAN, MD, THOMAS B	ALLEGHENY
JULIAN-CRISI, MD, MARYJANE A	SCHUYLKILL
JUNCOS, MD, GUILLERMO R	CHESTER
JUNEJA, MD, DAMYANTI	PHILADELPHIA
JUNG, MD, HONG I	LACKAWANNA
JUNG, MD, JAY SOO	LEHIGH
JUNG, MD, JENNIFER L	BUCKS
JUNG, MD, TINLIUNG	MCKEAN
JUNGREIS, MD, CHARLES A	ALLEGHENY
JUNKIN, MD, DAVID M	MONTGOMERY
JURENOVICH, DO, MICHAEL J	MERCER
JURGENS, MD, KENNETH H	ERIE
JURGENSEN, MD, JOHN C	CUMBERLAND
JURIGA, DO, BARBARA M	ALLEGHENY
JURNOVOY, MD, JOEL B	DELAWARE
JUST-BUDDY, MD, SULEIKA K	PHILADELPHIA

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KAAR, MD, RICHARD C	LYCOMING
KABELI, MD, SABIELI	PHILADELPHIA
KACHEL, MD, THOMAS A	DAUPHIN
KACZOR, MD, STANLEY F	BLAIR
KADITIS, MD, ATHANASIOS G	ALLEGHENY
KAFRISSEN, MD, STEVEN R	LUZERNE
KAGUYUTAN, MD, ALFREDO G	ADAMS
KAGUYUTAN, MD, OFELIA D	ADAMS
KAHLER, MD, GERALD W	VENANGO
KAHLER, MD, ROBERTA A	VENANGO
KAHN, MD, BERNARD L	PHILADELPHIA
KAHN, MD, BERTRAM	MONTGOMERY
KAHN, MD, DONALD L	PHILADELPHIA
KAHN, EVAN L	PHILADELPHIA
KAHN, MD, HYMAN R	PHILADELPHIA
KAHN, MD, JOEL A	MONTGOMERY
KAHN, MD, MARK B	PHILADELPHIA
KAHN, MD, S BENHAM	PHILADELPHIA
KAHN, MD, SANDRA J	PHILADELPHIA
KAHN, DO, STEVEN H	PHILADELPHIA
KAHN, MD, Y RAYMOND	ARMSTRONG
KAIDBEY, MD, KAYS	PHILADELPHIA
KAIN III, MD, THOMAS M	DELAWARE
KAIRYS, MD, LEO R	ALLEGHENY
KAJANI, MD, MEHDI K	PHILADELPHIA
KAJI, MD, ARJUN V	PHILADELPHIA
KAKODKAR, MD, VASUNDHARA S	NORTHAMPTON
KALAGAYAN, MD, HECTOR J	ERIE
KALANI, MD, GHASSEM	PHILADELPHIA
KALASH, MD, YASER	ALLEGHENY
KALCHMAN, MD, STEVEN H	BUCKS
KALE, MD, SANJAY D	LEHIGH
KALENAK, MD, ALEXANDER	DAUPHIN
KALIA, MD, KAMAL K	ALLEGHENY
KALIK, DO, JOSEPH R	MERCER
KALISH, MD, ROBERT W	PHILADELPHIA
KALKHOF, MD, THOMAS C	ERIE
KALLA, MD, RICHARD L	ALLEGHENY
KALLOZ, MD, JOHN R	ADAMS
KALMANSON, MD, JACOB D	ALLEGHENY
KALNICKI, MD, SHALOM	ALLEGHENY
KALODNER, DO, DAVID R	DELAWARE
KAMBIN, MD, PARVIZ	PHILADELPHIA
KAMDAR, MD, JAYANT C	PHILADELPHIA
KAMEEN, MD, ANTHONY J	LUZERNE
KAMEN, DO, JONATHAN W	PHILADELPHIA
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KAMINSKI, MD, THOMAS N	WESTMORELAND
KAMINSKY, MD, JAMES F	ERIE
KAMINSTEIN, MD, DAVID S	CHESTER
KAMSLER, MD, DAVID F	ADAMS
KANDABAROW, MD, ALEXANDER	ALLEGHENY
KANDRA, MD, JOSEPH J	DAUPHIN
KANDULA, MADAN N	PHILADELPHIA
KANDULA, MD, RAVINDRA R	NORTHAMPTON
KANE, BRYAN G	PHILADELPHIA
KANE, DIANA L	PHILADELPHIA
KANE, MD, JAMES A	LACKAWANNA
KANE, MD, JOAN D	LANCASTER
KANE, MD, JOHN J	ALLEGHENY
KANE, MD, JOHN S	MONTGOMERY
KANE, MD, KEVIN M	ALLEGHENY
KANE, DO, PATRICK A	MIFFLIN/JUNIATA
KANE, MD, RUTH P	ALLEGHENY
KANE, MD, WILLIAM M	DELAWARE
KANEDA, DO, ROBERT R	DAUPHIN
KANEFF, MD, SCOTT R	PHILADELPHIA
KANEFIELD, DO, MARVIN	PHILADELPHIA
KANEHANN, MD, LISA B	PHILADELPHIA
KANENSON, MD, WILLIAM L	DAUPHIN
KANG, MD, JASBIR S	BEAVER
KANG, MIN J	STUDENT
KANG, MD, PAUL B	PHILADELPHIA
KANIA, MD, ROBERT J	ALLEGHENY
KANIECKI, MD, ROBERT G	ALLEGHENY
KANIECKI, MD, VIDA S	ALLEGHENY
KANN, BRIAN R	PHILADELPHIA
KANN, MD, DAVID	CUMBERLAND
KANN, MD, JULES	ALLEGHENY
KANN, MD, STEVEN E	ALLEGHENY
KANOFF, DO, RICHARD B	PHILADELPHIA
KANSAGRA, MD, JASMAT N	CAMBRIA
KANSAL, MD, KUSUM R	BLAIR
KANSAL, MD, RAJ G	BLAIR
KANT, MD, NAVAL	UNION
KANT, MD, NILA N	UNION
KANTER, MD, STEVEN L	ALLEGHENY
KANTNER, MD, THEODORE R	PHILADELPHIA
KANTOR, MD, GARY R	PHILADELPHIA
KANTOR, DO, JAMES G	PHILADELPHIA
KANTOR, MD, ROBERT J	DAUPHIN
KANTOR, MD, THOMAS V	LEBANON
KANWIT, MD, BERT A	LEHIGH
KAO, MD, CHIEN-KUO	ALLEGHENY
KAO, MD, WINIFRED W	BERKS
KAO, MD, YI H	CLEARFIELD
KAO, MD, YU SONG	LUZERNE
KAPADIA, MD, DILIP L	DELAWARE
KAPADIA, MITESH K	PHILADELPHIA
KAPCALA, DO, JAN S	MONROE
KAPLAN, MD, CARL	ALLEGHENY
KAPLAN, MD, FRANK E	MONTGOMERY
KAPLAN, MD, LAWRENCE M	BERKS
KAPLAN, MD, LEWIS J	PHILADELPHIA
KAPLAN, MD, PETER D	ALLEGHENY
KAPLAN, MD, RICHARD H	PHILADELPHIA
KAPLAN, MD, RICHARD S	FAYETTE
KAPLAN, MD, SHELDON J	BERKS
KAPLOW, MD, GWEN H	PHILADELPHIA
KAPOOR, MD, RAJESHWAR D	ALLEGHENY
KAPPAKAS, MD, GEORGE S	ALLEGHENY
KAR, MD, DILIP S	WESTMORELAND
KARA, MD, AOUN B	NORTHAMPTON
KARABELNIK, MD, DON	BERKS
KARAFIN, MD, LESTER	PHILADELPHIA
KARAMANIAN, MD, AGOP V	ERIE
KARAMCHETI, MD, ANAND	WASHINGTON
KARANJIA, MD, MINOO D	INDIANA
KARASEK, MD, KRISTINA	ALLEGHENY
KARASICK, MD, SHELDON R	PHILADELPHIA
KARCSH, DO, HENRY J	CHESTER
KARDON, MD, LAURIE A	ALLEGHENY
KARDUCK, MD, JOHN S	CAMBRIA
KAREHA, MD, LOUIS G	LACKAWANNA
KARIAN, MD, JOHN M	VENANGO
KARIMKHANI, MD, KOBRA	ALLEGHENY
KARLIK, MD, JEFFREY S	ALLEGHENY
KARLIN, DO, PAUL S	PHILADELPHIA
KARLSTADT, MD, ROBYN GAIL	PHILADELPHIA
KARNIK, MD, SUBASH S	BUCKS
KARNOSKI, TINA M	ERIE
KARP, MD, ERIC A	LYCOMING
KARP, MD, JOSEPH S	PHILADELPHIA
KARP, MD, LOUIS A	PHILADELPHIA
KARP, MD, MICHAEL A	ALLEGHENY
KARPEN, MD, JAY L	WASHINGTON
KARPIN, MD, MAX	DELAWARE
KARPINSKI, MD, HENRY B	ERIE
KARPINSKI JR, MD, STEPHEN J	ALLEGHENY
KARSCHNER, MD, JANET K	ALLEGHENY
KARSH, MD, CARL A	ERIE
KART, MD, BARRY H	ALLEGHENY
KARUMBAYA, MD, ROMOLA	LACKAWANNA
KARUNARATNE, MD, ESIRI R	BLAIR
KASALES, MD, CLARENCE J	LEBANON
KASARDA, MD, LYNNANNE	DELAWARE
KASDAN, MD, RICHARD B	ALLEGHENY
KASDIN, MD, SHARON L	PHILADELPHIA
KASE, EDWIN M	PHILADELPHIA
KASE, MD, JAMES J	BERKS
KASE, MD, PAUL F	DAUPHIN
KASE, MD, WILLIAM A	PHILADELPHIA
KASEFF, MD, LEON G	PHILADELPHIA
KASHATUS, MD, WILLIAM C	PHILADELPHIA
KASHURBA, MD, GLENN J	SOMERSET
KASHURBA, MD, MARY T	SOMERSET
KASI, MD, KRISHNAKUMAR A	BEAVER
KASIRSKY, DO, GILBERT	BUCKS
KASPAR, MD, ALBERT J	NORTHAMPTON
KASPARIAN, MD, HRATCH	PHILADELPHIA
KASPRENSKI, MD, MATTHEW A	LEHIGH
KASPRENSKI, MD, MATTHEW L	LEHIGH
KASPUTIS, MD, DAVID A	COLUMBIA
KASRAVI, BABAK	STUDENT
KASS, DO, RICHARD W	PHILADELPHIA
KASTELIC, MD, RICHARD M	CAMBRIA
KASTENBAUM, MD, MICHAEL	BERKS
KASTENBERG, MD, DAVID M	PHILADELPHIA
KASTENBERG, MD, JUDITH S	PHILADELPHIA
KASTRUP, MD, JOHN J	ERIE
KASUBA, MD, VIDA R	ALLEGHENY
KASUNDRA, MD, PARSHOTTAM N	SCHUYLKILL
KATALAN, MD, MAURICE M	PHILADELPHIA
KATANICS, MD, JANOS	ALLEGHENY
KATES, MD, MALCOLM	PHILADELPHIA
KATHIRESAN, SENTHIL M	ALLEGHENY
KATHPAL, MD, GURBACHAN S	ALLEGHENY
KATHURIA, MD, SAJEEV S	ALLEGHENY
KATIN, MD, LAWRENCE I	CHESTER
KATLIC, MD, MARK R	LUZERNE
KATOLIK, LEONID I	PHILADELPHIA
KATS, MD, INNA	DAUPHIN
KATSAMPES, MD, ERNEST T	DAUPHIN
KATTELMAN, DO, MARC	MONTGOMERY
KATZ, MD, DAVID L	ALLEGHENY
KATZ, MD, IAN	CAMBRIA
KATZ, MD, ILENE M	SCHUYLKILL
KATZ, MD, IRWIN L	ALLEGHENY
KATZ, MD, JACOB	PHILADELPHIA
KATZ, MD, JAMES D	ERIE
KATZ, MD, JANICE D	PHILADELPHIA
KATZ, MD, JERALD M	WESTMORELAND
KATZ, MD, JOSEPH	LANCASTER
KATZ, MD, JULIAN	PHILADELPHIA
KATZ, MD, LEO	PHILADELPHIA
KATZ, MD, LESLIE J	PHILADELPHIA
KATZ, MD, LUCIA C	PHILADELPHIA
KATZ, MD, M RICHARD	PHILADELPHIA
KATZ, MD, MAX	PHILADELPHIA
KATZ, DO, PAUL M	MONTGOMERY
KATZ, MD, RICHARD G	ALLEGHENY
KATZ, MD, RICHARD H	PHILADELPHIA
KATZ, MD, RICHARD I	PHILADELPHIA
KATZ, MD, ROBERT E	MONTGOMERY
KATZ, MD, SHEILA M	PHILADELPHIA
KATZ, DO, STEVEN LEE	PHILADELPHIA
KATZ, MD, STUART I	MONTGOMERY
KATZ, MD, WARREN A	PHILADELPHIA
KATZMAN, MD, JEFFREY I	CHESTER
KAUDERER JR, MD, JOHN G	MONROE
KAUFFMAN, MD, CHESTER T	INDIANA
KAUFFMAN, CHRISTOPHER I	PHILADELPHIA
KAUFFMAN, MD, DWIGHT A	LANCASTER
KAUFMAN, MD, ALAN C	BUCKS
KAUFMAN, MD, BARRE D	LEHIGH
KAUFMAN, MD, CLARK R	LANCASTER
KAUFMAN, MD, JAY H	LEHIGH
KAUFMAN, MD, RICHARD E	PHILADELPHIA
KAUFMAN, MD, STEPHEN E	MONTGOMERY
KAUFMANN, MD, ANTHONY M	ALLEGHENY
KAUFMANN, MD, MICHAEL W	LEHIGH
KAUR, MD, MANJEET	LANCASTER
KAUR, MD, PRAKASH	WESTMORELAND
KAUSHIK, MD, VED P	ALLEGHENY
KAVCHOK, MD, JOSEPH	LEHIGH
KAVESH, MD, WILLIAM N	PHILADELPHIA
KAVIC, MD, MICHAEL S	ALLEGHENY
KAVIC, MD, THOMAS A	ALLEGHENY
KAVJIAN, MD, EDWARD M	DELAWARE
KAWASAKI, LUMIE	ALLEGHENY
KAY, MD, MICHAEL L	PHILADELPHIA
KAYE, MD, ANDREW S	BEAVER
KAYE, MD, DONALD	PHILADELPHIA
KAZAHAYA, MD, MASAYUKI	LEHIGH
KAZEM, MD, ISMAIL	PHILADELPHIA
KAZEM, KAREN	PHILADELPHIA
KEAGLE, DO, DOUGLAS L	DELAWARE
KEAGY, DO, GREGORY S	DAUPHIN
KEAN, MD, HERBERT	PHILADELPHIA
KEANE, MD, WILLIAM M	PHILADELPHIA
KEARNEY, MD, JAMES D	DAUPHIN
KEARNEY, MD, JOHN M	BERKS
KEARNEY, MD, JOSEPH A	WESTMORELAND
KEARNEY, DO, STARR M	ELK/CAMERON
KEARNS, MD, JOSEPH W	LEBANON
KEATES, MD, EDWIN U	PHILADELPHIA
KEATES, JENNIFER A	PHILADELPHIA
KEATING, MD, EDWARD C	LYCOMING
KEATING, MD, PAUL J	DELAWARE
KEBLISH JR, MD, PETER A	LEHIGH
KECK, JEFFREY P	STUDENT
KECK, MD, WILLIAM S	WESTMORELAND
KEDARNATH, MD, SIVA	ALLEGHENY

KEDDIE, MD, ROLAND T	ALLEGHENY
KEECH JR, MD, HAYDEN G	YORK
KEEFER, MD, GEORGE P	PHILADELPHIA
KEELER, MD, LOUIS L	PHILADELPHIA
KEELER, DO, VIRGINIA E M	LUZERNE
KEENAN, MD, MARY ANN E	PHILADELPHIA
KEENAN JR, MD, WILLIAM F	LYCOMING
KEENEY, MD, GALEN E	DAUPHIN
KEENEY, MD, GALEN M	HUNTINGDON
KEEPORTS, MD, RICHARD L	YORK
KEFFER, MD, WILLIAM H	BERKS
KEGEL, MD, DANIEL P	LANCASTER
KEGEL, ERICA C	STUDENT
KEGEL, MD, EUGENE E	LANCASTER
KEGEL, MD, MARY F	LANCASTER
KEHM, MD, VINCENT A	YORK
KEHRLI, MD, HENRY J	LACKAWANNA
KEHRLI, MD, WILLIAM H	LACKAWANNA
KEIL, MD, LORETTA W	LEHIGH
KEIL, MD, STEPHEN M	CENTRE
KEISMAN, MD, ROBERT A	DELAWARE
KEITER, MD, JAMES M	LEBANON
KEITH, MD, HELEN R H	NORTHAMPTON
KELEMEN, MD, SYLVIA B	DELAWARE
KELHOFFER, MD, ERIC R	PHILADELPHIA
KELL, DONNA J	ALLEGHENY
KELLER, MD, FRANK M	ALLEGHENY
KELLER, MD, JAMES W	LEBANON
KELLER, DO, JON M	LANCASTER
KELLER, DO, LARRY S	MONTGOMERY
KELLER, MD, LYNWOOD V	BERKS
KELLERMAN, MD, WILMA C	MONTGOMERY
KELLEY JR, MD, CHARLES F	LEHIGH
KELLEY, MD, DAVID K	DAUPHIN
KELLEY, MD, JAMES M	ALLEGHENY
KELLEY, MD, KRISTINE	LACKAWANNA
KELLEY, MD, MARK A	PHILADELPHIA
KELLEY, MICHAEL P	PHILADELPHIA
KELLEY, DO, SUZANNE K	DAUPHIN
KELLEY, MD, WILLIAM N	PHILADELPHIA
KELLIS, MD, DANA S	CAMBRIA
KELLMAN, MD, IAN A	WYOMING
KELLOGG, MD, RONALD A	CRAWFORD
KELLY, MD, BRIAN K	MONTGOMERY
KELLY, MD, BRUCE R	ALLEGHENY
KELLY, MD, EDWARD A	DELAWARE
KELLY, MD, EDWARD G	ALLEGHENY
KELLY, MD, EDWARD J	LACKAWANNA
KELLY, MD, HABIB R	PHILADELPHIA
KELLY, MD, JAMES J	DELAWARE
KELLY, MD, JEAN A	NORTHAMPTON
KELLY, MD, JOHN A	BRADFORD
KELLY IV, MD, JOHN D	PHILADELPHIA
KELLY, MD, JOHN J	MONTGOMERY
KELLY, MD, JOHN T	CHESTER
KELLY, MD, KEITH S	PHILADELPHIA
KELLY, MD, KEVIN J	DAUPHIN
KELLY, MD, KEVIN M	ALLEGHENY
KELLY, MD, MARK F	DELAWARE
KELLY, MD, PAUL O	DELAWARE
KELLY, MD, ROBERT W	ARMSTRONG
KELLY, MD, THOMAS J	ALLEGHENY
KELLY, MD, WILLIAM E	PHILADELPHIA
KELLY, MD, WILLIAM J	ALLEGHENY
KELSEY, MD, DAVID M	DELAWARE
KELSO, MD, DON R	MONTGOMERY
KELTON SR, MD, FRANKLIN C	MONTGOMERY
KEMERER, CHERYL L	PHILADELPHIA
KEMKAR, MD, ABHAYKUMAR G	WASHINGTON
KEMMERER, KELLY M	PHILADELPHIA
KEMP, AMY L	STUDENT
KEMP, MD, DAVID G	NORTHAMPTON
KEMP III, MD, DEWITT E	CAMBRIA
KEMP, DO, DWIGHT T	ERIE
KEMP, MD, ROBERT M	LANCASTER
KEMP, MD, WILLIAM R	ALLEGHENY
KEMRER, MD, J DONALD	LANCASTER
KENDALL, MD, BENJAMIN	PHILADELPHIA
KENDALL, MD, LEIGH W	LANCASTER
KENIG, MD, ISADOR J	DAUPHIN
KENKRE, MD, SRICRISHNA B	ALLEGHENY
KENNA, MD, JOSEPH P	LANCASTER
KENNA, MD, MARITA D	ALLEGHENY
KENNARD, MD, JOHN F	CLEARFIELD
KENNEDY III, MD, ARTHUR R	CARBON
KENNEDY, MD, DAVID S	LEBANON
KENNEDY, MD, F BRYAN	ALLEGHENY
KENNEDY, MD, JOHN N	LUZERNE
KENNEDY, DO, JULIA M	BUCKS
KENNEDY, MD, PETER S	YORK
KENNEDY, MD, RICHARD P	MONROE
KENNEDY, MD, SHIRLEY A	ALLEGHENY
KENNEDY, MD, THOMAS I	BUCKS
KENNEDY, MD, THOMAS L	MONTOUR
KENNEL, KURT A	STUDENT
KENNEN JR, DO, EUGENE W	WESTMORELAND
KENNERDELL, MD, EDWARD H	ALLEGHENY
KENNERDELL, MD, JOHN S	ALLEGHENY
KENNEY, MD, DAVID A	WESTMORELAND
KENNEY, MD, GERARD F	VENANGO
KENNEY, MD, LAWRENCE E	MONTGOMERY
KENNING, MD, JAMES A	MONTGOMERY
KENNY, MD, KEVIN J	ALLEGHENY
KENNY, MD, MICHAEL R	COLUMBIA
KENOL, MD, CLAUDE	PHILADELPHIA
KENT, MD, GEORGE M	LANCASTER
KENT, MD, PATRICIA	DELAWARE
KENT, MD, RICHARD B	CHESTER
KENT, MD, W DAVID	FRANKLIN
KENVIN, MD, JOHN E	LEHIGH
KENWORTHY JR, MD, HARRY J	MONTGOMERY
KEON, MD, THOMAS P	PHILADELPHIA
KEPERLING, DO, MARY O	YORK
KEPNER, ANDREW M	PHILADELPHIA
KERMANI, MICHAEL	ALLEGHENY
KERN, MD, FRANK	MONTGOMERY
KERNICH, MD, JOSEPH J	JEFFERSON
KERNUS, DO, JAY	PHILADELPHIA
KERR JR, MD, CLARK M	WESTMORELAND
KERR JR, MD, HARRY J	ALLEGHENY
KERR, MD, KRISS M	YORK
KERR, MD, PAUL B	SUSQUEHANNA
KERR, MD, ROBERT M	LUZERNE
KERRIGAN, MD, JAMES J	MONROE
KERRIGAN, DO, PATRICK J	LUZERNE
KERRY, MD, ROY E	MERCER
KERSHNER, MD, MARILYN S	BERKS
KERSON, MD, LAWRENCE A	MONTGOMERY
KERSTEEN, EXEC DIR, DUANE E	LUZERNE
KERSTEIN, MD, MORRIS D	PHILADELPHIA
KERSTETTER, MD, DAVID L	BEDFORD
KESMODEL, D, SUSAN B	PHILADELPHIA
KESSEL, MD, LAWRENCE J	PHILADELPHIA
KESSELRING JR, MD, WILLIAM T	MONROE
KESSERU, MD, JULIUS	ALLEGHENY
KESSLER, BRIAN A	ERIE
KESSLER, MD, FRANK J	NORTHAMPTON
KESSLER, MD, GALEN M	ALLEGHENY
KESSLER, MD, LAIBE A	ALLEGHENY
KESSLER, MD, REX K	DELAWARE
KESSLER, MD, WOODROW B	DELAWARE
KESTER, MD, WALTER L	CHESTER
KESWANI, MD, ASHOK K	PHILADELPHIA
KESZELI, MD, ALEXANDER R	CHESTER
KETELS, MD, ERK A	BUCKS
KETTERING, MD, DONALD L	WESTMORELAND
KETTERING, MD, JOSEPH M	ALLEGHENY
KETYER, MD, EDWARD C	ALLEGHENY
KETZAN, MD, TIBOR	ALLEGHENY
KEVENK, MD, KERIM C	WESTMORELAND
KEVERLINE, MD, PAUL O	WARREN
KEVITCH, MD, ROBERT B	LEHIGH
KEYKHAH, MD, MOHAMMAD M	PHILADELPHIA
KEYSER, DO, JEFFREY A	LANCASTER
KHALIFA, MD, NAGIB M	FRANKLIN
KHALIL, MD, KARIM	WESTMORELAND
KHALOUF, DO, FRED K	BLAIR
KHAN, MD, ANWARULLAH	WESTMORELAND
KHAN, MD, ELIZABETH A	LEHIGH
KHAN, MD, KHIZAR A	PHILADELPHIA
KHAN, MD, MILLY P	ERIE
KHAN, MD, MOHAMMAD A	DELAWARE
KHAN, MD, NIAZ A	PHILADELPHIA
KHAN, MD, SHAUKAT H	CARBON
KHAN, MD, SULTAN	SCHUYLKILL
KHANDELWAL, MD, ANITA	DAUPHIN
KHANDELWAL, MD, MANOJ	MONTGOMERY
KHANNA, MD, OM P	PHILADELPHIA
KHANNA, MD, SUDHIR K	NORTHMBRLAND
KHARMA, MD, BASSAM K	ALLEGHENY
KHAROD, AMIT S	PHILADELPHIA
KHATIB, MD, MOHAMMAD A	ALLEGHENY
KHAW, OMMER	PHILADELPHIA
KHAWAJA, MD, WASEEM A	PHILADELPHIA
KHELLA, MD, HANI J	MONTGOMERY
KHELLA, MD, LEWIS	PHILADELPHIA
KHELLA, MD, SAMI L	PHILADELPHIA
KHERA, MD, DINESH C	ERIE
KHETAN, MD, ANITA K	ALLEGHENY
KHETARPAL, MD, SHARAD K	DAUPHIN
KHO, MD, MITCHELL R	PHILADELPHIA
KHODADADI, NAVID	PHILADELPHIA
KHOLOUSSY, MD, ABDELMOHSEN M	SCHUYLKILL
KHONA, MD, NITHYASHUBA B	PHILADELPHIA
KHOORY, MD, MAGED S	MONTGOMERY
KHOUDARY, MD, RAYMOND	LUZERNE
KHOURI, MD, MARGARET	PHILADELPHIA
KHOURY, MD, DENNIS J	PHILADELPHIA
KHOURY, MD, JACQUES A	DELAWARE
KHOURY, MD, ZIAD	ALLEGHENY
KHUBCHANDANI, MD, INDRU T	LEHIGH
KHURANA, AJAY K	ALLEGHENY
KHURANA, MD, RAMESH C	ALLEGHENY
KHUSID, MD, RUDOLF	PHILADELPHIA
KIBBE, MD, MELINA R	ALLEGHENY
KIBELSTIS, MD, JOHN A	LEHIGH
KIBELSTIS, THOMAS E	PHILADELPHIA
KICHLER, MD, JOEL M	ALLEGHENY
KIEHN, MARK W	PHILADELPHIA
KIEL, MD, STEVEN M	DELAWARE
KIESEL, MD, ROBERT	LEHIGH
KIEWE, MD, RANDY P	ALLEGHENY
KIGHTLINGER, DO, JAMES	CLEARFIELD
KIHARA, MD, TODD K	MONTOUR
KIHM, MD, RONALD H	BLAIR
KIKKAWA, MD, KAZUTOSHI	BRADFORD
KILBOURN, MD, CYNTHIA L	WAYNE/PIKE
KILCHEVSKY, MD, EITAN S	BERKS
KILE, JEFFERY R	PHILADELPHIA
KILLIAN III, MD, CALEB L	BERKS
KILLIAN, MD, PAUL J	ALLEGHENY
KILMORE JR, MD, VANCE E	DAUPHIN
KILPATRICK, MD, WILLIAM F	WASHINGTON
KILPATRICK, EXEC DIR, WILLIAM H	NORTHAMPTON
KILPELA, MD, DONALD A	ALLEGHENY
KIM, ANJE	PHILADELPHIA
KIM, CAROLINE S	PHILADELPHIA
KIM, CHI Y	PHILADELPHIA
KIM, CHONG M	PHILADELPHIA
KIM, MD, CHRISTOPHER	BERKS
KIM, MD, CHUNG H	LEHIGH
KIM, MD, CHUNG S	BERKS
KIM, DANNY C	PHILADELPHIA
KIM, MD, DAVID Y	PHILADELPHIA
KIM, MD, DONG H	WESTMORELAND
KIM, MD, DOO T	NORTHAMPTON
KIM, EDWARD O	ALLEGHENY
KIM, MD, EUGENE Y	ALLEGHENY
KIM, MD, EUNHA	BUCKS
KIM, MD, HACK J	LANCASTER
KIM, MD, HI S	MONTGOMERY
KIM, MD, HWAN Y	CAMBRIA
KIM, MD, HYOUNG D	ALLEGHENY
KIM, HYUNG T	ALLEGHENY
KIM, MD, HYUNG-BAE	LUZERNE
KIM, MD, IH C	NORTHAMPTON
KIM, MD, IL G	LYCOMING
KIM, MD, IN-SOON	BUCKS
KIM, MD, INKYO	SCHUYLKILL
KIM, MD, JAE-CHIL	ALLEGHENY
KIM, DO, JAMES B	MONROE
KIM, MD, JE H	LAWRENCE
KIM, MD, JIN I	LEHIGH
KIM, MD, JOHN H	PHILADELPHIA
KIM, JOHN J	PHILADELPHIA
KIM, MD, JUNG S	PHILADELPHIA
KIM, MD, KAE J	YORK
KIM, MD, KWAN E	PHILADELPHIA
KIM, KYUNG N	PHILADELPHIA
KIM, MD, MYOUNG S	FAYETTE
KIM, MD, PATRICK K	PHILADELPHIA
KIM, MD, PAUL S	CHESTER
KIM, MD, PETER W	PHILADELPHIA
KIM, MD, SCOTT S	ALLEGHENY
KIM, SOO Y	PHILADELPHIA
KIM, MD, SUN C	SCHUYLKILL
KIM, MD, SUNG Y	ALLEGHENY
KIM, MD, UH G	BEAVER
KIM, MD, WAN J	LAWRENCE
KIM, MD, WHA SUN	ALLEGHENY
KIM, MD, YANG K	BUTLER
KIM, MD, YONG DEOK	ALLEGHENY
KIM, MD, YONG IL	WESTMORELAND
KIM, MD, YOON C	ALLEGHENY
KIM, MD, YOUNG B	CHESTER
KIM, MD, YOUNG W	BUCKS
KIM, MD, YUNG S	BUCKS
KIMBALL, MD, C EVE J	BERKS
KIMBALL JR, MD, DANIEL B	BERKS
KIMBALL, MD, HARRY R	PHILADELPHIA
KIMBER JR, MD, ROGER G	LEBANON
KIMMEL, MD, CRAIG A	BERKS
KIMMEL, MD, DEBORAH N	LEHIGH
KIMMEL, MD, HENRY A	DELAWARE
KIMMEL, MD, MURRAY H	PHILADELPHIA
KIMMEL, MD, ROBERT M	SCHUYLKILL
KINDER, MD, ROY R	DELAWARE
KING, MD, ANDREW J	CAMBRIA
KING, MD, ARTHUR B	BRADFORD
KING, MD, BARBARA L	ALLEGHENY
KING, MD, LEO M	ALLEGHENY
KING, MD, LORRAINE C	PHILADELPHIA
KING, MD, WEIR L	BERKS
KING JR, MD, WILLIAM F	PHILADELPHIA
KINGSBURY, MD, ROBERT C	MONTGOMERY
KINKEAD, MD, KEVIN P	LUZERNE
KINLAW, MD, W BERNARD	MONTGOMERY
KINNEY, MD, MARY S	WESTMORELAND
KINNIRY, PAUL A	PHILADELPHIA
KINOSIAN, MD, MARY J	JEFFERSON
KINTZEL, MD, JAMES E	LEHIGH
KINTZER JR, MD, JOHN S	NORTHAMPTON
KINTZI, MD, HARRY E	LANCASTER
KIRALY, MD, LASZLO	LACKAWANNA
KIRBY, MD, CLAUDE W	CAMBRIA
KIRBY, MD, JAMES E	YORK
KIRBY JR, MD, WILLIAM H	YORK
KIRCHHOFER, MD, LEWIS H	DELAWARE
KIRCHNER, MD, G GARY	LANCASTER
KIRCHNER, DO, JEFFREY T	LANCASTER
KIRCHNER, MD, LUCILLE I	CRAWFORD
KIRCHNER, R MICHAEL	PHILADELPHIA
KIRK, MD, DANIEL L	NORTHMBRLAND
KIRK, KEVIN L	PHILADELPHIA
KIRK, MD, WILLIAM E	LYCOMING
KIRKER JR, MD, WALTER R	DAUPHIN
KIRKLAND, MD, MATT L	PHILADELPHIA
KIRKPATRICK, MD, DANIEL W	MONTGOMERY
KIRKPATRICK JR, MD, DAVID D	CRAWFORD
KIRKPATRICK, MD, WILLIAM H	MONTGOMERY
KIRSCH, MD, PAUL B	MCKEAN
KIRSCHBAUM, DO, MICHAEL J	PHILADELPHIA
KIRSCHNER, DO, RONALD A	MONTGOMERY
KIRSHBAUM, MD, BERNARD A	PHILADELPHIA
KIRSHEN, MD, MICHELLE R	ALLEGHENY
KIRTLAND III, MD, HOWARD H	VENANGO
KISH, MD, GEORGE F	ERIE
KISH, DO, JOHN M	LUZERNE
KISH, MD, ROBERT S	CENTRE
KISKADDON, MD, JAMES C	FRANKLIN
KISLOFF, MD, BARRY	ALLEGHENY
KISNER, MD, ROBERT G	ALLEGHENY
KISSICK, MD, WILLIAM L	PHILADELPHIA
KIST JR, DO, KEVIN W	LYCOMING
KISTLER, MD, DAVID W	LUZERNE
KISTLER, JONATHAN A	PHILADELPHIA
KISTLER, MD, KERMIT K	LEHIGH
KISTLER, MD, PRISCILLA J	MONTGOMERY
KISTLER, MD, WARREN D	FRANKLIN
KISTLER-FIGDORE, MD, MEG S	MONTOUR
KITCHEN II, MD, JAMES G	MONROE
KITCHEN III, MD, JAMES G	DELAWARE
KITEI, MD, MILTON N	PHILADELPHIA
KITSKO, DO, DENNIS	WASHINGTON
KITSKO, MD, WILLIAM T	CAMBRIA
KIVITZ, MD, ALAN J	BLAIR
KLAG, DO, JOSEPH V	BEAVER
KLAIN, MD, MATTHEW N	INDIANA
KLAIN, MD, MIROSLAV	ALLEGHENY
KLANCNIK JR, JAMES M	PHILADELPHIA
KLASKIN, DO, BRUCE D	YORK
KLASKO, MD, STEPHEN K	LEHIGH
KLASS, MD, DANIEL J	PHILADELPHIA
KLATCHKO, MD, BARBARA A	MONTGOMERY
KLATMAN, MD, SAMUEL J	ALLEGHENY
KLATT, BRIAN A	ALLEGHENY
KLAUS, MD, THOMAS C	ERIE
KLAVAN, MD, MARSHALL	DELAWARE
KLAWON, MD, DAVID L	ERIE
KLAY, MD, JOHN W	ALLEGHENY
KLEAVELAND, MD, JOSEPH P	LEHIGH
KLECKNER, MD, FRANCIS S	LEHIGH
KLEEMAN, MD, AUDREY K	BUCKS
KLEES, MD, ATHANASIUS	LEHIGH
KLEES, DO, DAVID A	ERIE
KLEIMAN, MD, ROBERT B	PHILADELPHIA
KLEIN, MD, ALAN H	ALLEGHENY
KLEIN, ANN T	PHILADELPHIA
KLEIN, MD, ARTHUR L	DAUPHIN
KLEIN, MD, DOROTHY E	PHILADELPHIA
KLEIN, MD, FRED S	WASHINGTON
KLEIN, HARLAN P	PHILADELPHIA
KLEIN, MD, IRVING	ARMSTRONG
KLEIN, MD, JOSEPH F	CHESTER
KLEIN, MD, JOSEPH M	LUZERNE
KLEIN, MD, LAWRENCE	MONROE
KLEIN, MD, MICHAEL A	YORK
KLEIN, MD, MICHAEL E	DAUPHIN
KLEIN, DO, MILTON J	ALLEGHENY
KLEIN, MD, MORDECAI N	ALLEGHENY
KLEIN, MD, RAYMOND A	DELAWARE
KLEIN, MD, RICHARD M	ALLEGHENY
KLEIN, MD, SHELDON	PHILADELPHIA
KLEIN, MD, THOMAS A	PHILADELPHIA
KLEIN, MD, THOMAS E	DELAWARE
KLEIN JR, MD, WILLIAM J	BERKS
KLEINER, MD, ANTON J	BERKS
KLEINER, MD, ROBERT C	PHILADELPHIA
KLEINSCHMIDT, MD, ROBERT F	ALLEGHENY
KLEM, MD, ALBERT J	LUZERNE
KLEMENS, MD, ROBERT F	CAMBRIA
KLETTER, MD, JAN C	SUSQUEHANNA
KLIEGER, MD, HERMAN L	WESTMORELAND
KLIGERMAN, MD, MORTON M	PHILADELPHIA
KLIGMAN, MD, ALBERT M	PHILADELPHIA
KLIMES, MD, RONALD L	YORK
KLINE, DO, GLENN A	LANCASTER
KLINE, MD, IRWIN K	DELAWARE
KLINE, MD, JACK A	YORK
KLINE JR, MD, JOHN A	PHILADELPHIA
KLINE, MD, MATTHEW T	PHILADELPHIA
KLINE, MD, MICHAEL A	LACKAWANNA
KLINE, MD, MICHAEL R	PHILADELPHIA
KLINE, MD, MICHAEL S	BLAIR
KLINE, MD, ROBERT W	ALLEGHENY
KLINEFELTER, MD, HYLDA C	DELAWARE
KLINEK, MD, MICHELLE M	YORK
KLINGENSMITH, MD, MARK R	WESTMORELAND
KLINGENSMITH, MD, WALTER C	PHILADELPHIA
KLINGER, MD, HARRY M	MONTOUR
KLINGHOFFER, MD, JUNE F	PHILADELPHIA
KLINGHOFFER, MD, LEONARD	PHILADELPHIA
KLINMAN, MD, STEVEN W	PHILADELPHIA
KLINMAN, MD, WILLIAM	PHILADELPHIA
KLINOW, MD, LINDA F	DELAWARE
KLINZING, MD, GERARD F	DELAWARE
KLIONS, MD, DOUGLAS E	WESTMORELAND
KLIONSKY, MD, BERNARD L	ALLEGHENY
KLOESZ, MD, JENNIFER L	ALLEGHENY
KLOIN, MD, JAY E	LEHIGH
KLOMBERS, MD, LEE A	BERKS
KLOSE, MD, PAUL L	SOMERSET
KLOTZ, MD, DONALD J	LEHIGH
KLUFT, MD, RICHARD P	PHILADELPHIA
KLUG, MD, GERALD D	ALLEGHENY
KMETZO, MD, JAMES J	BUCKS
KNABE, STEPHANIE	PHILADELPHIA
KNAPP, MD, MICHAEL A	BUCKS
KNAPP, MD, ROBERT C	BEAVER
KNAPP, DO, STEPHANIE A	BUCKS
KNAPPENBERGER, MD, GEORGE F	ALLEGHENY
KNAUB, MD, MARILYN B	LANCASTER
KNAUB, MARK A	ALLEGHENY
KNAUSS-BROWN, CHRISTINA C	PHILADELPHIA
KNECHT, MD, CHARLES L	LEHIGH
KNEPLEY, MD, DAVID W	COLUMBIA
KNEPP, MD, ELIZABETH E	ALLEGHENY
KNEPP, MD, MARY E	MONROE
KNEPPER, MD, JOSEPH A	LANCASTER
KNERR JR, MD, EDGAR D	LANCASTER
KNIAZER, MD, BARRY	BERKS
KNIGHT, MD, BARBARA S	PHILADELPHIA
KNIGHT JR, MD, EMERSON L	DAUPHIN
KNOCH, MD, H ROEBLING	YORK
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KNDRR, MD, ERIC J	PHILADELPHIA
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KNDUSE JR, MD, ALBERT B	PERRY
KNDUSE, MD, KATHLEEN J	PERRY
KNDUSE, MD, MARK C	LEHIGH
KNDWLES, MD, WILLARD E	DELAWARE
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KNDX JR, MD, JAMES D	CHESTER
KNDX-LEE, DO, MARGARET M	LANCASTER
KNUPP, MD, DONNA L	ALLEGHENY
KD, MD, CHAN S	SCHUYLKILL
KO, MD, EUGENE C H	LANCASTER
KD, MD, MIN-HSIUNG	PHILADELPHIA
KD, MD, YIH SHYDNG	CARBDN
KD, MD, YIH-SDNG	MERCER
KDBALY, MD, DAVID J	ALLEGHENY
KOCH, MD, ANDREW W	LANCASTER
KOCH, MD, CHERYL A	MDNTGDMERY
KOCH, MD, JOSEPH C	NDRTHAMPTON
KOCH, MD, L VON	LACKAWANNA
KOCH, MD, PAMELA J	LANCASTER
KDCH, MD, THDMAS J	LEHIGH
KDCHU, MD, STEVE	BERKS
KDDSI, MD, MAGDI S	PHILADELPHIA
KODUMAL, MD, LUIS E	DELAWARE
KDDURI, MD, PARANDHAM	ALLEGHENY
KDELLER, MD, RDYAL R	CAMBRIA
KDELSCH, MD, RDBERT R	BUCKS
KDENIG, MD, JDHANN A	LUZERNE
KOENIG, MD, THEDDORE R	CLARIDN
KOENIG, MD, WILLIAM J	ALLEGHENY
KOEPSELL, MD, DDN G	CHESTER
KDERBER JR, MD, WALTER A	DAUPHIN
KOFFLER, TODD A	STUDENT
KDFSKY, MD, PHILLIP M	MONTGOMERY
KOGANSKI, MD, VALERI	BUCKS
KDH, MD, ENRIQUE S	CAMBRIA
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KOHAN, DO, DAVID A	LEHIGH
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KOHL, MD, E JAMES	PHILADELPHIA
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KOHLER, EXEC SEC, MICHAEL P	CAMBRIA
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KDHLI, MD, HARJEET P	NORTHAMPTON
KOHRT, MD, ALAN E	WAYNE/PIKE
KDHUT, DO, PAUL A	ERIE
KDHUTIAK, MD, VSEVOLOD	DELAWARE
KOIWAI, MD, EICHI K	PHILADELPHIA
KOKALES, MD, JOHN G	ALLEGHENY
KOKLANARIS, NIKKI	PHILADELPHIA
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KOLATIS, MARY ELLEN	PHILADELPHIA
KDLB, MD, AARON J	LYCOMING
KOLBER, MD, LAUREN R	BUCKS
KDLENICH, MD, JAMES J	MERCER
KDLESSAR, MD, DAVID J	LUZERNE
KOLLAS, MD, CHAD D	MONTOUR
KOLLER, MD, HARDLD P	MONTGOMERY
KDLMEN, MD, BARBARA K	ALLEGHENY
KOLONICH, MD, KIMBERLY A	MIFFLIN/JUNIATA
KDLSKI, MD, GERALD B	DELAWARE
KDLTER, MD, JAMES S	CHESTER
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KDLTES, MD, JOHN A	PHILADELPHIA
KDLUCKI, MD, FRANK R	LACKAWANNA
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KOMMINENI, MD, VIJAYA K	PHILADELPHIA
KON, DO, LISA A	MONTOUR
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KONDAVEETI, MD, KOTAYYA	ALLEGHENY
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KONECKE, MD, RON J	LUZERNE
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KDNG, PEI ANN	PHILADELPHIA
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KDNKEL, MD, KAREN E	YORK
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KOOLPE, MD, LOUIS	PHILADELPHIA
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KOSTDPOULOS, KIMDN A	PHILADELPHIA
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KOTAKIS, MD, JOHN	PHILADELPHIA
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KOTAPKA, MD, MARK J	PHILADELPHIA
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KDTWAL, MD, NIRMAL D	ALLEGHENY
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KRAIN, MD, RAYMOND	DELAWARE
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KRAK, MD, MICHAEL	ALLEGHENY
KRAKOVITZ, MD, JAY A	PHILADELPHIA
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KRALSTEIN, MD, JEFFREY R	LEHIGH
KRAM, MD, JOHN E	ALLEGHENY
KRAMER, MD, ARNOLD	LUZERNE
KRAMER, MD, E MICHAEL	PHILADELPHIA
KRAMER, MD, FREDERICK L	PHILADELPHIA
KRAMER, MD, GARY S	PHILADELPHIA
KRAMER, MD, KENNETH	NORTHAMPTON
KRAMER, MD, LAWRENCE G	FAYETTE
KRAMER, MD, MARK S	PHILADELPHIA
KRAMER, MD, MARK S	PHILADELPHIA
KRAMER, MD, RANDALL K	BERKS
KRAMER, MD, SELMA	PHILADELPHIA
KRAMER, MD, WILLIAM A	FRANKLIN
KRANE, MD, MARVIN A	PHILADELPHIA
KRANIK, MD, ANDREW D	ALLEGHENY
KRANTZ, MD, KATHRYN E	PHILADELPHIA
KRANTZLER, MD, JOSEPH D	MONTGOMERY
KRASNOFF, MD, SIDNEY O	PHILADELPHIA
KRATZ, MD, RONALD D	YORK
KRATZ, MD, VERNON H	BUCKS
KRAULAND, MD, JOHN E	CAMBRIA
KRAUS, MD, DAVID R	ALLEGHENY
KRAUS, MD, JOHN F	FAYETTE
KRAUS, MD, JOHN J	CHESTER
KRAUS, MD, THEODORE J	PHILADELPHIA
KRAUSE, MD, HELEN F	ALLEGHENY
KRAUSE, MD, MARILYN	PHILADELPHIA
KRAUSE, MD, NORMAN M	ALLEGHENY
KRAUSE, MD, ROBERT L	PHILADELPHIA
KRAUSE, MD, SEYMOURE	ALLEGHENY
KRAUSZ, MD, MARTIN R	PHILADELPHIA
KRAVIS, MD, LILLIAN P	MONTGOMERY
KRAVITZ, MD, BERNARD J	MONTGOMERY
KRAVITZ, MD, JOHN J	BUCKS
KRAYBILL, MD, HAROLD E	LEBANON
KRAYER JR, MD, NICHOLAS H	BEAVER
KRAYNAK, MD, JOSEPH C	MONTGOMERY
KRAYNICK, MD, BENJAMIN M	LEHIGH
KRCH, MD, MARILYN B	MONTGOMERY
KREB, MD, ROBERT J	CHESTER
KREBS, MD, JAMES A	ALLEGHENY
KREBS, MD, STEPHEN J	CUMBERLAND
KREGENOW, ROBERT D	PHILADELPHIA
KREGER, MD, SPENCER	CAMBRIA
KREIDER, MD, HENRY L	LANCASTER
KREIDER, MD, JOHN K	LANCASTER
KREIDER, MD, JOHN W	DAUPHIN
KREINBROOK, MD, SUZANNE B	ALLEGHENY
KREITHEN, MD, HAROLD	LEHIGH
KRELL, MD, ARTHUR S	CAMBRIA
KREMENS, MD, VICTOR	PHILADELPHIA
KREMER JR, MD, EDWIN S	ERIE
KREMER, MD, FREDERIC B	PHILADELPHIA
KREMER, MD, HDWARD U	PHILADELPHIA
KRENZEL, MD, ARCHIBALD R	PHILADELPHIA
KRESH, MD, NDRMAN N	ALLEGHENY
KRESOCK JR, MD, FRANK D	COLUMBIA
KRESPAN, MD, CHARLES B	LANCASTER
KRESSLER, MD, ROBERT J	PHILADELPHIA
KRETZING, MD, HARDLD G	CUMBERLAND
KREULEN, MD, THOMAS H	PHILADELPHIA
KREUZBURG, MD, ROBERT C	CDLUMBIA
KRICK, MD, ANDREW E	BUCKS
KRIDGEN, MD, PAMELA L	ALLEGHENY
KRIEBEL, MD, DOROTHY E	BERKS
KRIEBEL, MD, RICHARD H	BUCKS
KRIEDMAN, MD, TERRY F	PHILADELPHIA
KRIEGER, MD, BENSDN	PHILADELPHIA
KRIFCHER, MD, CHARLES	ALLEGHENY
KRIFCHER, MD, EMANUEL	ALLEGHENY
KRING, MD, CARROLL S	BERKS
KRIPKE, MD, SCOTT A	CHESTER
KRISANDA, MD, JOSEPH B	LACKAWANNA
KRISCH, MD, RONALD A	LEHIGH
KRISHER, STACY L	ALLEGHENY
KRISHNA, MD, BHUPENDRA	CHESTER
KRISHNA, MD, NARENDRA	CHESTER
KRISHNAMURTHY, MD, SATISH	DAUPHIN
KRISHNAN, MD, GEETA	COLUMBIA
KRISHNAN, MADHAVAN	ALLEGHENY
KRISHNAN, MD, R G	WASHINGTON
KRISHNAPPA, MD, BORIAH N	WESTMORELAND
KRISHNASWAMI, MD, SUBRAMANIA	ALLEGHENY
KRISHNASWAMI, MD, V	ALLEGHENY
KRISIK, MD, LINDA S	ALLEGHENY
KRISKY, DAVID M	ALLEGHENY
KRISSINGER, MD, ROBERT C	LANCASTER
KRISTOFIC, MD, JOHN D	ALLEGHENY
KRIVINKO, MD, DENNIS M	ALLEGHENY
KRIZA, KAREN L	PHILADELPHIA
KROH, MD, DEAN F	WASHINGTON
KROL, MD, RONALD C	BERKS
KROMASH, MD, MARVIN H	MONTGOMERY
KROME, CHARLES N	PHILADELPHIA
KRON, MD, KENNETH M	PHILADELPHIA
KRON, MD, SAMUEL D	PHILADELPHIA
KROOP, MD, HOWARD S	PHILADELPHIA
KROSER, DO, ALBERT S	PHILADELPHIA
KROSER, MD, JONATHAN M	PHILADELPHIA
KROSER, MD, JOYANN A	PHILADELPHIA
KROSER, MD, LILA S	PHILADELPHIA
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KROSS, MD, DEAN E	ALLEGHENY
KROTEC, MD, JDSEPH W	ALLEGHENY
KROUNER, MD, ANDREW D	ALLEGHENY
KROUSE, MD, JOHN M	WESTMORELAND
KROUSE, MD, THEODORE B	PHILADELPHIA
KROUSKOP, MD, ANDREW C	ALLEGHENY
KRUEGER, DO, DEAN R	GREENE
KRUG, MD, JAMES R	DAUPHIN
KRUGH, MD, FRANCIS J	ALLEGHENY
KRUGH, MD, JAMES W	ALLEGHENY
KRULEWSKI, MD, THOMAS F	LANCASTER
KRULISH, ALEXIS K	STUDENT
KRUPP, JASON A	PHILADELPHIA
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KRUSZEWSKI, DO, DAVID M	ERIE
KRUSZEWSKI, DO, MARY C	JEFFERSON
KRUSZEWSKI, MD, STEFAN P	SCHUYLKILL
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KUBACKI, MD, JOSEPH J	BERKS
KUBEK, PERRY B	PHILADELPHIA
KUBER, MD, MATTHEW E	PHILADELPHIA
KUBER, MD, MATTHEW T	WAYNE/PIKE
KUBIAK, DO, MARJORIE R	MIFFLIN/JUNIATA
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KUBIK, NICHOLAS J	ALLEGHENY
KUCER, MD, FRANK T	BUCKS
KUCER, MD, KATHLEEN A	BUCKS
KUCERA, MD, RICHARD F	WESTMORELAND
KUCHARCZUK, MD, JOHN B	LEHIGH
KUCHARCZUK, MD, JOHN C	LEHIGH
KUCHEMBA, MD, LEONARD A	LUZERNE
KUDVA, MD, VIDYA B	ERIE
KUHLENGEL, MD, BARBARA G	DAUPHIN
KUHLENGEL, MD, KEITH R	LANCASTER
KUHN, MD, MARK D	BUCKS
KUHN, MD, RICHARD H	ERIE
KUHNEN, MD, WALTER H	WARREN
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KUKLINSKI, MD, LAWRENCE M	ERIE
KUKORA, MD, JOHN S	MONTGOMERY
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KULP-HUGUES, MD, DEBORAH A	MONTGOMERY
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KUMAR, ATUL	PHILADELPHIA
KUMAR, MD, HARINATH V	VENANGO
KUMAR, MD, HEMA V	WESTMORELAND
KUMAR, KAVITA	PHILADELPHIA
KUMAR, MD, PRADEEP	WESTMORELAND
KUMAR, MD, PREM	BUTLER
KUMAR, MD, RAKESH	ALLEGHENY
KUMAR, MD, SHASHI	ALLEGHENY
KUMAR, MD, VASANTHA R	FRANKLIN
KUMAR, VEENA V	PHILADELPHIA
KUMAR, MD, VEERANDRA	PHILADELPHIA
KUMAR, VIVEK V	ERIE
KUN, MD, JOSEPH	ALLEGHENY
KUNDA, MD, GOPAL D	WESTMORELAND
KUNDU, MD, KAUSHIK	NDRTHAMPTON
KUNDU, MD, SAMBHU N	DAUPHIN
KUNIS, MD, CHRIS C W	FRANKLIN
KUNKEL, MD, BARBARA K	DAUPHIN
KUNKEL, MD, FRANK A	BLAIR
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KUNKEL, MD, JAMES V	ALLEGHENY
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KUNSCHNER, MD, ALAN J	ALLEGHENY
KUNSCHNER, MD, ALBERT J	ALLEGHENY
KUNSMAN, MD, WILLIAM E	ALLEGHENY
KUNZ, MD, GREGORY J	LEHIGH
KUPFER, MD, SAMUEL	ALLEGHENY
KUPREVICH, DO, WILLIAM J	COLUMBIA
KUPSON, DO, WALTER	BLAIR
KURBAN, MD, RAMSAY S	LEBANON
KURDZIEL, KAREN A	STUDENT
KUREMSKY, MD, DALE A	ALLEGHENY
KURETU, MD, MWAZHUWA L R	MONTGOMERY
KUREY, MD, PAMELA H	MONTGDMERY
KURIC, MD, KEVIN M	ERIE
KURJANOWICZ, MD, WADIM	BERKS
KUROKI, MD, HELEN M	PHILADELPHIA
KURTH, MD, CHARLES D	PHILADELPHIA
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KURTZ, MD, J STEPHEN	PHILADELPHIA
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KURTZ, MD, JOHN E	ALLEGHENY
KURTZ, KENNETH S	PHILADELPHIA
KURTZ, MD, ROBERT M	DELAWARE
KURTZ, MD, ROSA T	DELAWARE
KURYAN, ALEX S	PHILADELPHIA
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KURZWEIL, MD, STEVEN J	LUZERNE
KUSH, MD, FRANK H	ALLEGHENY
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KUSH, MD, MICHAEL J	JEFFERSON
KUSH, SCOTT J	PHILADELPHIA
KUSHEL, MD, STEVEN M	PHILADELPHIA
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KUSIC, MICHAEL B	ALLEGHENY
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KUTSENKOW, MD, MICHAEL	ALLEGHENY
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KUYE, OLABISI O	ALLEGHENY
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LACHMAN, MD, JOSEPH	DELAWARE
LACKEY, MD, ROBERT B	YORK
LACOUTURE, MD, LUIS	ALLEGHENY
LADANI, MD, CHHAGANLAL D	ALLEGHENY
LADENHEIM, MD, STEVEN E	PHILADELPHIA
LADO, MD, MICHAEL	SCHUYLKILL
LAFER, MD, EDMUND L	PHILADELPHIA
LAFFEY, MD, PATRICIA A	CHESTER
LAFKAS, MICHAEL P	PHILADELPHIA
LAFONTANT, MD, RAYMOND F	PHILADELPHIA
LAFONTANT, MD, ROBERT R	WESTMORELAND
LAGHAEE, MD, SHAHIN	PHILADELPHIA
LAGNESE, MD, MARGARET J	ALLEGHENY
LAGNESE, DO, MICHAEL S	MONTGOMERY
LAHAV, MD, ERIKA	NORTHAMPTON

LAHUE-MORDY, DO, RHONDA L	MONTGOMERY
LAI, MD, KA-SIU	ALLEGHENY
LAI, KEANE K	ALLEGHENY
LAI, LEON L	STUDENT
LAI, YI-CHEN	ALLEGHENY
LAIBSON, MD, PETER R	PHILADELPHIA
LAIGON, MD, EUGENE E	CARBON
LAING, MD, JOHN W	FRANKLIN
LAING, MD, PATRICK G	ALLEGHENY
LAKDAWALA, MD, SHABBIR	ALLEGHENY
LAKSHMIN, MD, MURALI	BERKS
LALLI, MD, JOANNE M	LYCOMING
LALLY, MD, FRANCIS L	ALLEGHENY
LALLY, MD, MICHAEL E	ALLEGHENY
LALLY, MD, PATRICK T	WESTMORELAND
LAM, MD, CARL A	LEHIGH
LAMADE, MD, CHARLES D	LYCOMING
LAMAN, ANDREW D	ALLEGHENY
LAMAN, MD, DAVID	ALLEGHENY
LAMANNA, MD, JOHN V	BERKS
LAMAS, MD, CARLOS C	ERIE
LAMB, MD, KATHLEEN G	ALLEGHENY
LAMBERT, MD, BARBARA A	PHILADELPHIA
LAMBERT, MD, ROBERT L	PHILADELPHIA
LAMBERTON, MD, WILLIAM D	ERIE
LAMBERTON, MD, WILLIAM F	ERIE
LAMBERTSEN, MD, CHRISTIAN J	PHILADELPHIA
LAME, MD, EDWIN L	PHILADELPHIA
LAMONTE, MD, MARIAN P	PHILADELPHIA
LAMP, MD, ALBERT L	ERIE
LAMP JR, MD, CLYDE B	ALLEGHENY
LAMPARTER, MD, ROBERT W	UNION
LAMSBACK, MD, EDWARD G	PHILADELPHIA
LAN, MD, VICTOR S	INDIANA
LANASA, MARK C	ALLEGHENY
LANAUZE, MD, HARRY E	ALLEGHENY
LANCASTER JR, MD, EDWARD L	LANCASTER
LANCASTER, MD, STEWART L	BEAVER
LANCIANO, MD, RACHELLE M	PHILADELPHIA
LANDAU, MD, LEO W	LUZERNE
LANDAU, MD, PHILIP M	ALLEGHENY
LANDAY, MD, RONALD A	ALLEGHENY
LANDEFELD, RALPH N	PHILADELPHIA
LANDER, MD, JEFFREY R	YORK
LANDER, MD, WILLIAM W	MONTGOMERY
LANDERMAN, MD, NATHANIEL S	ALLEGHENY
LANDES, MD, RAY P	BUCKS
LANDFAIR, MD, ROY J	ALLEGHENY
LANDFRIED, DO, ROBERT M	VENANGO
LANDIS, MD, FLOYD M	LANCASTER
LANDIS JR, MD, JAMES P	ALLEGHENY
LANDIS, MD, RAY L	WYOMING
LANDIS, MD, ROBERT C	YORK
LANDIS, MD, WILLIAM A	YORK
LANDON JR, MD, LYNDON H	ALLEGHENY
LANDRY, MD, ROGER F	LUZERNE
LANE, MD, JOHN D	BUCKS
LANE, MD, SALLY D	PHILADELPHIA
LANG, MD, DAVID F	ALLEGHENY
LANG, MD, GREGORY M	LEHIGH
LANG, MD, HOWARD N	ALLEGHENY
LANG, MD, NIKKI	PHILADELPHIA
LANGA, MD, VICTORIA M	ALLEGHENY
LANGE, MD, MARIANNE K	NORTHAMPTON
LANGER, MD, BURTON H	MONTGOMERY
LANGER, MD, D MORTON	YORK
LANGHANS, MD, MARK J	ALLEGHENY
LANGIERI, MD, GARY	PHILADELPHIA
LANGILLE, MD, KENNETH R	MCKEAN
LANGOL JR, MD, GEORGE	ALLEGHENY
LANGRALL, MD, HARRISON M	CHESTER
LANGSCHWAGER, LARSON F	PHILADELPHIA
LANGSTEIN, MD, HOWARD N	ALLEGHENY
LANIGAN, MD, CHRISTINE J	PHILADELPHIA
LANNING, MD, RICHARD C	DAUPHIN
LANOCE, MD, LOUIS F	PHILADELPHIA
LANPHER, MD, GREGORY B	YORK
LANSING, MD, DOROTHY I	CHESTER
LANTELME, MD, BRUCE E	LYCOMING
LANZ JR, MD, ROBERT J	ALLEGHENY
LANZA, MD, DONALD C	PHILADELPHIA
LANZA, MD, RALPH A	CHESTER
LANZILLO, MD, JOSEPH H	LANCASTER
LAPAT, MD, RICHARD C	PHILADELPHIA
LAPAYOWKER, MD, MARC S	PHILADELPHIA
LAPES, MD, GEORGE A	YORK
LAPORTA, MD, EDWARD W	DELAWARE
LAPORTE, MD, STEVEN M	CHESTER
LAPOS, MD, LINDA L	LEHIGH
LAPP, MD, FREDERICK C	LYCOMING
LARACH, MD, DAVID R	DAUPHIN
LAREAU, MD, DANIEL G	WARREN
LAREAU, MD, LAWRENCE G	WARREN
LARGE, MD, FRED D	WASHINGTON
LARGE, MD, HIRAM S	NORTHAMPTON
LARGOZA, MD, MARIA V	DELAWARE
LARGOZA, MD, NACIANCENO T	PHILADELPHIA
LARICCIA, MD, PATRICK J	PHILADELPHIA
LARKIN, MD, FRANCIS L	FAYETTE
LARKIN JR, MD, MICHAEL J	LAWRENCE
LARKIN JR, MD, ROBERT W	WESTMORELAND
LARKIN JR, MD, VINCENT D	LACKAWANNA
LARKIN JR, MD, WALTER J	LACKAWANNA
LARKIN, MD, WILLIAM A	FAYETTE
LAROCHE, MD, ROGER R	MCKEAN
LAROCHELLE, MD, ANNE G	CRAWFORD
LAROSSA, MD, DONATO D	PHILADELPHIA
LARSEN, CHRISTIAN J	ERIE
LARSON, MD, CHRISTOPHER E	ALLEGHENY
LARSON, KENNETH A	PHILADELPHIA
LARSON JR, MD, THEODORE S	LYCOMING
LARSON, MD, THOMAS J	ALLEGHENY
LARSSON, MD, ERNST O	LUZERNE
LASALVIA, MD, LUCY A	PHILADELPHIA
LASHER, MD, J DONALD	ERIE
LASHER, MD, ROBERT L	ERIE
LASKAS JR, MD, JOHN J	DELAWARE
LASKAS, MD, JOHN J	DELAWARE
LASKE, MD, DOUGLAS W	PHILADELPHIA
LASKOWSKI, MD, ROBERT J	LEHIGH
LASORDA, DO, DAVID M	ALLEGHENY
LAST, MD, JOEL I	WESTMORELAND
LATMAN, MD, STEPHEN F	BERKS
LATOFF, MD, THOMAS J	CHESTER
LATSHAW, MD, ROBERT F	LANCASTER
LATTA, MD, RICHARD A	MONTGOMERY
LATTANZI, MD, DANIEL R	ALLEGHENY
LATTARI, MD, VINCENT A	ALLEGHENY
LATTIMER, MD, GARY L	LYCOMING
LATTIN, MD, GARY M	BERKS
LATUSKA, MD, RICHARD F	ALLEGHENY
LAU, MD, DIAN C	PHILADELPHIA
LAUANDOS, MD, IBRAHIM E	BUCKS
LAUBACH JR, MD, CHARLES A	MONTOUR
LAUBACH, MD, GEORGE B	NORTHAMPTON
LAUCIUS, MD, J FREDERICK	PHILADELPHIA
LAUCKS II, MD, SAMUEL S	YORK
LAUCKS, MD, STEPHEN O	YORK
LAUDADIO, MD, CHARLES	CHESTER
LAUDENSLAGER, MD, ELMER C	BUCKS
LAUER, MD, CARL G	ERIE
LAUER, MD, JAMES H	BEAVER
LAUFE, MD, MARC D	ALLEGHENY
LAURO, MD, GREGORY R	WESTMORELAND
LAURY, MD, JOEL J	LACKAWANNA
LAURY, MD, WILLIAM L	PHILADELPHIA
LAUTER, MD, O SCOTT	LANCASTER
LAUTERBACH, MD, EDWIN W	MONTGOMERY
LAUTZ, MD, VIRGINIA H	PHILADELPHIA
LAVAN, MD, DONALD W	PHILADELPHIA
LAVERAN STIEBER, MD, RUDOLF F	PHILADELPHIA
LAVERDE, MD, PHILIP S	VENANGO
LAVIN-LESKA, MD, LINDA S	BUCKS
LAVRICH, MD, JUDITH B	BUCKS
LAW, DO, STEPHEN W	PHILADELPHIA
LAW, MD, STUART C	ALLEGHENY
LAWLESS, MD, GRANT D	ALLEGHENY
LAWLOR, MD, MAUREEN	ALLEGHENY
LAWLOR, MD, ROBERT J	MONTGOMERY
LAWRENCE, MD, JOHN J	YORK
LAWRENCE, JOHN T	PHILADELPHIA
LAWRENCE, MD, JOHN W	DELAWARE
LAWRENCE, MD, PHILIP H	MONROE
LAWRENCE, MD, ROBINA R	YORK
LAWRENCE, MD, STEVEN J	LEHIGH
LAWSKY, MD, ALAN R	ALLEGHENY
LAWSON, ERIKA G	PHILADELPHIA
LAWSON JR, MD, HERMAN	DAUPHIN
LAYCHOCK, MD, ANNA M	SCHUYLKILL
LAYDEN, MD, PAUL W	ERIE
LAZAR, MD, JEFFREY C	MERCER
LAZAR, MICHAEL H	PHILADELPHIA
LAZARO MORAN, MD, MIGUELA D	PHILADELPHIA
LAZARUS, MD, MARK D	PHILADELPHIA
LAZORIK, MD, FRANCIS C	DELAWARE
LAZOWICK, DO, DANIEL C	MONTGOMERY
LAZZARO, MD, KAREN K	WESTMORELAND
LAZZARO, MD, THEODORE A	WESTMORELAND
LE, HOANG T	PHILADELPHIA
LE, MIMI O	STUDENT
LE, TINA	PHILADELPHIA
LEAHEY, MD, ALAN B	LEHIGH
LEAL, MD, ALFRED R	DAUPHIN
LEAL, MD, GUMERSINDO R	SCHUYLKILL
LEAMAN, MD, IVAN B	LANCASTER
LEAMAN, MD, THOMAS L	DAUPHIN
LEAMAN, TIMOTHY J	PHILADELPHIA
LEAR, MD, WILLIAM L	INDIANA
LEARNER, MD, NORMAN	PHILADELPHIA
LEASE, MD, JOHN R	LUZERNE
LEASER, MD, JOSEPH P	DAUPHIN
LEASURE, MD, NICK C	BERKS
LEATHERS, MD, DONALD J	LYCOMING
LEAVITT, MD, HERBERT M	NORTHAMPTON
LEAVITT, DO, RICHARD JAY	PHILADELPHIA
LEBBY, ERIC B	PHILADELPHIA
LEBER, MD, DAVID C	DAUPHIN
LEBER, ERNEST H	PHILADELPHIA
LEBER, MD, PAUL E	LYCOMING
LEBISCHAK, MD, H CAROL	LANCASTER
LEBOEUF, MD, WILLIAM L	LEHIGH
LEBOUITZ, MD, STANTON S	YORK
LEBOVITZ, MD, CHARLES N	ALLEGHENY
LEBOVITZ, MD, JEROME J	ALLEGHENY
LEBOVITZ, MD, PHILIP L	BUCKS
LEBOWITZ, MD, JONATHAN J	ALLEGHENY
LECHMANICK, MD, EUGENE A	ALLEGHENY
LECKS, MD, LEONARD E	PHILADELPHIA
LEDBETTER, SUSAN L	PHILADELPHIA
LEDDY, MD, CHERYL	PHILADELPHIA
LEDESMA, MD, ELIHU J	PHILADELPHIA
LEDIS, MD, SEYMOUR	BUCKS
LEE, ALAN C	PHILADELPHIA
LEE, MD, ALBERT C	CLEARFIELD
LEE, MD, AUNG PWIRT	ERIE
LEE, MD, BARBARA K	NORTHAMPTON
LEE, MD, BERNARD L	PHILADELPHIA
LEE, MD, CHANCHI	BUCKS
LEE JR, MD, CHARLES T	PHILADELPHIA
LEE, MD, CHARLES Y	DELAWARE
LEE, MD, CHONG S	NORTHAMPTON
LEE, MD, CHUNG H	CARBON
LEE, MD, DANIEL	CHESTER
LEE, MD, DAVID R	FRANKLIN
LEE, MD, EDWARD Y	LACKAWANNA
LEE, MD, FOO T	ALLEGHENY
LEE, MD, H C	NORTHAMPTON
LEE, MD, HA-LIN C	NORTHAMPTON
LEE, MD, HOWARD J	BUCKS
LEE, IRIS J	PHILADELPHIA
LEE, J MI	ALLEGHENY
LEE JR, MD, JAMES H	PHILADELPHIA
LEE, JANE A	PHILADELPHIA
LEE, MD, JANGWOO	SCHUYLKILL
LEE, MD, JEEN H	NORTHAMPTON
LEE, MD, JOHN KEUN-SANG	ALLEGHENY
LEE, MD, JONG Y	WESTMORELAND
LEE, JOSEPH R	PHILADELPHIA
LEE, MD, JUNG S	BERKS
LEE, MD, JUNG-PIL	BERKS
LEE, MD, KENNETH K	HUNTINGDON
LEE, MD, KI B	LUZERNE
LEE, MD, KUK S	FAYETTE
LEE, MD, KWAN I	ALLEGHENY
LEE, MD, KWANG W	PHILADELPHIA
LEE, LISA M	ALLEGHENY
LEE, MD, OOK J	ALLEGHENY
LEE, PETER P	PHILADELPHIA
LEE, MD, ROBERT E	ALLEGHENY
LEE, MD, ROTAN	PHILADELPHIA
LEE, MD, SANG E	ALLEGHENY
LEE, MD, SANG T	NORTHAMPTON
LEE, DO, SARAH C	NORTHAMPTON
LEE, SUSIE I	PHILADELPHIA
LEE, TERRENCE H	PHILADELPHIA
LEE, MD, W ROBERT	PHILADELPHIA
LEE, MD, WILLIAM M	MONTGOMERY
LEE, MD, WON Y	SCHUYLKILL
LEE, MD, YI-CHUN	PHILADELPHIA
LEE, MD, YOUNG W	WAYNE/PIKE
LEECH JR, MD, JOHN E	MONTGOMERY
LEEGARD, MD, ROBERT L	PHILADELPHIA
LEEHAN, MD, SEAN W	ALLEGHENY
LEEN, MD, RAYMOND L	ALLEGHENY
LEET, MD, THOMAS E	LEHIGH
LEFF, MD, BERNARD	ALLEGHENY
LEFF, DO, DAVID A	NORTHAMPTON
LEFKOE, MD, ROY T	PHILADELPHIA
LEFTON, MD, HARVEY B	PHILADELPHIA
LEGENDRE, MD, GERALD M	MONTGOMERY
LEGERE, DO, JOHN B	LANCASTER
LEGG-CORBA, DO, KIMBERLY A	PHILADELPHIA
LEHMAN, ANDREW P	PHILADELPHIA
LEHMAN, MD, CLINTON J	LUZERNE
LEHMAN, DO, GREGORY M	DELAWARE
LEHMAN, MD, JOHN W	BEAVER
LEHMAN, MD, RALPH A	DAUPHIN
LEHMAN, MD, RUBY V	DAUPHIN
LEHRER, MD, LEWIS	PHILADELPHIA
LEHRER, MICHAEL S	PHILADELPHIA
LEHRICH, MD, HENRY E	LEHIGH
LEIB, MD, PAMELA L	SCHUYLKILL
LEIB JR, MD, RICHARD C	CAMBRIA
LEIBENSPERGER, MD, STEPHEN N	ALLEGHENY
LEIBMAN, MD, JOSEPH B	LACKAWANNA
LEIBOLD, MD, DEBRA M	MONTGOMERY
LEIBOWITZ, MD, LEONARD D	ALLEGHENY
LEIBZON, ROMAN	ALLEGHENY
LEIFER, JOSHUA M	ALLEGHENY
LEIGH, MD, FLORA B	DELAWARE
LEIGH, MD, REWNG	WESTMORELAND
LEIGHTON JR, MD, JOHN C	PHILADELPHIA
LEIGHTON, MD, KEVIN L	BUTLER
LEIGHTY, MD, RALPH G	SOMERSET
LEIMAN, MD, PAUL M	LACKAWANNA
LEINBERRY, MD, CHARLES F	BERKS
LEINWEBER, MD, BRUCE K	PHILADELPHIA
LEIPHART, MD, CLARENCE D	LANCASTER
LEIS, MD, DEAN J	DAUPHIN
LEISAWITZ, MD, ELLIOTT G	BERKS
LEISE, MD, ELEANOR O	DELAWARE
LEISER, MD, JONATHON B	PHILADELPHIA
LEISEY, JOHN R	STUDENT
LEISTER, MD, GLENN F	YORK
LEISTER, MD, HOWARD A	BUCKS
LEKACH, MD, JACUB	LACKAWANNA
LEKAWA, MD, THADDEUS	YORK
LELE, MD, PRAMOD S	DELAWARE
LEMAN, MD, WILLIAM W	DELAWARE
LEMASTERS, DO, THOMAS R	SCHUYLKILL
LEMASTERS, DO, WILLIAM C	NORTHMBRLAND
LEMBERG, MD, JEFFREY D	ALLEGHENY
LEMBERG, MD, PAUL	LEHIGH
LEMENTOWSKI, MD, MICHAL	FAYETTE
LEMERT, MD, MICHAEL R	CHESTER
LEMIS, MD, PETER M	ALLEGHENY
LEMOLE, MD, GERALD M	PHILADELPHIA
LEMPERT, MD, STEVEN L	ALLEGHENY
LENAHAN, R SEAN	PHILADELPHIA
LENAHAN, SUSAN E	STUDENT
LENAHAN, MD, TERRENCE P	LACKAWANNA
LENCHNER, MD, GREGORY S	PHILADELPHIA
LENGAUER, DO, TINA M	WASHINGTON
LENKEY, MD, JOSEPH L	ALLEGHENY
LENNERT, MD, JOSEPH B	NORTHAMPTON
LENNOX, TRICIA L	PHILADELPHIA
LENOX, MD, CORA C	ALLEGHENY
LENOX, MD, JOHN E	ALLEGHENY
LENROW, MD, DAVID A	MONTGOMERY
LENT, JAIME C	ERIE
LENTINI, MD, J CHARLES	LUZERNE
LENTON, MD, HERBERT P	CUMBERLAND
LENTZ, MD, CONRAD L	NORTHAMPTON
LENTZ, MD, KENNETH H	ALLEGHENY
LENTZ, MD, MARK R	INDIANA
LENTZ, MD, ROBERT E	LEHIGH
LENYO, MD, GEORGE E	SCHUYLKILL
LEO, MD, LOUIS R	PHILADELPHIA
LEONARD III, MD, DANIEL J	CAMBRIA
LEONARD JR, MD, EDWARD C	PHILADELPHIA
LEONARD, MD, RAYMOND L	ADAMS
LEONARDO, DO, DONNA	LANCASTER
LEONE, MD, GUY R	WESTMORELAND
LEONI, MD, JOSEPH	BERKS
LEONIDA, MD, ELFREN L	WESTMORELAND
LEOPOLD, DO, NORMAN A	DELAWARE
LEPAR, MD, EDWIN	PHILADELPHIA
LEPIANE, MD, RICHARD M	BEAVER
LEPONE, MD, KENNETH	LEBANON
LERBERG, MD, DAVID B	ALLEGHENY
LERMAN, MD, MICHAEL G	YORK
LERNER, MD, HARVEY J	PHILADELPHIA
LERNER, MD, SAMUEL M	LEHIGH
LEROY, MD, N BLAIR	MONTGOMERY
LESACA, MD, TIMOTHY G	ALLEGHENY
LESCANIC, MD, MICHAEL L	CENTRE
LESHNER, DO, RICHARD T	PHILADELPHIA
LESHOCK, MD, LEON E	CARBON
LESKO, DO, MICHAEL G	LANCASTER
LESLIE, MD, DAVID C	WASHINGTON
LESLIE JR, MD, M RUSSELL	ALLEGHENY
LESLIE, MD, MARTHA I	ALLEGHENY
LESLIE, MD, PAUL A	LANCASTER
LESNIAK, MD, JOHN P	LACKAWANNA
LESNOCK, MD, ROBERT G	WASHINGTON
LESSE, MD, S MICHAEL	NORTHAMPTON
LESSER, MD, RAYMOND W	PHILADELPHIA
LESSESKI, DO, DAVID C	ERIE
LESSIG, MD, HARRY J	PHILADELPHIA
LESSIG, MD, MARVIN A	PHILADELPHIA
LESTER, MD, MARK C	LEHIGH
LETO, MD, FRANCESCO	PHILADELPHIA
LETOCHA, MD, CHARLES E	YORK
LETWIN, MD, LEE B	MONTGOMERY
LEUKHARDT, MD, DAVID B	INDIANA
LEUNG, MD, RAYMOND K W	CRAWFORD
LEUNG, YUEN-POK	PHILADELPHIA
LEUNISSEN, MD, R L ABRAHAM	DELAWARE
LEUTE, MD, MILLARD S	DELAWARE
LEVARI, MD, ISAAC	ALLEGHENY
LEVENBERG, MD, RICHARD J	DELAWARE
LEVENSON, MD, DAVID J	ALLEGHENY
LEVENSON, MD, MORTON W	LANCASTER
LEVENTHAL, MD, LINDA C	BUCKS
LEVETTE, MD, ANDREW R	MONTGOMERY
LEVICK, MD, MARVIN H	ALLEGHENY
LEVICK, DO, STACI L	LEHIGH
LEVICK, MD, STANLEY N	PHILADELPHIA
LEVIEN, MD, DAVID H	PHILADELPHIA
LEVIN, MD, BRADLEY H	YORK
LEVIN, MD, DAVID C	PHILADELPHIA
LEVIN, MD, GARY J	CHESTER
LEVIN, MD, GENE D	BUCKS
LEVIN, MD, HOWARD A	MONTGOMERY
LEVIN, MD, I HOWARD	PHILADELPHIA
LEVIN, MD, KENNETH	NORTHAMPTON
LEVIN, MD, LARRY L	BUCKS
LEVIN, MD, MARC W	LEHIGH
LEVIN, MD, MICHAEL D	PHILADELPHIA
LEVIN, MD, MORRIS	BUCKS
LEVIN, MD, NORMAN P	PHILADELPHIA
LEVIN, MD, RICHARD L	BUCKS
LEVIN, MD, RICHARD M	LANCASTER
LEVIN, MD, ROBERT M	BLAIR
LEVIN, MD, RONALD M	PHILADELPHIA
LEVIN, MD, STEVEN C	ALLEGHENY
LEVIN, MD, STEVEN P	MONTGOMERY
LEVINE, MD, ALAN P	BERKS
LEVINE, MD, ARNOLD H	PHILADELPHIA
LEVINE, MD, ARTHUR L	LEHIGH
LEVINE, MD, CHARLES B	YORK
LEVINE, MD, CHARLES R	LEHIGH
LEVINE, ETHAN	ERIE
LEVINE, DO, JEFFREY N	LANCASTER
LEVINE, MD, JOEL I	ADAMS
LEVINE, MD, MACY I	ALLEGHENY
LEVINE, MD, MARK J	ERIE
LEVINE, MD, MICHAEL	ALLEGHENY
LEVINE, MD, PHILLIP R	ALLEGHENY
LEVINE, MD, RICHARD L	DAUPHIN
LEVINE, MD, SHELDON R	ALLEGHENY
LEVINSKY, MD, WALTER J	PHILADELPHIA
LEVINSON, MD, BRADLEY A	ALLEGHENY
LEVINSON, MD, JULIAN P	ALLEGHENY
LEVINSON, MD, PETER G	ERIE
LEVINSON, MD, SANDER J	LACKAWANNA
LEVINSON, MD, STUART L	PHILADELPHIA
LEVINSON, MD, WILLIAM D	WESTMORELAND
LEVIS, MD, MICHAEL P	ALLEGHENY
LEVIT, MD, EDITHE J	PHILADELPHIA
LEVIT, MD, LAWRENCE S	PHILADELPHIA
LEVITAN, MD, MARK	PHILADELPHIA
LEVY, CHARLES L	PHILADELPHIA
LEVY, MD, DAVID J	ERIE
LEVY, MD, EDWIN J	DELAWARE

LEVY, MD, JON A	ALLEGHENY
LEVY, MD, LESLIE J	ALLEGHENY
LEVY, MD, MARSHALL S	ALLEGHENY
LEVY, MD, MICHAEL H	PHILADELPHIA
LEVY, MD, PAUL F	BERKS
LEVY, MD, REINHARDT D	ALLEGHENY
LEVY, MD, ROBERT J	PHILADELPHIA
LEVY, MD, SCOTT S	BUCKS
LEVY, STEVEN A	PHILADELPHIA
LEVY, MD, STEVEN A	ERIE
LEW, MD, CHUNG M	BEAVER
LEWANDOWSKI, MD, ANN E	FRANKLIN
LEWBART, MD, MARVIN L	DELAWARE
LEWIN, MD, JULIAN R	ALLEGHENY
LEWIN, MD, STANLEY B	DAUPHIN
LEWINE, MD, YALE S	CAMBRIA
LEWIS, MD, ALAN E	PHILADELPHIA
LEWIS, MD, DANIEL W	PHILADELPHIA
LEWIS, MD, EARL T	CHESTER
LEWIS, MD, ELAINE R	BERKS
LEWIS, MD, GARY W	WESTMORELAND
LEWIS JR, MD, GEORGE C	PHILADELPHIA
LEWIS, MD, GREGORY L	CUMBERLAND
LEWIS, MD, HENRY C	WESTMORELAND
LEWIS, HENRY J	PHILADELPHIA
LEWIS JR, MD, HOWARD T	ALLEGHENY
LEWIS, JENNIFER L	ALLEGHENY
LEWIS, MD, JOFFRE P	SCHUYLKILL
LEWIS, DO, KATHLEEN C	LYCOMING
LEWIS, MD, KATHRYN A	BLAIR
LEWIS, MD, L CLIFFORD	CHESTER
LEWIS, MD, MAURICE J	DAUPHIN
LEWIS, MD, PAUL L	PHILADELPHIA
LEWIS, MD, PHILIP G	BUCKS
LEWIS, MD, RICHARD P	ALLEGHENY
LEWIS, MD, ROBERT E	ALLEGHENY
LEWIS, RYAN D	PHILADELPHIA
LEWIS, MD, STUART H	DELAWARE
LEWIS JR, MD, THOMAS J	ALLEGHENY
LEWIS, MD, WILLIAM J	DELAWARE
LEYZIN, MD, FELIX	PHILADELPHIA
LEYZIN, MD, MARA S	PHILADELPHIA
LI, MD, SHERYL G	DAUPHIN
LI, MD, XIAOLU	BERKS
LIACHOWITZ, MD, CLAIRE H	PHILADELPHIA
LIANG, MD, DAVID Y	ALLEGHENY
LIANG, MD, GWENDOLYN J	MONTGOMERY
LIANG, MD, MARIA	ALLEGHENY
LIANG, PETER C	PHILADELPHIA
LIAW, MD, MING T	PHILADELPHIA
LIAW, MD, WEN HAW	PHILADELPHIA
LIBELL, MD, DAVID P	BERKS
LIBERI, MD, ALFRED A	DELAWARE
LIBERTA, MD, THOMAS R	NORTHAMPTON
LICHTENBERG, MD, RICHARD A	DELAWARE
LICHTENBERGER, CARLA M	STUDENT
LICHTENSTEIN, MD, ISRAEL	PHILADELPHIA
LICHTENSTEIN, MD, STEPHEN B	PHILADELPHIA
LICHTENSTEIN, DO, STEVEN	PHILADELPHIA
LICHTER, MD, JAMES G	ALLEGHENY
LICHTMAN, MD, JOSEPH M	PHILADELPHIA
LIDDELL, MD, ALBERT G	LYCOMING
LIDEN, MD, CRAIG B	ALLEGHENY
LIDSTON, MD, BRUCE M	HUNTINGDON
LIEB, MD, JOHN G	YORK
LIEBENBERG, MD, ROBERT E	PHILADELPHIA
LIEBENTRITT, MD, FRANK J	CRAWFORD
LIEBERMAN, MD, AMARA A	MONTGOMERY
LIEBERMAN, MD, BRUCE L	BUCKS
LIEBERMAN, MD, DANIEL	PHILADELPHIA
LIEBERMAN, MD, DONALD H	PHILADELPHIA
LIEBERMAN, MD, FRANCIS A	LEHIGH
LIEBERMAN, MD, GEORGE E	PHILADELPHIA
LIEBERMAN JR, MD, JOSEPH A	LEHIGH
LIEBERMAN, MD, RICHARD M	LEHIGH
LIEBERMAN, DO, RONALD M	PHILADELPHIA
LIEBLER, MD, GEORGE A	ALLEGHENY
LIEBMAN, MD, EMIL P	PHILADELPHIA
LIEBMAN, MD, IRVIN M	BUCKS
LIEBSON, MD, CHARLES	INDIANA
LIEDERBACH, MD, STEPHEN J	ALLEGHENY
LIEF, MD, HAROLD I	PHILADELPHIA
LIEFELD, MD, PAUL A	ALLEGHENY
LIEN, WILLIAM J	PHILADELPHIA
LIGGETT, MD, JOHN S	ALLEGHENY
LIGGETT, MD, JOSEPH G	ALLEGHENY
LIGHT, MD, BENJAMIN W	ALLEGHENY
LIGHT, MD, JOHN H	CENTRE
LIGHT, MD, JOHN J B	LEBANON
LIGHT, KAREN J	ALLEGHENY
LIGHT, MD, WILMA C	WESTMORELAND
LIGHTMAN, MD, DAVID A	LYCOMING
LIGNELLI, MD, GREGORY J	BERKS
LILIENTHAL, MD, DAVID S	ALLEGHENY
LILIK, MD, KENNETH W	LACKAWANNA
LILLEY, MD, GEORGE W	DELAWARE
LILLI, MD, ELMO J	MONROE
LILLY, MD, REGINA Z	LEHIGH
LIM, MD, CHANG-SEIN	WAYNE/PIKE
LIM, MD, ELIZABETH G	INDIANA
LIM, MD, FELIXBERTO D	ALLEGHENY
LIM, MD, HENG-FENG	DAUPHIN
LIM, MD, JANET C C	MONTGOMERY
LIM, MD, LOURDES T	MERCER
LIM, DO, SCOTT J M	ERIE
LIM, MD, YOUNG K	WESTMORELAND
LIMA, MD, CLAUDIO A B	ALLEGHENY
LIMAURO, MD, DAVID L	ALLEGHENY
LIMBERAKIS, MD, ANTHONY J	PHILADELPHIA
LIMBERT, MD, LAWRENCE	MONTGOMERY
LIMKAKENG, MD, ALEXANDER D	MERCER
LIMOGES, MD, RICHARD F	PHILADELPHIA
LIN, MD, CHING H	SCHUYLKILL
LIN, GEORGE	PHILADELPHIA
LIN, HENRY	PHILADELPHIA
LIN, MD, LUKE	ALLEGHENY
LIN, MD, MING-SHEK	ALLEGHENY
LIN, MD, PAUL M	PHILADELPHIA
LIN, MD, PAUL S	UNION
LIN, MD, PU CHING	ELK/CAMERON
LIN, RIDWAN	STUDENT
LIN, MD, RONG-CHUNG	ALLEGHENY
LINCOFF, MD, WILLIAM	DELAWARE
LINDBLAD, MD, JOHN H	ALLEGHENY
LINDENBAUM, MD, GARY A	DELAWARE
LINDENBAUM, MD, JORGE	ALLEGHENY
LINDENMAYER, MD, A EARLE	PHILADELPHIA
LINDENTHAL, MD, JOHN P	BERKS
LINDER, MD, LISA J	DELAWARE
LINDER, MD, PAUL G	ALLEGHENY
LINDHOLM, MD, DALE D	LACKAWANNA
LINDQUIST, MD, JOHN N	PHILADELPHIA
LINDSAY-O'REGGIO, MD, EULDRICKA B	LEHIGH
LINE, MD, DENNIS E	CUMBERLAND
LING, MD, CHARLES C	SCHUYLKILL
LING, MD, DAVID	PHILADELPHIA
LING, MD, HENRY T	MONTGOMERY
LINGANNA, MD, BHATTARAHALLY Y	LAWRENCE
LINGENFELTER, MD, KYLE A	JEFFERSON
LINHART, MD, RANDOLPH W	ALLEGHENY
LININGER, MD, JOHN R	MONTGOMERY
LINN, DO, ROBERT	PHILADELPHIA
LINN, MD, SHELDON H	LEHIGH
LINNEMANN, MD, ROGER E	PHILADELPHIA
LINNEMANN, THOMAS M	ERIE
LINS, MD, JEFFREY A	BEAVER
LINTGEN, MD, ARTHUR B	MONTGOMERY
LIPAPIS, MD, CHRISTY N	ALLEGHENY
LIPES, MD, JAN K	BUCKS
LIPKIN, MD, DAVID E	MONTGOMERY
LIPMAN, MD, BERNARD L	PHILADELPHIA
LIPMAN, MD, RODNEY C	ALLEGHENY
LIPMAN, MD, SIDNEY P	ERIE
LIPNACK, DO, ERIC M	MONTGOMERY
LIPNICK, MD, JESSE A	DELAWARE
LIPPE, MD, RONALD W	DAUPHIN
LIPPERT, MD, LOUIS C	JEFFERSON
LIPPIN, MD, RICHARD A	PHILADELPHIA
LIPPMAN, MD, DEBORAH S	PHILADELPHIA
LIPPO, MD, FRANK L	PHILADELPHIA
LIPSCHUTZ, MD, ARTHUR	PHILADELPHIA
LIPSCHUTZ, MD, LOUIS B	PHILADELPHIA
LIPSCHUTZ, MD, STEVEN M	PHILADELPHIA
LIPSHUTZ, MD, HAROLD	PHILADELPHIA
LIPSHUTZ, MD, HUGH	MONTGOMERY
LIPSITZ, MD, H DAVID	ALLEGHENY
LIPSIUS, MD, EDWARD I	PHILADELPHIA
LIPSON, MD, CHERYL S	CARBON
LIPSON, MD, M BARRY	BUCKS
LIPSON, MD, STEPHEN D	LYCOMING
LIPTON, MD, STEVEN E	MONTGOMERY
LIPUT JR, MD, JOSEPH H	ALLEGHENY
LIRAG, MD, ENRIQUE M	MONTGOMERY
LIRIO, MD, SIXTO M	DELAWARE
LIS, MD, EDWARD T	YORK
LISAN, MD, PHILIP	PHILADELPHIA
LISBERGER, MD, MARK D	DELAWARE
LISI, MD, LOUISE M	PHILADELPHIA
LISKER, MD, SHELDON A	PHILADELPHIA
LISNYCZYJ, MD, NICHOLAS	LACKAWANNA
LISS, MD, ARTHUR	LUZERNE
LISS, MD, GILBERT A	CHESTER
LISS, MD, JONATHAN	YORK
LISS, MD, ROBERT G	ALLEGHENY
LISS, MD, ROBERT P	CHESTER
LISTA, MD, WILLIAM A	PHILADELPHIA
LISTWA, DO, HOWARD M	LEHIGH
LISZEWSKI, MD, JAMES L	WESTMORELAND
LISZKA, DO, ANNE-MARIE	ERIE
LISZKA II, EDWARD G	STUDENT
LITCHMAN, MD, JOSEPH F	LUZERNE
LITCHMAN, MD, MAUREEN R	LUZERNE
LITOVSKY, MD, DANIEL A	BUCKS
LITRENTA, CHRISTINA	PHILADELPHIA
LITRENTA, MD, DAVID E	YORK
LITT, MD, LAWRENCE M	MONTGOMERY
LITTLE, MD, BRIAN W	NORTHAMPTON
LITTLE, MD, G ROBERT	DAUPHIN
LITTLE, MD, ROBERT G	DAUPHIN
LITTLE, MD, THOMAS	NORTHAMPTON
LITTMAN, MD, JEFFREY JAY	PHILADELPHIA
LITTON, MD, LINDA T	DAUPHIN
LITTS, MD, ALAN W	DAUPHIN
LITTZI, DO, CAROLANN	LUZERNE
LITVIN, MD, HENRY	MONTGOMERY
LITVIN, SHANE J	PHILADELPHIA
LIU, AARON L	PHILADELPHIA
LIU, MD, PHILIP G	WAYNE/PIKE
LIU, MD, ROSITA O	WAYNE/PIKE
LIU, MD, ZUNE H	DAUPHIN
LIVECCHI, MD, JOHN T	LACKAWANNA
LIVENGOOD, MD, MARGARET A	LUZERNE
LIVERNOIS, MD, RICHARD G	ERIE
LIVOLSI, MD, PHILIP D	PHILADELPHIA
LIVORNESE, MD, DOUGLAS S	PHILADELPHIA
LIVORNESE JR, MD, LAWRENCE L	PHILADELPHIA
LIZAK, DO, RICHARD J	LACKAWANNA
LIZANO, MD, VIOLETA M	LACKAWANNA
LLOYD, MD, BENJAMIN J	BERKS
LLOYD, MD, GERALD R	ERIE
LLOYD, MD, JON C	ALLEGHENY
LO, MD, SHIH C	ALLEGHENY
LO GRASSO, DO, PAUL P	DELAWARE
LOBAS, MD, DAVID M	ALLEGHENY
LOBES JR, MD, LOUIS A	ALLEGHENY
LOBITZ, MD, STANLEY A	LUZERNE
LOBL, MD, LAWRENCE T	ALLEGHENY
LOCK, W SCOTT	PHILADELPHIA
LOCKE, MD, CHARLES F	LANCASTER
LOCKE, MD, DARRON B	BLAIR
LOCKE, MD, DAVID L	ALLEGHENY
LOCKE, MD, HARRY R	MONTGOMERY
LOCKEY III, MD, STEPHEN D	LANCASTER
LOCKWOOD, DO, KATHLEEN I	MONTOUR
LODER, DO, DONALD I	BERKS
LODISE, MD, RAYMOND J	PHILADELPHIA
LOEB, MD, ROBERT L	ERIE
LOEB, MD, ROLAND A	LANCASTER
LOEFFLER JR, MD, JOHN G	CUMBERLAND
LOEPER, MD, DONALD J	BERKS
LOFARO, MD, SALVATORE A	DELAWARE
LOFFREDA-MANCINELLI, MD, CLAUDIO	BEAVER
LOFTUS, MD, JOSEPH A	LUZERNE
LOFTUS, MD, THOMAS A	PHILADELPHIA
LOGAN, CAROLINE V	PHILADELPHIA
LOGUE, MD, JAMES G	PHILADELPHIA
LOGUE III, MD, JAMES G	BERKS
LOH, MD, CHARLES K	CUMBERLAND
LOHIN, DO, DAVID L	LACKAWANNA
LOK, MD, MAI PAI	SCHUYLKILL
LOLLEY, MD, DAVID M	ALLEGHENY
LOMAX, MD, LORENE S	PHILADELPHIA
LOMAX JR, MD, WALTER P	PHILADELPHIA
LOMBARD, MD, MICHAEL F	LUZERNE
LOMBARD, MD, ROBERT M	LANCASTER
LONDINO JR, MD, ALDO V	ALLEGHENY
LONDON, MD, GLADYS Z	DELAWARE
LONDON, MD, PHILIP	PHILADELPHIA
LONDON, MD, W THOMAS	PHILADELPHIA
LONG, MD, DAVID F	CHESTER
LONG, MD, JOSEPH P	CUMBERLAND
LONG, LISA M	PHILADELPHIA
LONG, MD, MADELEINE L	MONTGOMERY
LONG, MD, RICHARD A	WASHINGTON
LONG, MD, RICHARD W	ERIE
LONG, MD, ROBERT D	UNION
LONG, MD, RONALD A	HUNTINGDON
LONG, MD, THEODORE K	LEBANON
LONG JR, MD, WILLIAM C	CLINTON
LONGACRE, MD, JANE M	MONTGOMERY
LONGARINI, MD, RICARDO	SCHUYLKILL
LONGENBACH, MD, ERIC W	LYCOMING
LONGENECKER, MD, BENJAMIN E	BERKS
LONGENECKER, MD, ROGER N	BERKS
LONGENECKER, MD, STEPHEN C	BERKS
LONGENHAGEN, MD, JOHN B	LEHIGH
LONGNECKER, MD, DAVID E	PHILADELPHIA
LONGWELL JR, MD, BENTON E	CAMBRIA
LONSDORF, MD, RICHARD G	PHILADELPHIA
LOOSE, DO, GEORGE T	LEBANON
LOPATOFSKY, MD, DAVID J	LYCOMING
LOPES, JOANNE E	PHILADELPHIA
LOPEZ, MD, AGAPITO	LUZERNE
LOPEZ, MD, AISA G	PHILADELPHIA
LOPEZ, MD, GAMALIEL S	LUZERNE
LOPEZ, MD, HIGINIO R	GREENE
LOPEZ, MARK A	PHILADELPHIA
LOPEZ MONEGRO, MD, RAFAEL	MIFFLIN/JUNIATA
LORBER, MD, STANLEY H	PHILADELPHIA
LORD, MD, KENNETH J	BERKS
LORD, MD, WILLIAM H	BERKS
LOREMAN, DO, LORIE	BUCKS
LORENZ III, MD, STEPHEN A	ALLEGHENY
LORENZO, MD, FREDERICK V	ADAMS
LORET DE MOLA, MD, J RICARDO	PHILADELPHIA
LORETAN, DO, WILLIAM D	LANCASTER
LORRAINE, MD, RICHARD S	MONTGOMERY
LOSKEN, MD, H WOLFGANG	ALLEGHENY
LOSS, DO, BETH A	YORK
LOSTETTER JR, MD, STEPHEN J	ALLEGHENY
LOTHE, MD, PRADEEP A	DELAWARE
LOTTICK, MD, EDWARD A	LUZERNE
LOTZ, MD, ANDREW J	CHESTER
LOUGH, MD, FREDERICK C	BERKS
LOUGHMAN, MD, LINDA	ALLEGHENY
LOUGHRAN, DO, DAVID H	BUCKS
LOUI, BENNETT Y	PHILADELPHIA
LOUTON, MD, ROBERT B	BLAIR
LOUX, MD, NORMAN L	BUCKS
LOVE, MD, CAROL A	PHILADELPHIA
LOVE, MD, MICHAEL B	PHILADELPHIA
LOVECCHIO, MD, FRANCIS A	MONROE
LOVELACE, DO, NANCE A	LUZERNE
LOVELL, MD, DONALD R	BLAIR
LOVELY, MD, THOMAS J	ALLEGHENY
LOVERANES, MD, MARIANO D	ERIE
LOVETT, MD, WILLIAM J	LEBANON
LOVRINIC, MD, DANIEL F	LUZERNE
LOVRINIC, MD, WILLIAM S	CHESTER
LOWDEN, PATRICK M	STUDENT
LOWDER JR, MD, RALPH J	ALLEGHENY
LOWE, MD, CHERYL F	CHESTER
LOWE, MD, DIANE A	LUZERNE
LOWENSTEIN, MD, ROBERT A	WASHINGTON
LOWERY, MD, SAMUEL R	BLAIR
LOWERY, MD, WILLA D	ALLEGHENY
LOWMAN, MD, GERALD F	NORTHAMPTON
LOWRY, MD, DON A	CAMBRIA
LOWRY, MD, DONALD J	DAUPHIN
LOWRY, MD, LOUIS D	PHILADELPHIA
LOWRY, MORGAN A	PHILADELPHIA
LOWTHIAN, MD, JOHN T	CUMBERLAND
LOWY JR, MD, ALEXANDER D	ALLEGHENY
LOY, MD, MARIA J V	ALLEGHENY
LOZANO, MD, RAMON G	ALLEGHENY
LU, MD, CALVIN	CHESTER
LU, MD, LUIS W	ELK/CAMERON
LU, MD, MILTON M	LANCASTER
LU, MD, TA SHUNG	BRADFORD
LUBAHN, MD, JOHN D	ERIE
LUBBE, MD, WILLEM J	LYCOMING
LUBIC, MD, LOWELL G	ALLEGHENY
LUBIN, DO, HOWARD S	DELAWARE
LUBIN, MD, JOSEPH D	PHILADELPHIA
LUBIZKA, MD, ALEXANDRA	PHILADELPHIA
LUCAS, MD, DONNA M	ALLEGHENY
LUCAS, MD, GLYNDA W	DELAWARE
LUCAS, MD, R DUBOIS	PHILADELPHIA
LUCAS-FEHM, MD, LYNN MICHELE	PHILADELPHIA
LUCCHINO, MD, DAVID B	LUZERNE
LUCENA, MD, AURORA L	DELAWARE
LUCENA, MD, ERNESTO E	DELAWARE
LUCEY III, MD, DENIS J	PHILADELPHIA
LUCHETTE, MD, ALBERT A	MERCER
LUCIAN, DO, CANDYCE A	CRAWFORD
LUCIER, MD, ALFRED C	DELAWARE
LUCINE JR, MD, ALBERT A	CHESTER
LUDIVICO, MD, CHARLES L	NORTHAMPTON
LUDOLPH, MD, CAROL ANN	PHILADELPHIA
LUDWICK, MD, DAVID J	DAUPHIN
LUDWICKI, MD, JOHN J	MONTGOMERY
LUDWIG, MD, KARL D	ALLEGHENY
LUDWIG, MD, KARLA M	LEBANON
LUECKE, MD, GAIL A	BERKS
LUEHRS, CHERYL HAZE	PHILADELPHIA
LUELLEN, JOHN R	STUDENT
LUFF, MD, RONALD D	LEHIGH
LUFT, MD, WILLIAM C	BRADFORD
LUGINBUHL, MD, WILLIAM E	CHESTER
LUGUE JR, MD, AMADO B	CLEARFIELD
LUGUE, MD, CARMELA S	CLEARFIELD
LUK, JOHN C	PHILADELPHIA
LUKACS, MD, KORNEL	BLAIR
LUKAS, MD, RAYMOND A	LYCOMING
LUKASZCZYK, MD, JOHN J	NORTHAMPTON
LUKASZCZYK, MD, THOMAS A	NORTHAMPTON
LUM, MICHAEL H	PHILADELPHIA
LUMISH, MD, ROBERT M	ALLEGHENY
LUNA, MD, FREDESVINDA	CLEARFIELD
LUNA, MD, ROBERTO S	CLEARFIELD
LUND, MD, KURT E	ERIE
LUND, MARK E	PHILADELPHIA
LUND, MD, PEERE C	CAMBRIA
LUND, MD, PETER S	ERIE
LUNDBORG-GRAY, MD, MAJA L	PHILADELPHIA
LUNDIE, MD, WILLIAM M	WESTMORELAND
LUNDQUIST, MD, THOMAS G	ALLEGHENY
LUNDY, MD, EDWARD F	LANCASTER
LUNDY, MD, THEODORE	PHILADELPHIA
LUNG, ERIC A	PHILADELPHIA
LUO, MD, SOLOMON C	SCHUYLKILL
LUONGO JR, MD, ROMEO A	PHILADELPHIA
LUPARELLO, MD, FRANK J	ALLEGHENY
LUPARIELLO, MD, ANGELO D	ALLEGHENY
LUPINACCI, MD, MICHAEL F	DAUPHIN
LUPINETTI, MD, MICHAEL F	ALLEGHENY
LURIE, MD, ABRAHAM A	MONTGOMERY
LUSCH, MD, CHARLES J	BERKS
LUSCOMBE, MD, HERBERT A	PHILADELPHIA
LUSCOMBE, MD, HERBERT J	BUCKS
LUSH, MD, DAVID T	PHILADELPHIA
LUSSER, MD, MARTHA A	LEHIGH
LUSTBADER, MD, MICHAEL L	BEAVER
LUSTINE, MD, HOWARD T	PHILADELPHIA
LUTCAVAGE, CHRISTOPHER M	PHILADELPHIA
LUTES, DO, RONALD A	WASHINGTON
LUTHER, MD, ROBERT J	CAMBRIA
LUTHRA, MD, DAMYANTI	WESTMORELAND
LUTHRA, MD, MANMOHAN S	WESTMORELAND
LUTINS, MD, JAY A	ALLEGHENY
LUTNESS, MD, MARK P	DAUPHIN
LUTZ, MD, CHARLES K	BERKS
LUTZ, MD, R BRUCE	DELAWARE
LUTZ JR, MD, ROLAND B	MONTGOMERY
LUTZ, MD, RONALD A	LEHIGH
LUTZ, MD, WENDY J	PHILADELPHIA
LWIN, MD, TINT	ALLEGHENY
LYCHAK, MD, JOHN C	NORTHAMPTON
LYET, MD, J PAUL	LANCASTER
LYNCH, DO, CHRISTOPHER B	MONROE
LYNCH, MD, CHRISTOPHER G	LEHIGH
LYNCH, MD, EARL H	LUZERNE
LYNCH, MD, FRANK C	LEBANON
LYNCH, MD, JAMES D	BERKS
LYNCH, MD, JAMES J	PHILADELPHIA
LYNCH, STEPHEN F	PHILADELPHIA
LYNCH, DO, WILLIAM J	CLARION
LYNDE, GRANT C	ALLEGHENY
LYNESS, MD, SAMUEL S	MONTGOMERY
LYNN, MD, CHARLES A	BUTLER

LYNN, MD, RICHARD E	WESTMORELAND
LYON-LOFTUS, MD, DIANA J	FRANKLIN
LYON-LOFTUS, MD, GREGORY T	FRANKLIN
LYONS, MD, CHRISTINE W	CHESTER
LYONS, MD, CHRISTOPHER J	CHESTER
LYONS, MD, CLIFFORD H	BERKS
LYONS, MD, DANIEL C	BUCKS
LYONS, MD, GARY W	ERIE
LYONS, MD, WILBERT A	BUCKS
LYTLE, MD, LARRY H	CLINTON
LYTTON, MD, MARGARET S	PHILADELPHIA

M

MAAS, MD, ANTHONY E	DAUPHIN
MABRY, MD, MICHAEL E	ALLEGHENY
MAC LACHLAN, CAROL E	PHILADELPHIA
MACALUSO, DAVID A	STUDENT
MACALUSO, MD, RUSSELL A	CUMBERLAND
MACCHIAROLI, MD, JOSEPH A	CAMBRIA
MACDONALD, MD, DOUGLAS A	ALLEGHENY
MACDONALD, MD, GEORGE F	ALLEGHENY
MACDONALD, MD, JOHN S	PHILADELPHIA
MACDONALD, MD, ROBERT R	ALLEGHENY
MACDOUGALL, MD, HOWARD H	YORK
MACDOUGALL, MD, JAMES H	ALLEGHENY
MACDOUGALL, MD, ROBERT D	YORK
MACEK, MD, ANNE L	PHILADELPHIA
MACEYKO, MD, RONALD F	INDIANA
MACFADYEN, MD, BRUCE V	PHILADELPHIA
MACHIKO, MD, GREGORY G	WASHINGTON
MACHIRAJU, MD, V R	ALLEGHENY
MACHT JR, MD, ELMER L	PHILADELPHIA
MACHTAY, MD, MITCHELL	PHILADELPHIA
MACIELAK, MD, JAMES R	CRAWFORD
MACKAY, MD, DONALD R	DAUPHIN
MACKELL, MD, JAMES V	PHILADELPHIA
MACKELL JR, MD, JAMES V	MONTGOMERY
MACKELL, MD, THOMAS E	BUCKS
MACKENZIE, MD, CHARLES E	WARREN
MACKENZIE, MD, NORMAN D	CHESTER
MACKEY, AMY R	PHILADELPHIA
MACKIE, MD, JULIUS A	PHILADELPHIA
MACKLE, MD, EDWARD J	YORK
MACKLER, MD, DENISE L	PHILADELPHIA
MACKRELL, MD, JAMES J	LACKAWANNA
MACKRELL, MD, WILLIAM P	LACKAWANNA
MACLACHLAN, MD, WILLIAM W	ERIE
MACLEAN, MD, DUNCAN S	DAUPHIN
MACLEAR, DO, DOUGLAS G	CENTRE
MACLEOD, MD, GORDON K	ALLEGHENY
MACMORAN, MD, JAY W	PHILADELPHIA
MACPHAIL, MD, JOHN A	WESTMORELAND
MACUT, MD, S SAVA	DAUPHIN
MACVAUGH III, MD, HORACE	PHILADELPHIA
MACY, MD, CHARLES T	MONTGOMERY
MACZUGA, MD, CYNTHIA	LUZERNE
MADANY, MD, BAHIJ H	BUCKS
MADDEN, MD, FRANCIS P	BUCKS
MADDEN, MD, KEVIN G	LACKAWANNA
MADDEN, MD, ROBERT A	BUCKS
MADDEN, MD, STEPHANIE D	DAUPHIN
MADDER, DO, ROBERT D	BEAVER
MADDOW, CHARLES L	PHILADELPHIA
MADEIRA, ROBERT G	PHILADELPHIA
MADEWELL, MD, JOHN E	DAUPHIN
MADHAVAN, MD, VASANTHA C	ALLEGHENY
MADIANOS, MD, EVAN F	PHILADELPHIA
MADIANOS, MD, MICHAEL	PHILADELPHIA
MADOFF, MD, HENRY R	ALLEGHENY
MADONNA, MD, DINO	PHILADELPHIA
MADONNA, MD, FRANK A	BUTLER
MADOW, MD, LEO	PHILADELPHIA
MADURA, MD, JOSEPH R	MERCER
MAERZ, MD, JOHN C	MONTGOMERY
MAFFEO, MD, ALPHONSE A	LEHIGH
MAGARGAL, MD, HELGA O	PHILADELPHIA
MAGARGAL, MD, LARRY E	PHILADELPHIA
MAGARGEE, DO, SUSAN P	DELAWARE
MAGARGLE, MD, R LYNN	DAUPHIN
MAGBOJOS, MD, OUIRICO R	FRANKLIN
MAGBOJOS, MD, ZENAIDA V	FRANKLIN
MAGDA, MD, JERZY K	LAWRENCE
MAGEE, MD, JOAN M	CHESTER
MAGEE, MD, JOHN T	MONTGOMERY
MAGEE, MD, MICHAEL C	PHILADELPHIA
MAGEE, MD, RICHARD S	BLAIR
MAGGITTI, MD, MICHAEL J	CHESTER
MAGID, MD, D RIVA	MONTGOMERY
MAGID, MD, WARREN P	YORK
MAGIDENKO, MD, LEONID	BUCKS
MAGILL III, MD, JOHN T	UNION
MAGILNER, MD, LOUIS	PHILADELPHIA
MAGLEY, MD, ROBERT S	CAMBRIA
MAGNESS, MD, KATHLEEN E	CHESTER
MAGNO, REBECCA M	PHILADELPHIA
MAGNONE, MD, MARIO	ALLEGHENY
MAGOVERN, MD, GEORGE J	ALLEGHENY
MAGOVERN JR, MD, GEORGE J	ALLEGHENY
MAGOVERN, MD, JAMES A	ALLEGHENY
MAGRAN, MD, LEONARDO	PHILADELPHIA
MAGUIRE, MD, DAVID P	PHILADELPHIA
MAGUIRE, DO, F WILLIAM	CHESTER
MAGUIRE, MD, JOSEPH I	DELAWARE
MAGUIRE, MD, JOSEPH I	DELAWARE
MAGUIRE, MD, LEO J	DELAWARE
MAHADEVIAH, MD, ANN S	DELAWARE
MAHAJAN, MD, ANAND B	LANCASTER
MAHAN, MD, JOHN P	BUCKS
MAHARAJH, MD, BALKISSOON A	CAMBRIA
MAHER, MD, JOHN C	ALLEGHENY
MAHER, MD, JOHN P	CHESTER
MAHER, MD, REGIS M	FAYETTE
MAHER JR, MD, THOMAS D	ALLEGHENY
MAHMOOD, MD, ARSHAD	ALLEGHENY
MAHMOOD, MD, EDNA Z	BERKS
MAHMUD, MD, RASHIDA P	ALLEGHENY
MAHON, MD, MARILYN S	DAUPHIN
MAHON, MD, WILMER B	DAUPHIN
MAHONEY, EXEC DIR, BONITA C	LYCOMING
MAHONEY, MD, MARIA M	PHILADELPHIA
MAHONY, MD, ELLEN A	DELAWARE
MAHOOD, MD, WILLIAM H	MONTGOMERY
MAHSOOB, MD, ABDUL HAMED	ALLEGHENY
MAIDA, MD, FRANK V	WESTMORELAND
MAIDANSKY, MD, IGOR	BERKS
MAIDEN, MD, PHILLIP G	MERCER
MAILHOT, MARK F	ALLEGHENY
MAILMAN, MD, WENDY R	UNION
MAINGI, MD, NARESH S	DAUPHIN
MAINZER, MD, FRANCIS K	ERIE
MAIORANA, MD, S LEROY	BERKS
MAISH III, MD, GEORGE O	DAUPHIN
MAISTROW, MD, MARLA G	DELAWARE
MAITIN, MD, ELLEN C	PHILADELPHIA
MAITLAND, MD, LEAH A	ADAMS
MAITRA, MD, SUBHASHIS	BLAIR
MAJDIC, DO, JAMES P	LUZERNE
MAJERNICK, DO, THOMAS G	WYOMING
MAJMUDAR, MD, VASANTI H	ALLEGHENY
MAJOR, MD, DAVID A	PHILADELPHIA
MAKADIA, MD, ASHOK P	LUZERNE
MAKAROWSKI, MD, WILLIAM S	ERIE
MAKATCHE, DO, TIMOTHY J	BERKS
MAKHDOMI, MD, A RASHID	NORTHAMPTON
MAKHIJA, MD, KAILASH R	CARBON
MAKLER, MD, JACOB S	PHILADELPHIA
MAKOUS, MD, NORMAN	PHILADELPHIA
MALACARI, MD, DOMINIC V	LUZERNE
MALACOFF, MD, ROBERT F	NORTHAMPTON
MALAK, MD, TIMOTHY M	BERKS
MALAMUT, MD, RICHARD I	DELAWARE
MALARKEY IV, MD, HENRY F	ALLEGHENY
MALAYIL, MD, MICHAEL T	WASHINGTON
MALCOLM, MD, DONALD C	HUNTINGDON
MALCOLM JR, MD, JOHN A	UNION
MALCOM, MD, RONALD H	YORK
MALEK, MD, MANSOUR	PHILADELPHIA
MALEPATI, MD, VASU	GREENE
MALET'A, MD, VIVIANA M	DELAWARE
MALEY, MD, RICHARD H	ALLEGHENY
MALHOTRA, MD, NARINDER K	ALLEGHENY
MALHOTRA, MD, RAJESHWAR P	MIFFLIN/JUNIATA
MALHOTRA, MD, SHASHPAL	MIFFLIN/JUNIATA
MALICK, MD, DONALD V	SCHUYLKILL
MALICK, MD, GERALD P	BERKS
MALICKI, MARK M	PHILADELPHIA
MALIK, MD, HUSSAIN G	MONROE
MALIK, MD, KHALID M	ARMSTRONG
MALIK, MD, MAOSOOD A	SCHUYLKILL
MALIK, MD, RAJAT P	JEFFERSON
MALIN, MD, THOMAS H	DAUPHIN
MALINER, MD, LLOYD I	DAUPHIN
MALISHAUCKI, MD, MARY G	SCHUYLKILL
MALIT, MD, LEE A	MONTGOMERY
MALIVER, MD, DEBORAH S	INDIANA
MALIVER, MD, LEONARD E	INDIANA
MALJOVEC, MD, JOSEPH J	WARREN
MALKIN, MD, ALAN G	PHILADELPHIA
MALKIN, MD, RICHARD L	PHILADELPHIA
MALKOWICZ, MD, STANLEY B	PHILADELPHIA
MALL, MD, ALBERT K	CAMBRIA
MALLINGER, MD, MARK L	ALLEGHENY
MALLINGER, MD, MICHAEL	ALLEGHENY
MALLINGER, MD, SAMUEL H	BEAVER
MALLON JR, MD, JOSEPH L	MONTGOMERY
MALLOTT, MD, I FLOYD	ALLEGHENY
MALLOY, MD, EDWARD L	ALLEGHENY
MALLOY, MD, EDWIN S	LACKAWANNA
MALLOY, MD, TERRENCE R	PHILADELPHIA
MALLOZZI, MD, MARIANO D	LANCASTER
MALMUD, MD, LEON S	PHILADELPHIA
MALOLES JR, MD, ORLANDO Z	DELAWARE
MALONE, MD, JAMES P	DAUPHIN
MALONEY, MD, DONALD W	MONTGOMERY
MALTZMAN, JONATHAN S	PHILADELPHIA
MALUMED, MD, JEFFREY	DELAWARE
MALVAR, MD, THOMAS O	LAWRENCE
MAMBU, MD, JOSEPH F	MONTGOMERY
MAMBU, NICCOLE C	PHILADELPHIA
MAMROS, MD, MARK A	WASHINGTON
MAMULA, MD, MILTON	ALLEGHENY
MANALIS, HELEN	PHILADELPHIA
MANASSE, MD, HOWARD S	ERIE
MANCANO, MD, LOUIS D	MONTGOMERY
MANCHESTER, MD, GEORGE A	LYCOMING
MANCIA, MD, BONITA M	LUZERNE
MANCINO, MD, PETER J	LAWRENCE
MANCUSO, LISA M	PHILADELPHIA
MANDAL, MD, SANAT K	PHILADELPHIA
MANDALAKAS, MD, NICHOLAS J	LANCASTER
MANDARINO, MD, MICHAEL J	PHILADELPHIA
MANDEL, MD, MARTIN M	PHILADELPHIA
MANDEL, MD, ROBERT J	DAUPHIN
MANDEL, MD, STEVEN	PHILADELPHIA
MANDELKORN, MD, ROBERT M	ALLEGHENY
MANDELL, MD, HERBERT E	LEHIGH
MANDELL, MD, MORTON S	PHILADELPHIA
MANDERS, MD, ERNEST K	DAUPHIN
MANDLER, MD, JOHN I	MONTGOMERY
MANFREDI, JOSEPH A	PHILADELPHIA
MANGAN, MD, CHARLES E	PHILADELPHIA
MANGANARO, MD, KIMBERLY J	MIFFLIN/JUNIATA
MANGANIELLO, MD, CHARLES M	LUZERNE
MANGES, MD, JOHN P	FRANKLIN
MANHOFF, MD, DION T	NORTHAMPTON
MANI, MD, ALEYAMMA J	PHILADELPHIA
MANI, MD, SHOBHA T	PHILADELPHIA
MANIGLIA, MD, ANTHONY J	BLAIR
MANIGLIA, MD, RICHARD J	MONTGOMERY
MANIGLIA, MD, ROSARIO	DAUPHIN
MANIN, MD, GORDON C	DELAWARE
MANISCALCO, MD, MARY M	PHILADELPHIA
MANJON, MD, JOSE M	DAUPHIN
MANKO, MD, MICHAEL A	MONTGOMERY
MANKOVICH, MD, PAUL A	WESTMORELAND
MANLEY, MD, DONELSON R	PHILADELPHIA
MANLOVE, MD, FRANCIS R	PHILADELPHIA
MANN, BARBARA L	PHILADELPHIA
MANN, MD, DOUGLAS G	DELAWARE
MANN, MD, IRVING A	DELAWARE
MANN, MD, RICHARD M	ALLEGHENY
MANN, MD, ROBERT J	MONTGOMERY
MANN, MD, SCOTT R	YORK
MANNARINO, MD, ANTHONY P	BUCKS
MANNELLA, MD, WILLIAM J	DELAWARE
MANNES, MD, ANDREW J	PHILADELPHIA
MANNING, MD, ANNE M	DAUPHIN
MANNING, CHRISTOPHER M	ALLEGHENY
MANNING, MD, DENNIS M	ALLEGHENY
MANNING, MD, HARRY L	LYCOMING
MANNING, MD, JAMES A	ADAMS
MANNING, MD, JAMES A	ALLEGHENY
MANNING, MD, RUSSELL G	JEFFERSON
MANNINO, MD, STANLEY C	ALLEGHENY
MANNION, MD, JOHN D	PHILADELPHIA
MANNISI, MD, JOHN A	NORTHAMPTON
MANNO JR, MD, BRUNO V	PHILADELPHIA
MANOLUKAS, DO, PETER G	BEAVER
MANRIQUE, MD, JOSE V	LUZERNE
MANSELL, MD, JOHN L	LAWRENCE
MANSFIELD, MD, CARL M	PHILADELPHIA
MANSFIELD, MD, RICHARD J	CHESTER
MANSTEIN, MD, CARL H	PHILADELPHIA
MANSTEIN, MD, GEORGE	PHILADELPHIA
MANSTEIN, MD, MARK E	PHILADELPHIA
MANSURE, MD, FRANK T	DELAWARE
MANTA, MD, JOHN P	CHESTER
MANTICA, MD, ROBERT P	BEAVER
MANTING-BREWER, MD, MICHELE A	CENTRE
MANTIONE JR, JOHN R	PHILADELPHIA
MANUBAY, MD, JOHN A	YORK
MANUBAY, MD, JOHN M	BERKS
MANUBAY, MD, MARCELO A	BERKS
MANUEL, MD, LAUREANO M	COLUMBIA
MANUS, MD, NATHAN	PHILADELPHIA
MANZELLA, MD, EDWARD D	CARBON
MANZELLA, MD, JOHN P	YORK
MANZETTI, MD, GENE W	ALLEGHENY
MANZO, MD, THOMAS L	MONTGOMERY
MAO BOOL, MD, FAUZIA O	YORK
MARAKOWSKI, DO, JAMES J	PERRY
MARASCO JR, MD, JOSEPH A	ALLEGHENY
MARATTA, MD, JAN W	ALLEGHENY
MARAVALLI, MD, CAMILLE J	CAMBRIA
MARAZZO, MD, DONALD P	ALLEGHENY
MARCELIS, MD, JOHN F	PHILADELPHIA
MARCELLA, MD, LAWRENCE C	LAWRENCE
MARCELLI, MD, GENE A	MERCER
MARCH, MD, HERMAN C	MONTGOMERY
MARCHANT, MD, ERIC A	BUCKS
MARCHANT, MD, LEWIS K	PHILADELPHIA
MARCHETTO, MD, PAUL A	PHILADELPHIA
MARCHINSKI, MD, LEONARD J	BERKS
MARCINCIN, MD, ROBERT P	NORTHAMPTON
MARCINIK, DO, MARGARET E	MONTGOMERY
MARCONIS, MD, JOSEPH T	SCHUYLKILL
MARCOTTE, MD, PAUL J	PHILADELPHIA
MARCOUX, MD, ANNE-MARIE C	BUCKS
MARCUCCI, MD, JAMES W	ALLEGHENY
MARCUS, MD, DONALD K	PHILADELPHIA
MARCUS, MD, GARY J	BEAVER
MARCUS, MD, JEROME I	BERKS
MARCY, MD, JOSEPH H	ALLEGHENY
MARDEN, MD, PHILIP A	PHILADELPHIA
MARFATIA, MD, SUDHIR K	BUCKS
MARFATIA, MD, USHA S	BUCKS
MARGARIDA, MD, LEOPOLDO E	MONTGOMERY
MARGATE, MD, PEDRO R	PHILADELPHIA
MARGIE JR, MD, WALTER E	NORTHAMPTON
MARGIOTTI, MD, GERARD A	BUCKS
MARGOLIS, MD, BERNARD M	DAUPHIN
MARGOLIS, MD, BERNARD	PHILADELPHIA
MARGOLIS, MD, HARRY M	ALLEGHENY
MARGOLIS, KENNETH J	PHILADELPHIA
MARGOLIS, MD, STEPHEN H	PHILADELPHIA
MARGUGLIO, DO, A EUGENE	CLARION
MARI-MAYANS, MD, JUAN B	WESTMORELAND
MARIA, MD, MARK C	LEBANON
MARIANI, MD, STEPHEN S	LACKAWANNA
MARIANO JR, MD, BENEDICTO P	WESTMORELAND
MARIANO, MD, ROBERT T	LEHIGH
MARIANO JR, MD, TOMAS A	LYCOMING
MARICI, DO, KATHLEEN B	PHILADELPHIA
MARIGLIO, MD, JOSEPH A	BERKS
MARINARI, MD, LAWRENCE A	MONTGOMERY
MARINO, ALLEN T	PHILADELPHIA
MARINO, MD, DANIEL J	DELAWARE
MARINO, MD, GLEN A	SCHUYLKILL
MARINO, MD, JOSEPH N	LACKAWANNA
MARINO, MD, LOUIS C	MONTGOMERY
MARINO JR, MD, LOUIS J	ALLEGHENY
MARINO, MD, RALPH	PHILADELPHIA
MARINSTEIN, MD, RHEA A	ALLEGHENY
MARINTIOVIC, MD, SERGE P	MONTOUR
MARION, MD, ROY H	BEAVER
MARIOTTI, DO, LOUIS J	PHILADELPHIA
MARK, ARTHUR K	PHILADELPHIA
MARK, MD, GEORGE E	PHILADELPHIA
MARK, TIMOTHY W	PHILADELPHIA
MARK, MD, WILLIAM S	CHESTER
MARKARIAN, MD, MICHAEL	SUSQUEHANNA
MARKER, SEAN P	ALLEGHENY
MARKIEWICZ, MD, ANN M	DAUPHIN
MARKLEY, MD, RALPH	LAWRENCE
MARKMANN, MD, WILLIAM J	PHILADELPHIA
MARKOS, MD, RONALD P	BUCKS
MARKOV, DIMITRI	PHILADELPHIA
MARKOW, MD, HARRY G	BUCKS
MARKOWSKI, MD, WILLIAM J	PHILADELPHIA
MARKS, MD, DAVID I	PHILADELPHIA
MARKS, MD, GERALD	PHILADELPHIA
MARKS, MD, STANLEY M	ALLEGHENY
MARKS TABBY, MD, SARA	PHILADELPHIA
MARKSON, MD, VICTOR I	BEAVER
MARKSON, MD, WILLIAM M	CARBON
MARLAPUDI, MD, PREM K	BUCKS
MARLOWE, MD, FRANK I	PHILADELPHIA
MARLOWE, MD, SCOTT D	BLAIR
MARMOL, AIMEE J	PHILADELPHIA
MARNATTI, MD, CARL T	ALLEGHENY
MARON, MD, JOHN J	MONTGOMERY
MARON, MD, NORMAN L	NORTHAMPTON
MARONE, MD, PHILLIP J	PHILADELPHIA
MAROON, CHRISTINE A	PHILADELPHIA
MAROON, MD, JOSEPH C	ALLEGHENY
MAROON, MD, THOMAS J	WESTMORELAND
MAROUETAND, MD, RALPH A	PHILADELPHIA
MAROUEZ JR, MD, JOSE M	ALLEGHENY
MAROUEZ, MD, PEDRO A	FAYETTE
MAROUIS, MD, MARIAN K	ALLEGHENY
MARRANGONI, MD, ALBERT G	ALLEGHENY
MARRERO, MD, CARLOS J	WESTMORELAND
MARRERO, MD, LUIS B	MCKEAN
MARRERO, MD, MIGUEL A	ALLEGHENY
MARRONE, MD, GARY C	ALLEGHENY
MARRONE, MD, MICHAEL S	LEBANON
MARRYSHOW, MD, BASIL A	ALLEGHENY
MARSHALL, MD, DAVID S	SCHUYLKILL
MARSHALL, MD, E WAYNE	PHILADELPHIA
MARSHALL, MD, HELEN L	SCHUYLKILL
MARSHALL, MD, JACK H	ERIE
MARSHALL, MD, JANE M	VENANGO
MARSHALL, MD, JOHN E	BERKS
MARSHALL, MD, JOHN S	BEAVER
MARSHALL JR, MD, MATTHEW	ALLEGHENY
MARSHALL, MD, RENEE L	DAUPHIN
MARSHALL, MD, WILLIAM C	ALLEGHENY
MARSILI, MD, MARK A	LACKAWANNA
MARSTELLER, SCOTT G	PHILADELPHIA
MARTE, MD, EGON	DAUPHIN
MARTENS, MD, JEFFREY D	ALLEGHENY
MARTHOUSE, MD, STEPHEN J	MIFFLIN/JUNIATA
MARTIDIS, MD, ADAM	ALLEGHENY
MARTIN, MD, C EDWIN	YORK
MARTIN, MD, CLARENCE H	PHILADELPHIA
MARTIN, MD, DONALD E	LEBANON
MARTIN, DO, ELVIN L	SOMERSET
MARTIN, MD, FREDERICK H	LEHIGH
MARTIN, MD, FREDRIC W	ALLEGHENY
MARTIN, MD, GERALD B	CUMBERLAND
MARTIN, MD, H FRED	ADAMS
MARTIN, MD, J CAMPBELL	COLUMBIA
MARTIN, MD, JAMES W	CRAWFORD
MARTIN, MD, JEFFREY A	WAYNE/PIKE
MARTIN, JEFFREY L	STUDENT
MARTIN JR, MD, JOHN A	BERKS
MARTIN JR, MD, JOHN B	WASHINGTON
MARTIN, MD, JOHN H	MONTGOMERY
MARTIN, LAINIE P	PHILADELPHIA
MARTIN, DO, LAURA M	LUZERNE
MARTIN, MD, MANUEL T	ALLEGHENY
MARTIN, MD, MARTINA M	MONTGOMERY
MARTIN, MD, MARYANNE	BLAIR
MARTIN, MD, MELANIE C	MONTGOMERY
MARTIN, MD, RONALD C	CRAWFORD
MARTINA, DO, PETER A	WASHINGTON
MARTINELLI, MD, JOSEPH A	BLAIR
MARTINEZ, MD, AUGUSTO J	ALLEGHENY
MARTINEZ, DO, FRANCIS J	CUMBERLAND
MARTINEZ, MD, IRISAIDA	PHILADELPHIA
MARTINEZ, MD, JESS M	WASHINGTON
MARTINEZ, MD, JORGE A	ALLEGHENY
MARTINEZ, MD, MICHAEL F	BRADFORD
MARTINEZ, MD, ZEFERINO	BERKS
MARTINEZ-RAMOS, MD, MARIA A	LEHIGH
MARTINI, MD, DAVID V	LUZERNE
MARTINI, MD, MARY C	ALLEGHENY
MARTINI, MD, VICTOR S	ERIE
MARTONE, MD, CHRISTINE	ALLEGHENY
MARTONE, MD, LOUIS H	ALLEGHENY
MARTSOLF, MD, JOHN	BEAVER
MARTSOLF, MD, ROBERT H	MERCER

ARTUCCI, MD, JOHN J	MONROE
ARTUCCI, MD, WILLIAM J	MONROE
ARTYAK, NICHOLAS A	PHILADELPHIA
ARTYN, MD, LOIS J	PHILADELPHIA
ARTYNEC, MD, BOHDAN	BUCKS
ARTZ, MD, MARK N	LEHIGH
ARVA, MD, DONALD J	PHILADELPHIA
ARVI, MD, DAVOUD	LEHIGH
ARVIN, MD, ROBERT F	DELAWARE
ARWAHA, MD, ASHA	BUTLER
ARX, MD, DAVID G	MONTOUR
ARX, MD, MARVIN H	MONTGOMERY
ARYNIAK, MD, GIRARD M	BERKS
ASANKAY, MD, MANUEL G	LACKAWANNA
ASCARENHAS, MD, DANIEL A N	NORTHAMPTON
ASCHKE, MD, STUART P	YORK
ASCI, MD, ROBERT L	FRANKLIN
ASCIOTRA, MD, NICHOLAS J	CAMBRIA
ASH, MD, MARLENE J	MONTGOMERY
ASH, MD, MICHAEL J	MONTGOMERY
ASIN, MD, F NED	ALLEGHENY
ASKARINEC, DO, BRUCE K	WASHINGTON
ASLAND, MD, DAVID S	CUMBERLAND
ASLOFF, MD, MELVIN L	PHILADELPHIA
ASLOV, MD, MARC D	VENANGO
ASON, MD, CYNTHIA B	MONTGOMERY
ASON, MD, DANIEL	PHILADELPHIA
ASON, MD, GREGG C	ERIE
ASS, MD, KAREN J	ALLEGHENY
ASSARI, MD, FERDINAND E	MONTGOMERY
ASSENGALE, MD, ALEXANDER T	BERKS
ASSEY, MD, GORDON J	ERIE
ASSUCCI, MD, JAMES E	ALLEGHENY
AST, MD, TRUMAN E	LANCASTER
ASTANDREA, MD, CARL A	ALLEGHENY
ASTER, WILLIAM E	ALLEGHENY
ASTERS, MD, RAYMOND E	ALLEGHENY
ASTERS, MD, RUTH S	ALLEGHENY
ASTERS, DO, THOMAS R	ERIE
ASTRIAN, MD, ANTHONY S	LAWRENCE
ASTRINE, MD, LARRY R	CAMBRIA
ASTROIANNI, MD, JENNIFER H	DAUPHIN
ASUCCI, MD, DOUGLAS J	YORK
ATALA, DO, MARIA E	ALLEGHENY
ATARESE, MD, EMIL L	BUCKS
ATEER, MD, FRANK	ALLEGHENY
ATEER JR, MD, HARRY O	SCHUYLKILL
ATEO, MD, MICHAEL G	MONTGOMERY
ATEYA, MD, DENNIS J	ALLEGHENY
ATGOURANIS, MD, PETER M	BLAIR
ATHAI, MD, JOHN	YORK
ATHAI, STEPHEN C	PHILADELPHIA
ATHEO, MD, LORETA M	ALLEGHENY
ATHER, SUSAN	PHILADELPHIA
ATHEW, MD, ANNA	ALLEGHENY
ATHEW, MD, SUJA	PHILADELPHIA
ATHEWS, MD, RAYMOND E	YORK
ATHEWS, MD, ROBERT A	PHILADELPHIA
ATHEWS, MD, ROBERT S	LANCASTER
ATHIS, MD, JAMES G	BERKS
ATHIS, MD, JERRY L	BLAIR
ATHOS, DO, THOR C	ALLEGHENY
ATHUR, MD, AJAY K	ALLEGHENY
ATHUR, MD, DINESH P	CAMBRIA
ATHUR, MD, KAILASH	SCHUYLKILL
ATITYAHU, AMIR M	PHILADELPHIA
ATLACK, MD, EILEEN O	BUCKS
ATLIN, DO, EMILY W	DAUPHIN
ATSKO, MD, JANE R	BERKS
ATSKO, MD, JANINE A	PHILADELPHIA
ATSKO, MD, MICHAEL E	LUZERNE
ATSON, DO, BART L	CLARION
ATSON, DAVID A	PHILADELPHIA
ATSUMOTO, MASAKO	PHILADELPHIA
ATSUMOTO, MD, TERUO	PHILADELPHIA
ATSUMURA, DAVID N	PHILADELPHIA
ATTA, MD, SHOUKRY	LAWRENCE
ATTA, DO, SUSAN S	LEHIGH
ATTEI, MD, DENNIS M	MONROE
ATTEI, MD, FRANK A	PHILADELPHIA
ATTEUCCI, MD, WALTER V	PHILADELPHIA
ATTHEWS, MD, GEORGE R	BERKS
ATTHEWS JR, MD, TED A	WESTMORELAND
ATTHEWS, MD, WARREN B	MONTGOMERY
ATTHIE, CLAUDINE M	ALLEGHENY
ATTHYS-OLLODART, MD, SUSANNE E	BUCKS
ATTLEMAN, MD, STEVEN J	PHILADELPHIA
ATTONE-VOLPE, MD, FRANCESCA	DELAWARE
ATTSON, MD, RONALD J	MONTGOMERY
ATULEWICZ, MD, THEODORE J	LEHIGH
ATULEWSKI, MD, THOMAS J	DELAWARE
ATUNIS, MD, JOSEPH J	PERRY
ATUS, MD, NANCY R	NORTHAMPTON
ATZ, MD, KAREN M	LEHIGH
ATZELLE, MD, DONALD W	FRANKLIN
AUE, MD, FREDERICK R	ALLEGHENY
AURER, MD, PHILIP M	PHILADELPHIA
AURER, MD, ROBERT J	DAUPHIN
AURIELLO, DO, CHARLES A	PHILADELPHIA
AURYA, MD, ALPA	PHILADELPHIA
AUS, MD, MARLON T	PHILADELPHIA
AUST, HEATHER A	PHILADELPHIA
AUST, MD, PAUL E	BUTLER
AUTHE, MD, ROBERT W	NORTHAMPTON
AVRIDIS, MD, SAVAS P	CAMBRIA
AX, MD, MARTIN H	CAMBRIA
MAXA JR, DO, ROBERT L	ERIE
MAXIAN, DO, JOSEPH A	BUCKS
MAXIN, MD, CHARLES W	CENTRE
MAXSON JR, MD, CHESTER J	PHILADELPHIA
MAXWELL, MD, BETH A	WESTMORELAND
MAXWELL, MD, DORIS B	WESTMORELAND
MAXWELL, MD, EMILIE L	MONTGOMERY
MAXWELL JR, MD, HENRY L	ADAMS
MAXWELL JR, MD, ROBERT A	MONTGOMERY
MAXWELL, DO, STEVEN J	MONROE
MAY JR, MD, CARL J	YORK
MAY, MD, JOHN C	LANCASTER
MAY JR, MD, KENNETH J	DAUPHIN
MAYDONOVITCH, DO, DANIEL J	MONTGOMERY
MAYER, MD, DAVID P	PHILADELPHIA
MAYER, MD, HENRY S	MONTGOMERY
MAYER, MD, NATHANIEL H	PHILADELPHIA
MAYER-COSTA, MD, CARLOS M	ALLEGHENY
MAYERNIK, MD, DAVID G	ALLEGHENY
MAYERS JR, MD, STANLEY P	CENTRE
MAYLOCK, MD, JOHN H	BEDFORD
MAYO, MD, EDITH A	DELAWARE
MAYO, MD, JAMES P	WESTMORELAND
MAYOCK, MD, ROBERT L	PHILADELPHIA
MAYRO, MD, JULIAN	PHILADELPHIA
MAYS, MD, RICHARD R	LYCOMING
MAZAHERI, MD, AHMED	BUCKS
MAZER, MD, HOWARD	PHILADELPHIA
MAZLIN, MD, STEVEN E	BUCKS
MAZUZ, MD, MEIR	BERKS
MAZZA, MD, JOSEPH L	ALLEGHENY
MAZZA, MD, PATRICK A	BERKS
MAZZEI, MD, JOSEPH M	ALLEGHENY
MC ALLISTER, MD, JOSEPH C	MONTGOMERY
MC AVENEY, DO, KEVIN M	MONTGOMERY
MC BEE, MD, ALDEN G	WASHINGTON
MC BREARTY, MD, FRANCIS X	DELAWARE
MC BRIDE, MD, ANNE K	ALLEGHENY
MC BRIDE, MD, JAMES G	NORTHAMPTON
MC CABE JR, MD, JOHN S	WASHINGTON
MC CARTY, MD, CHRISTINE M	DAUPHIN
MC CAUSLAND, JULIE B	PHILADELPHIA
MC CLAIN III, MD, EDWARD J	ALLEGHENY
MC CLAIN, DO, JAMES B	LYCOMING
MC CLOSKEY, CAROL A	ALLEGHENY
MC CLURE, CHARLES P	PHILADELPHIA
MC CLURE, MD, JONATHAN K	BEAVER
MC CLUSKEY, KEVIN M	ALLEGHENY
MC CLUSKEY, MD, LEO F	PHILADELPHIA
MC COLL, MD, KAREN J	MONROE
MC COLLUM, MICHAEL J	PHILADELPHIA
MC COOL, MD, CHARLES M	ALLEGHENY
MC COY, KELLY L	PHILADELPHIA
MC CURLEY, SCOTT D	PHILADELPHIA
MC DONALD, MD, LESTER J	LACKAWANNA
MC DONALD, MD, MICHAEL A	BUTLER
MC DOWELL, MD, SHARON K	DELAWARE
MC ELWAIN, MD, MARIANN C	ALLEGHENY
MC ELYNN, KENNETH R	PHILADELPHIA
MC FADDEN, BRETT A	ALLEGHENY
MC FADDEN, DOMINIC J	PHILADELPHIA
MC FADDEN, MD, RONALD D	ALLEGHENY
MC FARLAND, MD, JAMES J	LUZERNE
MC GAVIC, MD, JOHN S	MONTGOMERY
MC GEHEE, MD, EDWARD H	PHILADELPHIA
MC GINLEY JR, MD, THOMAS C	MONTGOMERY
MC GINTY JR, JAMES J	PHILADELPHIA
MC GONIGLE, EDWARD J	PHILADELPHIA
MC GOVERN JR, MD, THOMAS M	BRADFORD
MC GOWAN, MD, DAVID G	PHILADELPHIA
MC GUIGAN, JOHN J	PHILADELPHIA
MC GUINNESS, MD, JOHN P	CRAWFORD
MC GUIRE, MD, MICHAEL D	MONTGOMERY
MC HARG, MD, MALCOLM L	MONTGOMERY
MC HUGH, JENNIFER L	STUDENT
MC HUGH, SEAN P	PHILADELPHIA
MC INTOSH, LAURA J	ALLEGHENY
MC INTYRE, MD, CATHERINE J	PHILADELPHIA
MC KENNA, MD, WILLIAM G	PHILADELPHIA
MC KENZIE, MD, CLANCY D	PHILADELPHIA
MC KEOWN JR, MD, JOHN J	PHILADELPHIA
MC KINLEY, MD, DAVID F	MONTOUR
MC KINNEY, DANA R	PHILADELPHIA
MC KOY, DO, RAYMOND	MONTGOMERY
MC LANE III, CLYDE	PHILADELPHIA
MC LAUGHLIN, MD, ELGIE R	PHILADELPHIA
MC LAUGHLIN JR, DO, WILLIAM M	LUZERNE
MC LINTOCK, MD, GLENN R	PHILADELPHIA
MC MILLAN, CLARE O	PHILADELPHIA
MC NAMARA, MD, J ARCH	PHILADELPHIA
MC NEW, MD, MILO G	GREENE
MC NIESH, MD, LAWRENCE M	CAMBRIA
MC NUTT, MD, FRANK H	ARMSTRONG
MC PHERSON, MD, ELIZABETH W	ALLEGHENY
MC OUADE, JENNIFER A	PHILADELPHIA
MC OUEARY, ADM, JOHN J	CENTRE
MC TIGHE, MD, ARTHUR H	UNION
MC TIGUE, DO, MAUREEN A	MONROE
MC VAY, MD, WILLIAM J	ALLEGHENY
MCAFOOS, MD, GARY L	WARREN
MCAFOOS, MD, J ALLEN	ALLEGHENY
MCALEER, MD, DAVID J	DELAWARE
MCALEER, MARY F	PHILADELPHIA
MCALLISTER, MD, HELEN B	PHILADELPHIA
MCALLISTER, MD, JOHN D	ALLEGHENY
MCALLISTER, MD, MEADA J	DAUPHIN
MCANDREW, MD, JOHN J	LACKAWANNA
MCANDREW, DO, PATRICK J	LACKAWANNA
MCARDLE, MD, GILBERT C	ADAMS
MCARDLE, MD, M JACOUELYN	ADAMS
MCAVOY, MD, WILLIAM B	ALLEGHENY
MCBETH JR, MD, ORVILLE G	ADAMS
MCBRIDE, MD, DAVID R	YORK
MCBRIDE, MD, THOMAS J	DELAWARE
MCBRYAN JR, MD, DONALD J	BERKS
MCCABE, MD, JAMES L	MONTGOMERY
MCCABE, MD, PAUL H	DAUPHIN
MCCADDEN, MD, JOSEPH A	DELAWARE
MCCAFFERTY, MD, JOHN M	PHILADELPHIA
MCCAFFERTY, MD, LEO R	ALLEGHENY
MCCAFFERTY, MD, MICHAEL H	ALLEGHENY
MCCAGUE, MD, JAMES J	ALLEGHENY
MCCAGUE, MD, NED J	ALLEGHENY
MCCALL, MD, WILLIAM M	DAUPHIN
MCCANDLESS, MD, DAVID P	VENANGO
MCCANDLESS, MD, WARREN J	VENANGO
MCCANN, MD, WILLIAM D	LANCASTER
MCCANS, MD, KATHRYN M	DELAWARE
MCCARRON, MD, DANIEL J	PHILADELPHIA
MCCARTER, MD, PAMELA F Y	MIFFLIN/JUNIATA
MCCARTHY, MD, GEORGE E	DELAWARE
MCCARTHY, MD, JENNIFER M	MONTGOMERY
MCCARTHY III, MD, JOHN J	ALLEGHENY
MCCARTNEY, MD, RONALD L	ERIE
MCCASLIN, MD, TODD A	ALLEGHENY
MCCAULEY, MD, WILLIAM C	LYCOMING
MCCAUSLAND, MD, PAUL J	DELAWARE
MCCENSKY, MD, GAIL M	ALLEGHENY
MCCHESNEY JR, MD, CHARLES T	CHESTER
MCCLAIN, MD, CHARLES B	MIFFLIN/JUNIATA
MCCLAIN, DO, DIANE M	BLAIR
MCCLAIN JR, MD, EDWARD J	ALLEGHENY
MCCLELLAN, MD, R MICHAEL	DELAWARE
MCCLENATHAN, MD, JAMES E	ADAMS
MCCLOSKEY, MD, DAVID S	DELAWARE
MCCLOSKEY, MD, RICHARD C	ALLEGHENY
MCCLOSKEY, MD, RICHARD V	PHILADELPHIA
MCCLOSKEY, MD, SISTER ANN M	SCHUYLKILL
MCCLOSKEY, DO, TIMOTHY J	LYCOMING
MCCLOY, MD, MERRITT J	WESTMORELAND
MCCLUNG, MD, LARRY S	WESTMORELAND
MCCLURE, MD, THOMAS A	ALLEGHENY
MCCLURE, MD, THOMAS D	WESTMORELAND
MCCOLLUM, MD, GEORGE R	ALLEGHENY
MCCOMBS, MD, ELAINE M	MONTGOMERY
MCCOMBS, MD, PETER R	MONTGOMERY
MCCOMBS, MD, RAY D	ERIE
MCCONAHY, MD, JOHN G	LAWRENCE
MCCONNEL JR, MD, CHARLES S	LEHIGH
MCCONNELL JR, MD, DAVID M	WARREN
MCCONNELL JR, MD, EDWARD L	PHILADELPHIA
MCCONVILLE, MD, JOHN H	YORK
MCCORD, MD, JAMES A	MONTGOMERY
MCCORMACK, MD, PATRICIA A	LACKAWANNA
MCCORMICK, DO, ALICE	WAYNE/PIKE
MCCORMICK, MD, GEORGE M	CENTRE
MCCORMICK, JAMES T	ERIE
MCCORMICK, MD, JOHN L	PHILADELPHIA
MCCORMICK, MD, LEE H	ALLEGHENY
MCCOY, MD, THOMAS D	INDIANA
MCCOY III, MD, WILLIAM H	ALLEGHENY
MCCREARY III, MD, THOMAS W	BEAVER
MCCULLOUGH JR, MD, JAMES L	LEHIGH
MCCUNE, MD, ANN B	ALLEGHENY
MCCUNE, MD, WALLACE G	PHILADELPHIA
MCCURDY, MD, DINO E P	PHILADELPHIA
MCCURDY, MD, RICHARD R	DELAWARE
MCCUSKER, MD, FRANCIS X	MONTGOMERY
MCDERMIT, MD, JOHN R	PHILADELPHIA
MCDERMOTT, MD, ROBERT W	ALLEGHENY
MCDONALD, MD, HERBERT M	LACKAWANNA
MCDONALD JR, DO, JAMES F	PHILADELPHIA
MCDONALD, MD, KENNETH M	LEHIGH
MCDONALD, MD, MARILYN R	NORTHAMPTON
MCDONALD JR, MD, ROBERT H	ALLEGHENY
MCDONNELL-DATTILO, MD, COLLEEN	ALLEGHENY
MCDONOUGH, MD, GERARD A	LEHIGH
MCDONOUGH, MD, KATHLEEN M	LANCASTER
MCDOUGALL, MD, WILLIAM A	ALLEGHENY
MCDOWELL, MD, EDWARD P	INDIANA
MCDOWELL, DO, JAMES P	ALLEGHENY
MCDOWELL, MD, MARY J	ALLEGHENY
MCDOWELL, MD, RICHARD M	DELAWARE
MCELHATTAN, EXEC SEC, RITA	CLARION
MCELREE JR, MD, FRANK E	MERCER
MCELREE, MD, JAMES C	MERCER
MCELROY, MD, PHILIP K	MONTGOMERY
MCELROY, STEVEN J	PHILADELPHIA
MCFADDEN, MD, DEBRA R	WESTMORELAND
MCFARLAND, EXEC SEC, JANEANN	JEFFERSON
MCFARLAND, MD, MALCOLM D	PHILADELPHIA
MCGANN, MD, THOMAS R	YORK
MCGANNON, MD, PATRICK K	YORK
MCGARR, MD, JANET A	ALLEGHENY
MCGARRY, MD, THOMAS F	BUCKS
MCGARVEY, MD, JOSEPH F	BUCKS
MCGARVEY JR, MD, JOSEPH F X	BUCKS
MCGARVEY, MD, RICHARD N	ALLEGHENY
MCGEADY, MD, STEPHEN J	PHILADELPHIA
MCGEARY, MD, LESTER E	WESTMORELAND
MCGEE, MD, DAVID M	ERIE
MCGEE, MD, ELIZABETH L	MONTGOMERY
MCGEE JR, MD, JOSEPH P	DELAWARE
MCGEE, MD, MICHAEL J	LANCASTER
MCGEEHAN, MD, JOHN F	LACKAWANNA
MCGEEHAN, MD, JOHN T	CHESTER
MCGEEHAN, MD, PAUL A	ERIE
MCGEORGE, MD, FRANCIS R	ALLEGHENY
MCGILL, MD, HERMAN I	PHILADELPHIA
MCGINLEY, MD, GEORGE W	LEHIGH
MCGINNIS, MD, ANDREW W	DELAWARE
MCGINNISS, MD, KATHLEEN W	MONTGOMERY
MCGLAMERY, MD, MURIEL E	PHILADELPHIA
MCGLAUGHLIN, MD, MICHAEL J	ADAMS
MCGLUMPHY, MD, THOMAS H	MONTGOMERY
MCGLYNN, MD, JAMES T	DELAWARE
MCGONIGAL, MD, MICHAEL P	ALLEGHENY
MCGONNELL, CHRISTOPHER M	PHILADELPHIA
MCGORRIAN, MD, GRACE M	ALLEGHENY
MCGOWAN, MD, TRACY A	PHILADELPHIA
MCGOWAN, MD, WILLIAM E	DELAWARE
MCGRATH, MD, JOSEPH M	DAUPHIN
MCGRATH, DO, ROBERT C	WESTMORELAND
MCGRAW, MD, DONALD J	ALLEGHENY
MCGRAW, MD, THOMAS E	PHILADELPHIA
MCGRAW, DO, THOMAS P J	YORK
MCGROGAN, MD, FRANK P	WESTMORELAND
MCGROGAN, MD, MARTIN J	FAYETTE
MCGUINN, MD, WILLIAM J	YORK
MCGUIRE, MD, FRANCIS E	BEAVER
MCGUIRE, MD, JAMES J	NORTHAMPTON
MCGUIRE, MD, RICHARD J	CENTRE
MCGUIRE, MD, THOMAS E	ERIE
MCHEDLISHVILI, MD, GELA G	PHILADELPHIA
MCHENRY, MD, D J	YORK
MCHENRY, MD, THOMAS	ALLEGHENY
MCHUGH, MD, ELMER F	ALLEGHENY
MCHUGH, MD, REGIS W	WESTMORELAND
MCHUGH, MD, RICHARD D	ALLEGHENY
MCILVAINE, MD, PAUL W	BUCKS
MCINTEE, MARIE-FRANCE M	PHILADELPHIA
MCJUNKIN, MD, CHERYL L	ERIE
MCKAY, MD, JENNIFER D	PHILADELPHIA
MCKEE, MD, ROBERT E	BUTLER
MCKEE, MD, RODERICK S	PHILADELPHIA
MCKEE, TERESA L	ALLEGHENY
MCKEE, MD, TIMOTHY R	ADAMS
MCKEIGHAN, EXEC DIR, DAVID A	DELAWARE
MCKENNA JR, MD, ERNEST L	MONTGOMERY
MCKENNA, MD, JAMES P	BEAVER
MCKENNA, MD, THOMAS J	CAMBRIA
MCKENZIE, MD, HARRY J	CAMBRIA
MCKENZIE, MD, JAMES G	FRANKLIN
MCKINLEY, MD, DONALD R	CAMBRIA
MCKINLEY, MD, ERIN A	VENANGO
MCKINLEY, MD, RICHARD G	CAMBRIA
MCKINLEY, MD, WAYNE S	JEFFERSON
MCKINLEY, MD, WILLIAM M	CLARION
MCKINNEY, MD, HENRY D	BLAIR
MCKINSTRY, MD, ROBERT B	CHESTER
MCKIRGAN, DO, CRAIG C	INDIANA
MCLAUGHLIN, MD, EDWARD D	PHILADELPHIA
MCLAUGHLIN, MD, EDWARD	DELAWARE
MCLAUGHLIN, FRANK J	ERIE
MCLAUGHLIN, MD, GEORGE E	PHILADELPHIA
MCLAUGHLIN, DO, JAMES R	VENANGO
MCLAUGHLIN, MD, JAMES T	ALLEGHENY
MCLAUGHLIN, DO, JOHN P	DAUPHIN
MCLAUGHLIN, MD, ROBERT H	ALLEGHENY
MCLAUGHLIN, MD, THOMAS W	SCHUYLKILL
MCLAUGHLIN, MD, WILLIAM B	ALLEGHENY
MCLEAN, MD, GORDON K	ALLEGHENY
MCLEOD, MD, RODERICK R	ARMSTRONG
MCLIN, MD, LEON N	YORK
MCLOUGHLIN, MD, THOMAS M	LEHIGH
MCMAHON JR, MD, JOSEPH F	NORTHAMPTON
MCMAHON, MD, PATRICK C	MONTGOMERY
MCMAHON, MD, WILLIAM J	WASHINGTON
MCMASTER, MD, JAMES H	ALLEGHENY
MCMILLAN, MD, DEBORAH M	YORK
MCMILLAN, MD, DONALD L	ALLEGHENY
MCMILLAN, MD, JAMES E	ALLEGHENY
MCMILLAN, MD, WILLIAM B	ALLEGHENY
MCMILLEN, MD, JAMES I	DAUPHIN
MCMONAGLE, MD, CAREY L	FAYETTE
MCMULLIN, MD, DANA F	DAUPHIN
MCNABB, MD, DANIEL M	LACKAWANNA
MCNALL, MD, PEARL G	ALLEGHENY
MCNAMARA, MD, ROBERT M	MONTGOMERY
MCNAMARA, MD, THOMAS C	PHILADELPHIA
MCNAMEE SR, MD, WILLIAM B	DELAWARE
MCNEIL, MD, PETER E	NORTHMBRLAND
MCNEIL-JACOBI, MD, ATHOLE G	PHILADELPHIA
MCNEILL, DIANNE M	ALLEGHENY
MCNEILL, MD, DONALD B	ERIE
MCNEILL, MD, LAURA	ALLEGHENY
MCNELLIS, MD, DONALD R	NORTHAMPTON
MCNETT, MD, DALE L	WARREN
MCNULTY, MD, LARRY P	ALLEGHENY
MCNULTY, MD, TIMOTHY P	BEAVER

MCPEAK, MD, VINCENT J	PHILADELPHIA
MCSORLEY, MD, JOHN	ALLEGHENY
MCSORLEY, MD, MARYANN BIDI	PHILADELPHIA
MCVAY, MD, EDWARD J	JEFFERSON
MCWILLIAMS, MD, FRED D	WESTMORELAND
MEADE, MD, THOMAS D	LEHIGH
MEALS, MD, MARGARET	ALLEGHENY
MEARS, MD, ELMER E	BUCKS
MEARS, MD, VIRGINIA G	LANCASTER
MEBANE, MD, TOM S	CENTRE
MEBANE III, MD, TOM S	CENTRE
MECCA, MD, DONATO D	LACKAWANNA
MECCA, MD, JOHN J	LEHIGH
MECKLER, MD, DAVID I	PHILADELPHIA
MECS, MD, SANDOR	ALLEGHENY
MEDENILLA JR, MD, ROSENIO R	BERKS
MEDIC JR, DO, DANIEL	WESTMORELAND
MEDICH, MD, GEORGE F	BEAVER
MEDINA, MD, RODRIGO D	CARBON
MEDLOCK, MD, JAMES B	LAWRENCE
MEDWAY, MD, MARC J	MONTGOMERY
MEDWICK, DO, GERALD R	ALLEGHENY
MEEHAN, MD, JOHN J	PHILADELPHIA
MEEHAN, MD, KATHLEEN M	NORTHAMPTON
MEENAN, MD, DANIEL R	CAMBRIA
MEER, JOHN F	PHILADELPHIA
MEERAN, MD, M MOHAMED	SCHUYLKILL
MEGALUDIS, MD, ALEXIS M	ALLEGHENY
MEGERIAN, RAFFI G	PHILADELPHIA
MEGIVERN, MD, DANIEL G	DAUPHIN
MEGLI, JOEL D	PHILADELPHIA
MEHALICK, DO, PAMELA G	DELAWARE
MEHARG JR, MD, JOHN G	BERKS
MEHDI, MD, IFTIKHAR J	DAUPHIN
MEHLMAN, MD, THOMAS W	LANCASTER
MEHOK, MD, RONALD G	ALLEGHENY
MEHTA, AMISH M	ALLEGHENY
MEHTA, MD, BHARAT K	NORTHAMPTON
MEHTA, MD, HARSHAD	ALLEGHENY
MEHTA, MD, NIHARIKA D	COLUMBIA
MEHTA, MD, PANKAJ	LYCOMING
MEHTA, PRIYA J	PHILADELPHIA
MEHTA, MD, RAJESH M	ALLEGHENY
MEHTA, MD, RAVINDRA K	ALLEGHENY
MEHTA, MD, SUNIL K	MERCER
MEHTA, MD, YOGIN P	MIFFLIN/JUNIATA
MEHTA, MD, YOGINI R	ALLEGHENY
MEIKLE, MD, CHARLES E	BRADFORD
MEINDL, MD, GEORGE T	WASHINGTON
MEISEL, BEN H	PHILADELPHIA
MEISLER, MD, WILLIAM J	DAUPHIN
MEISNER, MD, DENNIS J	ALLEGHENY
MEISTER, MD, DONALD G	ALLEGHENY
MELAMED, MD, BRIAN R	LANCASTER
MELANI, MD, KENNETH R	ALLEGHENY
MELCHOR, MD, ROSEMARIE J	ALLEGHENY
MELDRUM, MD, ROBERT W	COLUMBIA
MELE, KAREN E	STUDENT
MELEN, MD, KIMBERLY A	ALLEGHENY
MELICK, MD, JUDITH E	PHILADELPHIA
MELIN, MD, JEFFREY M	PHILADELPHIA
MELLENCAMP, MD, ERIC J	LYCOMING
MELLER, MD, MENACHEM M	PHILADELPHIA
MELLER, MD, STEVEN	MONTGOMERY
MELLI, MD, MARIA G	DELAWARE
MELLINGER, MD, JOHN C	ALLEGHENY
MELLINGER, MD, RICHARD W	LANCASTER
MELLINGER, TRACI ANNE	ALLEGHENY
MELLON JR, MD, LAWRENCE J	DELAWARE
MELLON, MD, ROBERT	BERKS
MELMAN, MD, JAY E	LEHIGH
MELNICK, MD, HOWARD B	LEBANON
MELNICK, MD, SANDY D	PHILADELPHIA
MELOTTI, MD, PETER M	ALLEGHENY
MELOY, MD, THOMAS R	HUNTINGDON
MELTON, MD, MARY E	PHILADELPHIA
MELTZER, MD, DAVID	MONTGOMERY
MELVIN, MD, JOHN L	PHILADELPHIA
MELZER, MD, PATRICIA S	WAYNE/PIKE
MEMBRANO, JAIME H	PHILADELPHIA
MEMON, MD, PARVEZ A	BERKS
MENA, MD, LILIA D	MONTGOMERY
MENACKER, MD, SHERYL J	BUCKS
MENCHEY, MD, MILTON J	YORK
MENCIA, MD, PEDRO R	WAYNE/PIKE
MENCONI, KRISTIN M	PHILADELPHIA
MENDEL, MD, HOWARD G	PHILADELPHIA
MENDEL, MD, KENNETH D	DELAWARE
MENDELSOHN, MD, EUGENE	BERKS
MENDELSON, MD, ELLEN B	ALLEGHENY
MENDELSON, MD, LAWRENCE S	PHILADELPHIA
MENDELSON, MD, S ROBERT	ALLEGHENY
MENDELSSOHN, MD, EDWIN	PHILADELPHIA
MENDELSSOHN, MD, SAUL	LUZERNE
MENDEZ, MD, LEONARDO	PHILADELPHIA
MENDEZ IRIZARRY, MD, LESBIA	PHILADELPHIA
MENDOZA, MD, ANTONIA A	ALLEGHENY
MENDOZA, BERNARDO	PHILADELPHIA
MENEELY, MD, ALFRED W	DAUPHIN
MENESES, MD, PEDRO G	MONTOUR
MENG, RAYMOND D	PHILADELPHIA
MENGEL, ALYSSA L	PHILADELPHIA
MENGEL, MD, ROGER G	BERKS
MENGES JR, MD, JOB F	BERKS
MENIN, MD, WILLIAM	PHILADELPHIA
MENIO, MD, GREGORY J	MONROE
MENKOWITZ, MD, BRUCE J	MONTGOMERY
MENKOWITZ, MD, ELLIOT	MONTGOMERY
MENNA, MD, VINCENT J	BUCKS
MENNETTI, MICHELE D	STUDENT
MENON, MD, VENU G	PHILADELPHIA
MENOTIADES, MD, JOHN C	ALLEGHENY
MENSCHIK, ELLIOT D	PHILADELPHIA
MENZA, MD, ANTHONY G	MONROE
MENZEL, MD, ANN S	ALLEGHENY
MENZEL, MD, PAUL H	LACKAWANNA
MENZIES JR, MD, WILLIAM C	MERCER
MERCADO, MD, MODESTO G	LEHIGH
MERCOGLIANO, MD, GIANCARLO	MONTGOMERY
MERCURIO, MD, RICHARD A	ARMSTRONG
MERCURIO, MD, TERESA	BERKS
MERING JR, MD, JAMES H	ALLEGHENY
MERING, MD, THOMAS W	GREENE
MERKIN, MD, ALVIN	PHILADELPHIA
MERKLE, MD, LARRY N	LEHIGH
MERLIN, MD, KEITH S	MONTGOMERY
MERLIN, DO, MARK A	MONTOUR
MERLO, DO, FRANCIS A	WAYNE/PIKE
MEROLA, MD, JOSEPH C L	NORTHAMPTON
MERSHON, MD, CHARLES R	LANCASTER
MERSKY, MD, MARTIN R	BUCKS
MERSON, MD, ERICH R	CHESTER
MESCHIEVITZ, MD, CARLTON K	MONROE
MESETE, MD, A FRANCIS	DELAWARE
MESHKOV, MD, ARNOLD B	PHILADELPHIA
MESSINA, DO, MICHAEL P	MERCER
MESSMER, MD, JOHN J	LEBANON
MESSNER, MD, JEAN T	DAUPHIN
MESSNER, KATHLEEN E	PHILADELPHIA
MESSNER, MD, KENNETH H	LANCASTER
MESSNER, KEVIN L	PHILADELPHIA
MESSORI, MD, DIVO A	PHILADELPHIA
META, MD, LOUIS D	ALLEGHENY
METCALFE, MD, MARC F	ALLEGHENY
METHRATTA, MD, SOSAMMA T	PHILADELPHIA
METKUS, MD, FRANCIS M	BUCKS
METRISHYN, LORI	PHILADELPHIA
METRY, MD, NAWAL G	CHESTER
METZGER, MD, PAUL C	LACKAWANNA
MEUSBURGER, MD, CHARLES E	PHILADELPHIA
MEUSER, MD, ROBERT M	BEAVER
MEYER, MD, ALLEN E	DELAWARE
MEYER, MD, DAVID G	WESTMORELAND
MEYER, MARGARET L	PHILADELPHIA
MEYER, DO, PAMELA L	NORTHAMPTON
MEYERS, MD, FREDERIC A	CHESTER
MEYERS, MD, KARL R	PHILADELPHIA
MEYERS, MD, ROBERT W	PHILADELPHIA
MEZZANOTTE, MD, JOHN J	PHILADELPHIA
MICAILY, MD, BIZHAN	PHILADELPHIA
MICALI, MD, ILLIANA D	PHILADELPHIA
MICEK, MD, EDWARD W	PHILADELPHIA
MICHAEL, MD, DWIGHT I	ADAMS
MICHAEL, MD, ERIC J	ALLEGHENY
MICHAEL JR, MD, HERMAN J	CHESTER
MICHAEL, MD, JOSEPH T	ALLEGHENY
MICHAELS, MD, BERNARD I	ALLEGHENY
MICHAELS, MD, MILTON M	ALLEGHENY
MICHAELSON, MD, JANET M	MONTGOMERY
MICHAELSON, MD, ROBERT I	MONTGOMERY
MICHAELSON, MD, THOMAS C	CHESTER
MICHALAK, MD, DENNIS M W	ERIE
MICHALEK, MD, MARIA	DAUPHIN
MICHALOPOULOS, MD, GEORGE K	ALLEGHENY
MICHALS, MD, TIMOTHY J	PHILADELPHIA
MICHAUD, MD, JOSEPH E	CAMBRIA
MICHEL, MD, ELLIOT M	ALLEGHENY
MICHEL, MD, JOHN P	BEAVER
MICHELSON, MD, ERIC L	MONTGOMERY
MICHELSON, MD, ROBERT	MONTGOMERY
MICHIE, MD, ALEXANDER J	MONROE
MICKLER, MD, THOMAS A	MONTGOMERY
MIDDLEBROOK, TARA J	ALLEGHENY
MIDDLEMAN, MD, ROSE R	ALLEGHENY
MIDDLETON, MD, DONALD B	ALLEGHENY
MIELCAREK JR, MD, LEON M	DELAWARE
MIGLIORE, MD, JOSEPH J	LYCOMING
MIHELIC, MD, NICHOLAS E	HUNTINGDON
MIKAELIAN, MD, DIRAN O	PHILADELPHIA
MIKAYA, MD, MARTIN L	BRADFORD
MIKE-MAYER, MD, HENRIK	BLAIR
MIKELBERG, MD, ROSE R	PHILADELPHIA
MIKESELL, MD, JERRY F	CENTRE
MIKETIC, MD, LINDA M	ALLEGHENY
MIKHAIL, ALBERT A	PHILADELPHIA
MIKHAIL, MD, MICHAEL M	DELAWARE
MIKITA, MD, JOHN J	ALLEGHENY
MIKLOS, MD, BERNARD G	ALLEGHENY
MIKNEVICH, MD, MARYANN	ALLEGHENY
MIKULLA, MD, JOHN M	ALLEGHENY
MIKUTA, MD, JOHN J	PHILADELPHIA
MILAI JR, MD, A SAMUEL	ALLEGHENY
MILANI, MD, FRANK A	LACKAWANNA
MILAZZO, MD, JOHN V	BUCKS
MILBOURNE, MD, MICHAEL	PHILADELPHIA
MILCHAK, MD, MARK A	BEAVER
MILDENBERG, MD, BUDD J	MONTGOMERY
MILES, DO, G BRUCE	NORTHAMPTON
MILEWSKI, MD, FRANCIS J	PHILADELPHIA
MILEWSKI, MD, LEONARD F	DELAWARE
MILKE, MD, DENIS J	DAUPHIN
MILKS, MD, CARL J	WAYNE/PIKE
MILLAR, MD, DEBORAH L	ALLEGHENY
MILLER, MD, ALAN M	MONTGOMERY
MILLER, MD, ALLEN C	PHILADELPHIA
MILLER, MD, BARBARA A	PHILADELPHIA
MILLER, MD, BRIAN A	BUCKS
MILLER, MD, CARL S	LEBANON
MILLER JR, MD, CLARENCE M	ALLEGHENY
MILLER, MD, CLAUDE J	LEBANON
MILLER, MD, CURT D	DELAWARE
MILLER, MD, CYNTHIA L	PHILADELPHIA
MILLER, MD, D SCOTT	ALLEGHENY
MILLER, DANIELLE M D	ERIE
MILLER, MD, DAVID H	BUCKS
MILLER, MD, DAVID L	ALLEGHENY
MILLER, MD, DAVID L	CLARION
MILLER, MD, DAVID M	PHILADELPHIA
MILLER, MD, DAVID S	HUNTINGDON
MILLER, MD, DAVID	PHILADELPHIA
MILLER, MD, DONALD S	MONTGOMERY
MILLER, MD, EARL R	LYCOMING
MILLER, MD, EDWARD B	ALLEGHENY
MILLER, MD, EDWARD J	CARBON
MILLER, MD, FRANCINE J	PHILADELPHIA
MILLER, MD, FRANK L	MONTGOMERY
MILLER, MD, FREDERICK A	ALLEGHENY
MILLER, MD, G GEOFFREY	LUZERNE
MILLER II, MD, GEORGE C	UNION
MILLER, MD, GLADYS M	PHILADELPHIA
MILLER, MD, GLENN D	PHILADELPHIA
MILLER, MD, HERBERT D	ALLEGHENY
MILLER, MD, HERMAN	DELAWARE
MILLER, MD, HOWARD A	PHILADELPHIA
MILLER, MD, HOWARD J	POTTER
MILLER JR, MD, IVAN L	ADAMS
MILLER, MD, JAMES A	YORK
MILLER, JANET E	STUDENT
MILLER, MD, JAY B	BERKS
MILLER, MD, JAY K	LYCOMING
MILLER, MD, JEFFREY J	PHILADELPHIA
MILLER, DO, JERI L	PHILADELPHIA
MILLER, MD, JEROME	PHILADELPHIA
MILLER, MD, JOHN C	ALLEGHENY
MILLER III, JOHN L	ERIE
MILLER, MD, JOHN L	MERCER
MILLER JR, MD, JOHN W	LANCASTER
MILLER III, MD, JOHN W	LANCASTER
MILLER, MD, JOSEPH A	LEHIGH
MILLER, MD, JOSEPH J	FRANKLIN
MILLER, MD, KERRY D	LEHIGH
MILLER, MD, LAWRENCE S	DELAWARE
MILLER, MD, LEE C	DAUPHIN
MILLER, MD, LEE H	BUCKS
MILLER, MD, LEONARD D	PHILADELPHIA
MILLER, MD, MARGARET A	ALLEGHENY
MILLER, MD, MARK A	PHILADELPHIA
MILLER, MD, MICHAEL D	ALLEGHENY
MILLER, MD, MORRIS	PHILADELPHIA
MILLER, MD, MYRON D	LEBANON
MILLER III, MD, O FRED	MONTOUR
MILLER, MD, PARRY J	LANCASTER
MILLER, MD, PAUL K	CUMBERLAND
MILLER, MD, RICHARD E	SCHUYLKILL
MILLER, MD, ROLAND E	ERIE
MILLER, DO, SHARON L	ALLEGHENY
MILLER, MD, STEPHEN J	ALLEGHENY
MILLER, MD, STEPHEN L	CAMBRIA
MILLER, MD, THOMAS J	MONTGOMERY
MILLER II, MD, TOM R	ERIE
MILLER, MD, WAYNE R	NORTHMBRLAND
MILLER, MD, WILLIAM B	ALLEGHENY
MILLER JR, MD, WILLIAM B	DAUPHIN
MILLER-SCHAEFFER, MD, CAROL A	SCHUYLKILL
MILLET, MD, BRENT L	LEHIGH
MILLIEN, MD, GARRY D	PHILADELPHIA
MILLIGAN, MD, ROBERT S	ALLEGHENY
MILLINER, MD, DAVID H C	DELAWARE
MILLS, MD, BETTY JO A	LYCOMING
MILLS, MD, JOHN W	INDIANA
MILLS, MD, M DUANE	DAUPHIN
MILLS, MD, WILLIAM L	BUCKS
MILLWARD, PETER A	PHILADELPHIA
MILON, MD, CHARLES F	PHILADELPHIA
MILROTH, MD, WILLIAM L	FRANKLIN
MILSTEEN, MD, SCOTT A	DAUPHIN
MILSTEIN, MD, SEYMOUR W	DELAWARE
MILSTEN, MD, RICHARD	PHILADELPHIA
MIN, JOHN K	STUDENT
MIN, MD, JUNG T	BEAVER
MIN, MD, TAE C	BEAVER
MINARD, MD, WILLIAM D	MONTGOMERY
MINCZAK, MD, BOHDAN M	PHILADELPHIA
MINEHART, MD, CHARLES R	BERKS
MINEHART, MD, JOHN R	PHILADELPHIA
MINELLA, MD, RICCI A	ALLEGHENY
MINEO, MD, CYRUS L	CHESTER
MINES, MD, SAMUEL C	ALLEGHENY
MINGEY, MD, JOHN R	ERIE
MINION, MD, STEVEN L	PHILADELPHIA
MINK, MD, KENNETH R	ERIE
MINN, MD, FREDRICK L	MONTGOMERY
MINNICH, MD, KEITH A	BERKS
MINNO, MD, ALEXANDER M	ALLEGHENY
MINO, MD, DAVID E	BUCKS
MINO, MD, ROBERT D	MONTGOMERY
MINOR, MD, MARK R	HUNTINGDON
MINORA, MD, BARRY A	LACKAWANNA
MINORA, MD, MICHAEL A	LACKAWANNA
MINORA, MD, THOMAS L	LACKAWANNA
MINTEER JR, DO, DONALD W	ARMSTRONG
MINTEER, MD, JEFFREY F	WASHINGTON
MINTO, EXEC SEC, DEBBIE	INDIANA
MINTON, MD, MICHAEL D	ALLEGHENY
MINTON, MD, RUSSELL F	PHILADELPHIA
MINTZ, MD, PAUL S	BERKS
MINTZER, MD, DAVID M	PHILADELPHIA
MINTZER, DO, HARRY D	LYCOMING
MIR, MD, DAVID J	ERIE
MIR, MD, TAHIR U	INDIANA
MIRA, MD, ALLAN J	CUMBERLAND
MIRA, MD, JOHN J	CUMBERLAND
MIRANDA, MD, AURORA M	ALLEGHENY
MIRANDA, MD, CESAR P	BUTLER
MIRARCHI, MD, VINCENZO	NORTHMBRLAND
MIRCHANDANI, MD, HARESH G	PHILADELPHIA
MIRRA, MD, THEODORE R	LAWRENCE
MIRRO, MD, BETTY J	ALLEGHENY
MIRSKY, MD, HOWARD A	YORK
MIRSKY, MD, ROBERT S	BUCKS
MIRZA, MD, MOHAMMAD R	LYCOMING
MIRZA, MD, NATASHA	PHILADELPHIA
MISAGE, MD, JOHN R	ALLEGHENY
MISCHLER, MD, FORREST C	ERIE
MISENHIMER, MD, MARTIN D	LEHIGH
MISHALOVE, MD, R DAVID	DELAWARE
MISHEL, MD, HENRY S	MONTGOMERY
MISHKIN, MD, MARK M	PHILADELPHIA
MISHRA, GAUTAN	PHILADELPHIA
MISHRA, MD, RANDHIR	CLINTON
MISKULIN, JUDIANN	STUDENT
MISTRY, MD, MEHERWAN J	WAYNE/PIKE
MITAL, MD, MOHAN S	CAMBRIA
MITAL, MD, NIRMAL G	CAMBRIA
MITAL, SANGEETA	ALLEGHENY
MITCHELL, MD, ARTHUR B	LUZERNE
MITCHELL, MD, DAVID J	BERKS
MITCHELL, MD, DAVID R	ALLEGHENY
MITCHELL, MD, FENTON M	ALLEGHENY
MITCHELL, MD, HAROLD L	ALLEGHENY
MITCHELL, MD, HENRY	INDIANA
MITCHELL, MD, JOHN F	LEHIGH
MITCHELL, MD, ROBERT M	PHILADELPHIA
MITCHELL, MD, WILLIAM J	FAYETTE
MITNICK, MD, PAUL D	BERKS
MITRE, MD, BLIMA K	ALLEGHENY
MITRE, MD, RICARDO J	ALLEGHENY
MITRO, DO, ROBERT N	ALLEGHENY
MITRO, MD, WILLIAM	ALLEGHENY
MITROS, MD, MARK M	ALLEGHENY
MITTAL, MD, BASANT K	NORTHMBRLAND
MITTAL, MD, MANOJ K	NORTHAMPTON
MITTAL, MD, SUNEET	PHILADELPHIA
MITTELDORF, MD, STEPHEN E	PHILADELPHIA
MITTELL, MD, DAVID C	WASHINGTON
MITZEL, DO, TIMOTHY S	ALLEGHENY
MIURA, MD, KAREN K	PHILADELPHIA
MIURA, LISA N	PHILADELPHIA
MIX, MD, WILLIAM A	ERIE
MIZE, DAVID S	PHILADELPHIA
MIZIN, MD, LAKSHMI D J	LACKAWANNA
MLECKO, MD, LAWRENCE M	ALLEGHENY
MLECKO, MICHAEL L	PHILADELPHIA
MOATS, MD, ANTHONY W	ALLEGHENY
MOBERG, MD, F BARRIE	LANCASTER
MOCK, MD, GREGORY D	SOMERSET
MOCK, MD, JOSEPH P	FRANKLIN
MODARRESS, MD, JOHN Y	SCHUYLKILL
MODERY, MD, MARSHA E	ALLEGHENY
MODI, MD, JASHWANT B	ALLEGHENY
MODIC, MD, CHRISTOPHER W	ALLEGHENY
MODY, MD, SMITA S	SCHUYLKILL
MODZELEWSKI, LAURA N	PHILADELPHIA
MOFFA, MD, NICHOLAS J	ALLEGHENY
MOFFITT JR, MD, GEORGE R	DAUPHIN
MOFFITT, MD, JOHN J	LEBANON
MOFFITT, MD, VINCENT J	BERKS
MOFFSES, MD, GARABED H	PHILADELPHIA
MOGERMAN, MD, JEFFREY A	LACKAWANNA
MOGHADAM, MD, ABDOL NABI	PHILADELPHIA
MOGIL, MD, ROBERT A	PHILADELPHIA
MOGUL, MD, ROBERT	BUCKS
MOHAMED, ASIF A	ALLEGHENY
MOHAMED-ALI, MD, ABUL-KASSIM	LEHIGH
MOHAN, MD, BRIJ	NORTHAMPTON
MOHAN, MD, CHANDRA	LUZERNE
MOHAN, MD, FRANCIS P	SCHUYLKILL
MOHAN, MD, KRISHNA K	PHILADELPHIA
MOHAN, MD, UMA S	ALLEGHENY
MOHANDAS, MD, USHA K	ERIE
MOHLER, MD, J HAROLD	LANCASTER
MOHR, MICHAEL H	ALLEGHENY
MOHYUDDIN, MD, MOIZ	MONROE
MOIDEL, MD, ROBERT A	MONTGOMERY
MOKADAM, NAHUSH A	PHILADELPHIA
MOKRYNSKI, MD, GREG	PHILADELPHIA
MOKYCHIC, MD, WALTER E	LUZERNE
MOLDOFSKY, MD, PHILIP J	PHILADELPHIA
MOLINARI, MD, WILLIAM J	MONTGOMERY
MOLL, MD, DAVID C	BUCKS
MOLL, MD, GEORGE A	PHILADELPHIA
MOLL, MD, THOMAS B	BERKS
MOLLICK, MD, JAMES L	MONTGOMERY
MOLLOY, MD, PETER J	ALLEGHENY
MOLLURA, MD, JOSEPH A	WESTMORELAND
MOLONEY, MD, JOSEPH D	DAUPHIN
MOMENI, REZA	PHILADELPHIA
MOMIN, MD, MALIK N	DAUPHIN
MONACK, DO, RONALD A	WESTMORELAND
MONAHAN, MD, DANIEL J	ALLEGHENY
MONAHAN, MD, GEORGE R	MONTGOMERY
MONAHAN, MD, MARYELLEN R O	LACKAWANNA
MONAHAN, TIMOTHY P	PHILADELPHIA
MONARI, MARY J	PHILADELPHIA
MONASTERIO, MD, JOSE R	CHESTER

MONCMAN, DO, MICHAEL-GERARD	BLAIR
MONDERO, DO, NANCY A	DELAWARE
MONDIK, MD, BARBARA L	ALLEGHENY
MONDZELEWSKI, MD, JAMES P	ALLEGHENY
MONHEIT, MD, RICHARD S	PHILADELPHIA
MONK JR, MD, JOHN S	YORK
MONKOWSKI, MD, ALFRED M	BUCKS
MONKOWSKI, DANIEL H	PHILADELPHIA
MONROE, MD, BARBARA J	ALLEGHENY
MONSOUR, MD, GEOFFREY B	WESTMORELAND
MONSOUR, MD, HELEN S	WESTMORELAND
MONSOUR, MD, MIROYA J	ALLEGHENY
MONSOUR, MD, ROBERT G	WESTMORELAND
MONSOUR, MD, ROY CHARLES	WESTMORELAND
MONSOUR, MD, ROY CHRISTOPHER	WESTMORELAND
MONSOUR, MD, WILLIAM J	WESTMORELAND
MONTAG, MD, MARK C	ALLEGHENY
MONTAGUE, MD, JAMES W	LYCOMING
MONTALBO, MD, ANTONIO A	CENTRE
MONTANER, MD, CARMEN S G	LEHIGH
MONTE, MD, D MARIE	CHESTER
MONTEIRO, MD, DENNIS T	PHILADELPHIA
MONTELEONE, MD, PAUL N	CAMBRIA
MONTELLA, MD, MICHAEL	LACKAWANNA
MONTELLO, MD, JOAN M	CUMBERLAND
MONTESANO, MD, ANGELICA T	PHILADELPHIA
MONTGOMERY, MD, ERNEST J	ARMSTRONG
MONTGOMERY, MD, MARK R	FAYETTE
MONTGOMERY, MD, OWEN C	PHILADELPHIA
MONTGOMERY, MD, PATRICIA A	DELAWARE
MONTISANO, MD, DENISE M	DAUPHIN
MONTOURIS, MD, ELAINE A	ALLEGHENY
MONYAK, MD, JOHN G	BEAVER
MOODY, MD, JACK H	DAUPHIN
MOON, DAVID M	PHILADELPHIA
MOON, MD, SUNG B	WESTMORELAND
MOONDA, MD, GULAMHUSAIN	MERCER
MOONEY, MD, BENJAMIN R	YORK
MOORE, MD, BARRY B	DAUPHIN
MOORE, MD, BETH A	PHILADELPHIA
MOORE, MD, CHARLES A	GREENE
MOORE, MD, DAVID H	YORK
MOORE, MD, DAVID H	LUZERNE
MOORE, MD, ERNEST E	BUTLER
MOORE, MD, GEORGE W	LAWRENCE
MOORE, MD, JAMES P	ARMSTRONG
MOORE, MD, JAY R	PHILADELPHIA
MOORE, DO, JOHN F	ERIE
MOORE JR, MD, JOHN H	PHILADELPHIA
MOORE, MD, JOSEPH J	TIOGA
MOORE, MD, LEROY C	ALLEGHENY
MOORE, MD, MATTHEW T	PHILADELPHIA
MOORE, MD, RACHEL M K	LANCASTER
MOORE, MD, RICHARD A	CAMBRIA
MOORE SR, MD, ROBERT G	LANCASTER
MOORE JR, MD, SAMUEL R	PHILADELPHIA
MOORE, MD, TERENCE E	ARMSTRONG
MOORE, MD, TERENCE N	LANCASTER
MOORTHY, MD, GITA	YORK
MOOSSY, MD, JOHN J	ALLEGHENY
MORACA, MD, JOHN I	ALLEGHENY
MORAITIS, MD, CONSTANTINE Z	ALLEGHENY
MORALES, MD, DIEGO	PHILADELPHIA
MORALES, MD, FRANCISCO J	LEBANON
MORALES, MD, GLADYS D	NORTHAMPTON
MORALES SOLIS, MD, RAFAEL A	ALLEGHENY
MORALES-PELAEZ, MD, EILEEN S	PHILADELPHIA
MORAN, DO, MARK E	LEHIGH
MORAN JR, MD, THOMAS W	WESTMORELAND
MORANI, MD, ALMA D	PHILADELPHIA
MORANZ, MD, JOEL G	DELAWARE
MORASCO, MD, EDWARD R	LEBANON
MOREHOUSE, DO, MARY L	ALLEGHENY
MORELLI, DO, JOSEPH T	MERCER
MORENO, MD, JOSE G	MONTGOMERY
MORENO, MD, MANUEL V	LYCOMING
MORESEA, MD, GEORGE A	ALLEGHENY
MORETTO, MD, JOSEPH L	LAWRENCE
MORFFI, MD, OSCAR A	LEHIGH
MORGAN, MD, ALBERT P	LACKAWANNA
MORGAN, MD, ALLAN V	ALLEGHENY
MORGAN, MD, CORINNE M	MONTGOMERY
MORGAN, MD, HARRY E	DELAWARE
MORGAN JR, MD, JAMES W	UNION
MORGAN, MD, JEFFREY F	WARREN
MORGAN, MD, JOHN M	DELAWARE
MORGAN, MD, RICHARD J	NORTHAMPTON
MORGAN, MD, RUSSELL E	NORTHAMPTON
MORGAN JR, MD, VERNON W	LACKAWANNA
MORGAN, MD, VINCENT F	BLAIR
MORGAN, MD, WILLIAM F	NORTHAMPTON
MORGANROTH, MD, JOEL	PHILADELPHIA
MORGENSTERN, MD, KENNETH E	PHILADELPHIA
MORGENSTERN, MD, ROBERT B	MERCER
MORGENSTERN, MD, STEPHEN A	MONTGOMERY
MORI, MD, GINO	LACKAWANNA
MORI, MD, HUGO	LACKAWANNA
MORITZ, MD, MICHAEL J	YORK
MORITZ, MD, MICHAEL J	PHILADELPHIA
MORITZ, MD, MORDEKHAI	LACKAWANNA
MORK, MD, GUSTAVE W	ERIE
MORLEY, MD, ROBERT R	DELAWARE
MOROCCO, MARK V	PHILADELPHIA
MORREELS JR, MD, CHARLES L	YORK
MORRELL, DO, ROGER W	CAMBRIA
MORRIS, MD, ADRIAN J	LACKAWANNA
MORRIS, DARRYL R	ALLEGHENY
MORRIS, MD, DENNIS L	LEHIGH
MORRIS, MD, ELEANOR G	SOMERSET
MORRIS JR, MD, JAMES A	DELAWARE
MORRIS, MD, JON B	PHILADELPHIA
MORRIS, MD, LESLIE E	ALLEGHENY
MORRIS, DO, MATILDA J	MERCER
MORRIS, MICHAEL S	PHILADELPHIA
MORRIS, MD, PATRICIA A	NORTHAMPTON
MORRIS, MD, RICHARD J	DELAWARE
MORRIS, MD, ROBERT S	MONTGOMERY
MORRIS, MD, ROHINTON J	PHILADELPHIA
MORRIS, MD, SHELDON L	DELAWARE
MORRIS, DO, WALTER G	VENANGO
MORRIS JR, DO, WILSON S	LEBANON
MORRISON, MD, ALAN N	LEHIGH
MORRISON, MD, BRUCE W	ALLEGHENY
MORRISON, DANIEL M	PHILADELPHIA
MORRISON, JEFFREY A	PHILADELPHIA
MORRISON, MD, KEVIN S	YORK
MORRISON, LAKE D	PHILADELPHIA
MORRISON, MD, ROBERT E	NORTHAMPTON
MORRISON, MD, SAMUEL S	MONTOUR
MORRISSEY JR, MD, E JAMES	BERKS
MORRISSEY, MD, MARK W	ALLEGHENY
MORRISSEY, PAMELA E	PHILADELPHIA
MORRISSEY, MD, THOMAS P	ALLEGHENY
MORRONE, DO, CHARLES C	PHILADELPHIA
MORROW, MD, BERT A	BERKS
MORROW, MD, HERBERT J	WESTMORELAND
MORROW, MD, LINDA C	LUZERNE
MORROW, MD, ROBERT A	LEHIGH
MORROW, MD, ROBERT E	MONROE
MORROW, MD, THAYER K	WESTMORELAND
MORROW GORTON, MD, JILL D	DAUPHIN
MORSE, MD, RICHARD J	LEHIGH
MORSE, MD, RUSTIN B	ALLEGHENY
MORSE, MD, W SCOTT	ALLEGHENY
MORTEL, MD, RODRIGUE	DAUPHIN
MORTENSEN, ERIC M	PHILADELPHIA
MORTIMER, MD, GREGORY P	ALLEGHENY
MORTON, MD, JOHN C	DAUPHIN
MORTON, MD, MARGARET S	ALLEGHENY
MORTON, MD, ROBERT J	WAYNE/PIKE
MOSCH, MD, GEORGE C	POTTER
MOSCH, MD, HERMAN C	POTTER
MOSER, MD, EDWARD N	LYCOMING
MOSER, MD, JOHN C	BERKS
MOSES, MD, BRETT L	BUCKS
MOSES, MD, JAMES M	CAMBRIA
MOSHIRFAR, ALI	PHILADELPHIA
MOSKOVITZ, MD, MORRY	BEAVER
MOSKOWITZ, MD, BARRY D	ALLEGHENY
MOSLEY, DIAHANN F	PHILADELPHIA
MOSS, MD, EDWARD R	PHILADELPHIA
MOSS, MD, JOSEPH S	WESTMORELAND
MOST-LEVIN, MD, CAROL	MONTGOMERY
MOSTER, MD, MARK L	PHILADELPHIA
MOSTER, MD, MARLENE R	PHILADELPHIA
MOSTOUFI-MOAB, SOGOL	STUDENT
MOSTOUFIZADEH, MD, MAHPAREH	ALLEGHENY
MOTEN, MD, MARRIVAM	PHILADELPHIA
MOTLEY, MD, JOHN F	MONTGOMERY
MOTZKIN, DAPHNE K	PHILADELPHIA
MOWAD, MD, JOSEPH J	MONTOUR
MOY, ELIZABETH A	ALLEGHENY
MOY, MD, KAI H	BERKS
MOYER, MD, DENNIS L	BUCKS
MOYER JR, MD, DONALD J	ALLEGHENY
MOYER, MD, EARL S	DAUPHIN
MOYER, MD, GLENN E	NORTHAMPTON
MOYER, MD, JAMES E	MONROE
MOYER, JENNIFER M	PHILADELPHIA
MOYER, MD, JOHN F	ALLEGHENY
MOYER, MD, JOHN H	DAUPHIN
MOYER, MD, JOHN P	BUCKS
MOYER, MD, PAUL R	BUCKS
MOYER, MD, RAY A	PHILADELPHIA
MOYER JR, MD, ROBERT D	ALLEGHENY
MOYER, MD, THELBERT R	ERIE
MOYERS, MD, ROBERT N	CRAWFORD
MOYLAN, MD, JAQUELINE D	PHILADELPHIA
MOYLAN, MD, JOSEPH E	LACKAWANNA
MOZDY, MD, FRANK E	ERIE
MOZDY, MD, LAUREN M	ERIE
MRAZ, MD, JAMES E	ERIE
MRAZ, MD, JOHN P	ERIE
MRKICH, MD, ROBERT	CAMBRIA
MRVOS, MD, DIANA L	ALLEGHENY
MRVOS, MD, DONALD M	ALLEGHENY
MSZANOWSKI, MD, EDWIN M	ERIE
MUALLEM, MD, NABIL S	BERKS
MUCCIO, MD, DANIEL J	WESTMORELAND
MUCH, DO, MANDELL J	DELAWARE
MUCHA, MD, STEPHEN J	MONTGOMERY
MUCHLADO, MD, FELIX J	ALLEGHENY
MUDIGONDA, SANJAY K	ALLEGHENY
MUDRICK, MD, DAVID L	DELAWARE
MUELLER, MD, HENRY M	MERCER
MUETTERTIES, MD, CRAIG L	DELAWARE
MUFSON, MD, RICHARD A	BUCKS
MUHLENBERG, MD, J PETER	BERKS
MUHLFELDER, MD, WARREN J	BLAIR
MUHONEN, D, OLIVER A	ALLEGHENY
MUIR, DO, SCOTT D	LUZERNE
MUKHERJEE, MD, SHANKER	NORTHAMPTON
MULHATTEN, MD, DONALD E	CENTRE
MULHERN, MD, LAWRENCE M	ALLEGHENY
MULHOLLAND, MD, S GRANT	PHILADELPHIA
MULL, MD, JOSEPH C	WARREN
MULL, MD, THOMAS D	MONTGOMERY
MULLEN, DANIEL J	PHILADELPHIA
MULLEN, MD, JAMES L	PHILADELPHIA
MULLEN, MD, MARK J	PHILADELPHIA
MULLER, MD, ALFONS J	PHILADELPHIA
MULLER, DO, ARTHUR J	DAUPHIN
MULLER, MD, H ARNOLD	LEBANON
MULLER, MD, OTTO F	DELAWARE
MULLICK, MD, JOWHERI J	VENANGO
MULLIGAN, MD, JAMES F	YORK
MULLIGAN, MD, ROBERT L	BERKS
MULLIN JR, MD, EDWARD M	LEHIGH
MULLIN JR, MD, HUGH J	BUCKS
MULLOTH, MD, RAJAN	LACKAWANNA
MULVANEY, MD, DENISE A	DELAWARE
MULVIHILL, MD, JOHN J	ALLEGHENY
MUNCHAK JR, MD, JOHN	LEHIGH
MUNDTH, MD, ELDRED D	DELAWARE
MUNIN, MD, MICHAEL C	ALLEGHENY
MUNIR, MD, MOHAMMAD M	NORTHMBRLAND
MUNIR, MD, MUHAMMAD	SCHUYLKILL
MUNLEY, MD, BRIAN J	BUCKS
MUNOZ, MD, MARTIN	PHILADELPHIA
MUNSHOWER, DO, JOHN C	PHILADELPHIA
MUNSHOWER, DO, THOMAS E	CARBON
MUNSON, MD, FREDERICK J	NORTHAMPTON
MUNVES, MD, JONATHAN H	NORTHAMPTON
MUNZ, MD, MICHAEL	PHILADELPHIA
MUNZER, MD, STEVEN J	PHILADELPHIA
MURCEK, MD, MARTIN A	WESTMORELAND
MURDOCK, MD, MORTON G	PHILADELPHIA
MUREEBE, MD, LEILA	PHILADELPHIA
MURELLO, MD, DAVID M	FAYETTE
MURILLO, MD, OSCAR	YORK
MURN, MD, ALVIN J	CAMBRIA
MUROFF, DO, ROBERT E	DELAWARE
MURPHEY, MD, SHEILA A	PHILADELPHIA
MURPHEY, MD, STEPHEN M	ALLEGHENY
MURPHY JR, MD, ARTHUR I	ALLEGHENY
MURPHY, DO, BRIAN J	DELAWARE
MURPHY, MD, BRIAN P	LEHIGH
MURPHY, MD, EDITH L	LYCOMING
MURPHY, MD, J THOMAS	MONTGOMERY
MURPHY, MD, JOHN B	PHILADELPHIA
MURPHY, JOSEPH J	PHILADELPHIA
MURPHY, DO, PATRICK	DELAWARE
MURPHY JR, MD, ROBERT X	LEHIGH
MURPHY, MD, THOMAS W	PHILADELPHIA
MURPHY, DO, WILLIAM C	DELAWARE
MURRAY, MD, CHERYL L	YORK
MURRAY, MD, JOHN P	MONTGOMERY
MURRAY, MD, RICHARD C	CAMBRIA
MURRAY JR, MD, RICHARD J	YORK
MURRAY, MD, RICHARD K	PHILADELPHIA
MURRAY, MD, RICHARD S	BUCKS
MURRAY, MD, STEPHEN R	NORTHAMPTON
MURRAY, MD, WILLIAM M	DAUPHIN
MURRAY-LEISURE, MD, KATHERINE A	LEBANON
MURRELL, WILLIAM D	PHILADELPHIA
MURTHA, MD, KEVIN T	CAMBRIA
MURTHY, MD, MOLAKALMURU H	ALLEGHENY
MURTHY, MD, MSJ	PHILADELPHIA
MURTLAND, MD, ALBERT M	BRADFORD
MUSCALUS, DO, ROBERT S	DAUPHIN
MUSGRAVE, MD, ROSS H	ALLEGHENY
MUSHO, MD, MICHAEL A	MONTGOMERY
MUSMANNO, MD, SAMUEL A	ALLEGHENY
MUSSER, MD, BENJAMIN G	DAUPHIN
MUSSER JR, MD, HAROLD E	SOMERSET
MUSSER, MD, WILLIAM T	UNION
MUSTIN, MD, ANDREW J	PHILADELPHIA
MUSTOVIC, MD, ELLEN H	ALLEGHENY
MUTSCHLER, MD, THOMAS A	ALLEGHENY
MYERS, MD, ABRAHAM	PHILADELPHIA
MYERS, MD, ALLEN R	PHILADELPHIA
MYERS, MD, CHARLES E	LUZERNE
MYERS, MD, COLLIN L	YORK
MYERS, MD, DANIEL T	ERIE
MYERS, MD, DAVID	PHILADELPHIA
MYERS, MD, DONALD L	PHILADELPHIA
MYERS, MD, EUGENE N	ALLEGHENY
MYERS III, MD, FRANKLIN J	DAUPHIN
MYERS, MD, FREDERICK B	LUZERNE
MYERS, MD, G BRADFORD	YORK
MYERS, MD, GERALD I	ALLEGHENY
MYERS, MD, GORDON D	DAUPHIN
MYERS, IAN N	PHILADELPHIA
MYERS, DO, JOHN H	CLARION
MYERS, JOHN J	PHILADELPHIA
MYERS, EXEC SEC, KATHY	ELK/CAMERON
MYERS, MD, PHILIP A	BUCKS
MYERS, MD, SCOTT M	MONTOUR
MYERS, MD, TAMMY L	WESTMORELAND
MYERSON, MD, RALPH M	PHILADELPHIA
MYRON, MD, CAROL S	ALLEGHENY
MYSTAKAS, MD, FOTIS G	LEBANON

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NABATCHI, MD, AHMAD	CLARION
NABAVI, MD, ABDOLLAH	CENTRE
NACHMAN, MD, JEFFREY A	DELAWARE
NACK, MD, STEVEN L	MONTGOMERY
NADAL, MD, RAMON B	BUCKS
NADAR, MD, VENKATESH K	DAUPHIN
NADER, MD, JOSEPH N	LEHIGH
NADER, MD, WALID	NORTHAMPTON
NADLER, MD, DAN	ALLEGHENY
NADLER, MD, DANIEL J	ALLEGHENY
NADLER, MD, LEIGH H	ALLEGHENY
NADLER, MD, M PRINCETON	ALLEGHENY
NADWORNY, MD, HOWARD A	ERIE
NAEGLE, MD, MATTHEW B	CHESTER
NAFZIGER, MD, J CALVIN	LANCASTER
NAGEL, MD, DAVID B	LYCOMING
NAGEL, MD, SUSAN E	ALLEGHENY
NAGELBERG, MD, STEVEN B	MONTGOMERY
NAGIN, MD, JOSHUA G F	ALLEGHENY
NAGLE, MD, ARLINGTON A	BERKS
NAGLE, MD, DEBORAH A	PHILADELPHIA
NAGLE, MD, DOUGLAS B	ERIE
NAGLE JR, MD, FRANK O	PHILADELPHIA
NAGLE, MD, RICHARD W	ERIE
NAGLE, MD, W WILLIAM	DELAWARE
NAGLE, MD, WARREN C	BRADFORD
NAGLE, MD, WILLARD F	CHESTER
NAGORSKY, MD, MATTHEW J	PHILADELPHIA
NAGPAL, MD, NARESH C	LYCOMING
NAGY, MD, ROBERT	BERKS
NAHMIAS, MD, CORINA M	PHILADELPHIA
NAIDE, MD, DAVID	PHILADELPHIA
NAIDOFF, MD, MICHAEL A	PHILADELPHIA
NAIDS, MD, RICHARD E	PHILADELPHIA
NAIDU, MD, RAHUL K	WESTMORELAND
NAIK, MD, VAISHALI D	ERIE
NAIR, MD, KRISHNAN K	ERIE
NAIR, MD, MADHUSUDANAN	ALLEGHENY
NAIR, MD, SARITA	ERIE
NAIR, MD, SURESH G	ERIE
NAIR, MD, V KRISHNAN	SOMERSET
NAIRN JR, MD, JOHN P	ALLEGHENY
NAJARIAN, DO, MICHAEL P	DAUPHIN
NAJI, MD, ALI	PHILADELPHIA
NAJI, MD, MOHAMMED H	LAWRENCE
NAJI, MD, MUHAMMAD G	BLAIR
NAJI, MD, YOUSEF M	LAWRENCE
NAJMI, MD, MOOSA	NORTHAMPTON
NAKHJAVAN, MD, FRED K	PHILADELPHIA
NAKHLA, MD, TAREK	MONTGOMERY
NAKKACHE, MD, VICTOR B	LUZERNE
NALAMACHU, MD, SRINIVAS R	PHILADELPHIA
NALAMALAPU, MD, USHA	PHILADELPHIA
NALBANTIAN, MD, MICHEL S	PHILADELPHIA
NALEVANKO, MD, ALBERT M	LACKAWANNA
NALIN, MD, DAVID R	PHILADELPHIA
NALLAMOTHU, MD, NASARAIAH	PHILADELPHIA
NALLATHAMBI, MD, HELGA N	BUTLER
NALLATHAMBI, MD, SWAMIKKAN A	BUTLER
NAMEY, MD, JOHN T	MERCER
NAMJOSHI, MD, SHASHIKALA D	PHILADELPHIA
NANDHAKUMAR, MD, AYYAVOO	ELK/CAMERON
NANJI, DANA R	PHILADELPHIA
NANJUNDASWAMY, MD, HUNASAGATTA C	BEAVER
NANSTEEL JR, MD, JOHN F	DELAWARE
NAPIERKOWSKI, DO, STANLEY A	PHILADELPHIA
NAPLES, MD, JERRY F	BUCKS
NAPOLEON, MD, LOUIS N	ALLEGHENY
NAPPI, MD, DOMINIC F	PHILADELPHIA
NAQI, MD, KHALID	ALLEGHENY
NARASIMHAN, MD, SEETHALAKSHMI	ALLEGHENY
NARAYAN, MD, RAJ K	PHILADELPHIA
NARAYANAN, MD, EDATHIL K	BRADFORD
NARDELLA JR, MD, GUY M	DELAWARE
NARDONE, MD, DONALD T	LYCOMING
NARDUZZI, MD, JOANN V	ALLEGHENY
NARLA, MD, SUDHIR K	ALLEGHENY
NARULA, MD, AMRIT P	SCHUYLKILL
NARUS, MD, VITOLD T	ERIE
NARVAEZ, MD, RICHARD A	PHILADELPHIA
NASCA, MD, THOMAS J	PHILADELPHIA
NASE, MD, DONALD F	BUCKS
NASH, MD, DAVID B	PHILADELPHIA
NASH, MD, JAMES D	LANCASTER
NASIR, MD, MAHMOOD	NORTHMBRLAND
NASO, MD, FRANCIS	PHILADELPHIA
NASR, MD, FARIDA M	ALLEGHENY
NASREEN, MD, SHAHANA	PHILADELPHIA
NASSAR, MD, CARLOS J	PHILADELPHIA
NASSAR, MD, JAY P	DAUPHIN
NASSUR, MD, ADNAN K	WESTMORELAND
NAST, JUSTIN B	PHILADELPHIA
NAST, MD, MAX S	BUTLER
NAST, MD, PHILIP R	PHILADELPHIA
NATALI, MD, DANIEL E	ALLEGHENY
NATANBLUT, LEAH R	PHILADELPHIA
NATH, MD, MANOJ	ALLEGHENY
NATHANSON, MD, JULIET E	PHILADELPHIA
NATHANSON, MD, MICHAEL S	ALLEGHENY
NATICCHIA, MD, JENNIFER M	PHILADELPHIA
NAUGLE, MD, INGRID E	ALLEGHENY
NAUNCZEK, MD, MICHAEL J	PHILADELPHIA
NAUSS, MD, THOMAS J	LUZERNE
NAVID, MD, FOROZAN	ALLEGHENY
NAWRAS, MD, ALI T	NORTHAMPTON
NAYAK, MD, NARAYAN P	MCKEAN
NAYAK, MD, NARAYAN T	ALLEGHENY
NAYAK, MD, RAMESH M	BERKS
NAYAK, MD, SATISH R	CARBON
NAYAR, MD, SUDHA M	WASHINGTON

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NAZARI, MD, AHMAD	PHILADELPHIA
NAZZARO, MD, RALPH	VENANGO
NEAL JR, MD, HARRY B	INDIANA
NEAL, MD, HUNTER S	DELAWARE
NEAL, MD, ROLAND A	ALLEGHENY
NEALE, MD, JOHN M	INDIANA
NEALIS, MD, HENRY J	MONTGOMERY
NEBELSIECK, JEFFREY A	PHILADELPHIA
NECAS, MD, MICHAEL G	VENANGO
NEDEROSTEK, DOUGLAS F	PHILADELPHIA
NEDRESKY, MD, JOSEPH P	ERIE
NEDWICH, MD, ALEXANDER	LEHIGH
NEE JR, MD, MARTIN P	ALLEGHENY
NEEL, MD, JILL L	ALLEGHENY
NEELEY, MD, STEVEN W	BEAVER
NEFF, MD, CHARLES A	LEBANON
NEGREY JR, MD, JOHN N	DELAWARE
NEGRI, MD, ANN M	ALLEGHENY
NEGRO, MD, ATTILIO G	WESTMORELAND
NEGRON, MD, ANGEL M	ERIE
NEIDERER, DO, PHILIP A	CUMBERLAND
NEIGH, MD, JOHN L	PHILADELPHIA
NEILSON, MD, ROBERT N	MONTGOMERY
NEILSON, MD, THOMAS J	ALLEGHENY
NEIMAN, MD, HARVEY L	ALLEGHENY
NEIMAN, MD, LEE M	ALLEGHENY
NEISH, MD, CAROL L	ALLEGHENY
NELLHAUS, MD, KURT M	ALLEGHENY
NELSON, MD, ANDERS P	LACKAWANNA
NELSON, MD, ANNE S	PHILADELPHIA
NELSON, MD, BARRY K	MONTGOMERY
NELSON, MD, EDWARD A	YORK
NELSON, MD, ELEANOR C	PHILADELPHIA
NELSON, MD, FREDRIC P	PHILADELPHIA
NELSON JR, MD, HARRY M	MONTGOMERY
NELSON, MD, JAMES E	LUZERNE
NELSON, MD, JOHN P	ALLEGHENY
NELSON, MD, LEONARD B	PHILADELPHIA
NELSON, MD, MORTIMER T	BUCKS
NELSON, MD, OWEN A	FAYETTE
NELSON, MD, PHILIP K	LYCOMING
NELSON, MD, THEODORE C	ALLEGHENY
NELSON, MD, WALDO E	PHILADELPHIA
NEMANI, MD, PANDHARINATH	WASHINGTON
NEMEC, MD, JOHN E	WESTMORELAND
NEMEROFF, MD, JEFFREY B	BERKS
NEMEZ, MD, ALBERT	PHILADELPHIA
NEMEZ, MD, JACK S	PHILADELPHIA
NEMIROFF, MD, MARK S	BUCKS
NEMIROFF, MD, RICHARD L	PHILADELPHIA
NEMIROVSKY, MD, BORIS	PHILADELPHIA
NEMZOFF, MD, SOL L	MONTGOMERY
NESBITT, MD, ALEXANDER R	LYCOMING
NESBITT, MD, JOHN B	CRAWFORD
NESBITT, MD, RICHARD A	COLUMBIA
NESI, MD, DANIEL A	BUCKS
NESPAR, MD, JAMES A	INDIANA
NESPOLI, MD, ANTHONY M	NORTHMBRLAND
NESTI, LEON J	PHILADELPHIA
NETTROUR, MD, LEWIS F	ALLEGHENY
NETTROUR III, MD, W SCOTT	ALLEGHENY
NEUBERT, MD, A GEORGE	BERKS
NEUMAN, DO, PAUL C	BUCKS
NEUMANN-SCHWARTZ, DO, MELISSA A	PHILADELPHIA
NEUREUTER, MD, LOUIS J	LANCASTER
NEUSCHWANDER, MD, DAVID C	ALLEGHENY
NEVIN, MD, JANICE E	PHILADELPHIA
NEVINS, MD, DIANA L	DAUPHIN
NEVULIS, MD, JOHN J	MONTGOMERY
NEVYAS, MD, HERBERT J	PHILADELPHIA
NEVYAS, MD, JOANN Y	MONTGOMERY
NEVYAS-WALLACE, MD, ANITA S	PHILADELPHIA
NEWBERG, MD, AARON N	PHILADELPHIA
NEWCOMBE, MALINDA M	PHILADELPHIA
NEWCOMER, MD, DAVID L	LANCASTER
NEWCOMER, DO, KRISTINA M	YORK
NEWELL, MD, PAUL M	ERIE
NEWKIRK, MD, JOHN D	CENTRE
NEWMAN, MD, BENJAMIN E	PHILADELPHIA
NEWMAN JR, MD, CLYDE F	MONTGOMERY
NEWMAN, MD, DONALD A	SCHUYLKILL
NEWMAN, MD, FRANK W	DELAWARE
NEWMAN, MD, GARY A	MONTGOMERY
NEWMAN, DO, HARRIS M	MONTGOMERY
NEWMAN, MD, LEROY	PHILADELPHIA
NEWMAN, MD, MAUREEN A	ALLEGHENY
NEWMAN, SETH L	PHILADELPHIA
NEWMAN, MD, WILLIAM R	BEDFORD
NEWMAN, MD, WILLIAM T	WESTMORELAND
NEWSOM, MD, JOHN H	BUCKS
NEWTON, MD, ANNE F	ERIE
NEWTON, MD, CHARLES T	LACKAWANNA
NEWTON, MD, CORINNE V	DELAWARE
NEWTON, MD, DAVID J	CARBON
NEWTON, MD, E DOUGLAS	ALLEGHENY
NEWTON, MD, REX H	ALLEGHENY
NEY, MD, EUGENE C	ALLEGHENY
NEY, MD, F GREGG	BUTLER
NEYLON, MD, MICHAEL P	ERIE
NEZU, FRANK M	ALLEGHENY
NG, MD, ROMEO	BERKS
NGEOW, MD, YIN K	FRANKLIN
NGINYO, MD, JOSPHAT A	CAMBRIA
NGUYEN, MD, BACH V	DELAWARE
NGUYEN, CHRISTOPHER T	PHILADELPHIA
NGUYEN, HOAN-VU T	PHILADELPHIA
NGUYEN, MD, KENNETH V	PHILADELPHIA
NGUYEN, MD, KIM-LIEN	BERKS
NGUYEN, MD, MINH O	NORTHAMPTON
NGUYEN, MD, MINHLY T	LEHIGH
NGUYEN, MD, NGHI V	ALLEGHENY
NGUYEN, NGOC T	PHILADELPHIA
NGUYEN, MD, NHIEN D	LEBANON
NGUYEN, OUE P	PHILADELPHIA
NGUYEN, MD, THACH N	DAUPHIN
NGUYEN, THAO P	PHILADELPHIA
NGUYEN, VU	ERIE
NIAMI, MD, NEVSI	MONTGOMERY
NIBBELINK, MD, DONALD W	PHILADELPHIA
NICASSIO, MD, ANTHONY	ALLEGHENY
NICHAMIN, MD, LOUIS D	CLARION
NICHINI, MD, FRANCO M	CHESTER
NICHOLAS, MD, BRADLEY E	YORK
NICHOLAS, MD, GARY G	LEHIGH
NICHOLAS, MD, JAMES L	YORK
NICHOLAS JR, MD, PETER D	BERKS
NICHOLAS, MD, STEPHANIE L	ALLEGHENY
NICHOLAS, MD, W CHANNING	CENTRE
NICHOLLS, MD, JOAN E	SCHUYLKILL
NICHOLLS, MD, RICHARD H	SCHUYLKILL
NICHOLS, MD, CLAUDE E	DAUPHIN
NICHOLS, MD, DAVID P	JEFFERSON
NICHOLS, MD, DEBRA C	ALLEGHENY
NICHOLS, MD, STEPHEN F	LANCASTER
NICHOLS JR, MD, TRENT W	YORK
NICHOLS, MD, WARREN W	MONTGOMERY
NICHOLS, MD, WILLIAM R	ALLEGHENY
NICHOLSON, MD, BRUCE D	LEHIGH
NICHOLSON, JAMES J	PHILADELPHIA
NICHOLSON, MD, JOSEPH T	MONTGOMERY
NICHOLSON, THOMAS J	STUDENT
NICHOLSON JR, MD, WALTER J	YORK
NICKESON, MD, ROBERT W	ALLEGHENY
NICKLAS, MD, DONALD A	CHESTER
NICKLAS, MD, GILBERT L	CLINTON
NICKLES, DO, JULIE P	YORK
NICOLAS, MD, RUDY J	CENTRE
NICOLETTE JR, MD, ANTHONY J	WESTMORELAND
NICOLO, MD, ENRICO	ALLEGHENY
NICOLOSI, MD, JOSEPH V	ALLEGHENY
NICOLSON, MD, SUSAN C	PHILADELPHIA
NICY, MD, NADIJA L	PHILADELPHIA
NIDITCH, MD, A SCOTT	LYCOMING
NIEDERMAYER, MD, GEORGE H	PHILADELPHIA
NIEDZWIECKI, MD, GERALD A	ALLEGHENY
NIEHLS, MD, BEVERLY J	BERKS
NIELAND, MD, MICHAEL L	ALLEGHENY
NIELAND-FISHER, MD, NANCY S	ALLEGHENY
NIELSEN, MD, R CRAIG	LYCOMING
NIELSEN, MD, ROBERT K	LEBANON
NIERENBERG, MD, STEVEN J	PHILADELPHIA
NIES, MD, GERALD F	WASHINGTON
NIESEN, MD, EMIL T	WAYNE/PIKE
NIETO, MD, VICTOR E	BUTLER
NIEVES, DAVID S	PHILADELPHIA
NIEZGODA, MD, PAUL E	LUZERNE
NIGBOROWICZ, MD, RONALD J	ALLEGHENY
NIKOLAIDIS, MD, LAZAROS A	YORK
NIKOULA, MD, JAWDAT A	WESTMORELAND
NIMOITYN, MD, BENJAMIN S	PHILADELPHIA
NIMOITYN, MD, PHILIP	PHILADELPHIA
NINO, MD, RAYMOND F	WESTMORELAND
NISENBAUM, MD, HARVEY L	PHILADELPHIA
NISENBAUM, MD, MARCIA R	ALLEGHENY
NISSLEY, MD, JAY M	UNION
NISTA, MD, JOSEPH A	ALLEGHENY
NITZBERG, MD, ROBERT S	ALLEGHENY
NIX, MD, COLLIER B	LYCOMING
NIX, MD, ROBERT D	ALLEGHENY
NOBEL, MD, GOLDA R	PHILADELPHIA
NOBEL, MD, HELEN V	ALLEGHENY
NOBEL, MD, JOEL J	PHILADELPHIA
NOBLE, MD, ELLENETTA B	WASHINGTON
NOBLE, MD, JEYASEELAN	BUCKS
NOBLE, MD, S ROSS	BERKS
NOCCHI, DAVID M	PHILADELPHIA
NOCERINI, ROBERT J	PHILADELPHIA
NOCHE, MD, CESAR N	FAYETTE
NODEN, MD, GEORGE T	ALLEGHENY
NOFTZGER, MD, MARTHA R	GREENE
NOGA, JOSEPH M	ERIE
NOGA, JOSEPH M	ERIE
NOLAN, MD, J PHILIP	MONTGOMERY
NOLAN, SHEILA M	PHILADELPHIA
NOLAN, MD, TERESA A	ALLEGHENY
NOLL, MINDY A	STUDENT
NOLT, MD, JEFFREY S	ADAMS
NOLTE, DO, ROBERT S	FRANKLIN
NONACK, MD, PETER B	DELAWARE
NOONE, MD, JAMES P	BRADFORD
NOONE, MD, R BARRETT	PHILADELPHIA
NOORBAKHSH, MD, HOSSEIN	ALLEGHENY
NOR, EUGENE B	PHILADELPHIA
NORATO, MD, JOSEPH F	DAUPHIN
NORD, MD, ROLAND E	LAWRENCE
NORDEN, MD, DANIEL K	MONTGOMERY
NORDENBERG, MD, AARON	DAUPHIN
NORDSTROM, MD, CARLA R	PHILADELPHIA
NORK, MD, EDWARD P	LUZERNE
NORONHA, MD, ANANDPRAKASH I	DELAWARE
NORRIS, MD, CHARLES M	PHILADELPHIA
NORRIS, CRAIG D	PHILADELPHIA
NORRIS, MD, DAVID C	ALLEGHENY
NORRIS, ERIC S	PHILADELPHIA
NORRIS, MD, MARK C	PHILADELPHIA
NORRIS, MONICA L	PHILADELPHIA
NORRY, MD, ELLIOT C	MONTGOMERY
NORTHROP, MD, HERBERT L	MONTGOMERY
NORTHRUP, MD, BRUCE E	PHILADELPHIA
NOSHENY, MD, STANLEY Z	PHILADELPHIA
NOTARO, MD, JOHN	BEAVER
NOTHMANN, MD, BRUCE J	ALLEGHENY
NOTHSTEIN, DO, GARY D	LUZERNE
NOTTE, MD, MICHAEL A	ALLEGHENY
NOUD, MD, PATRICK J	CARBON
NOUR, MD, JOSEPH H	LAWRENCE
NOUR, MD, PETRA S	LAWRENCE
NOURIAN, MD, ALI A	LACKAWANNA
NOVAK, MD, CHRISTOPHER	NORTHAMPTON
NOVAK, MD, JOSEPH F	ALLEGHENY
NOVAK, MD, JOSEPH	SOMERSET
NOVAK, MD, KEVIN J	ERIE
NOVEMBER, MD, STEPHEN R	ALLEGHENY
NOVICK, MD, MARSHA B	ALLEGHENY
NOVROSKI, DO, HENRY C	LUZERNE
NOWACKI, MD, STANLEY M	MONTGOMERY
NOWAK, MD, TINA P	ALLEGHENY
NOWICKI, MD, EDMUND J	WASHINGTON
NOWOSIWSKY, MD, TARAS	PHILADELPHIA
NOYES, DO, ELIZABETH J	ALLEGHENY
NOYES, MD, WILLARD S	HUNTINGDON
NSEIR, MD, NAWAF I	WESTMORELAND
NUCIFORA JR, FREDERICK C	PHILADELPHIA
NUCUM, MD, AFRODISIO N	LEBANON
NULL, MD, HARRY M	ALLEGHENY
NULLET, MD, FRANCIS R	ERIE
NUNAG, MD, ROBERT D	DELAWARE
NUNEZ, MD, HERMES	ALLEGHENY
NUNGESSER, MD, RAYMOND F	COLUMBIA
NURBHAI, MD, MURTAZA E	POTTER
NUSBAUM, MD, MOREYE	PHILADELPHIA
NUSCHKE, MD, JOHN D	BUCKS
NUSSBAUM, MD, ALLEN S	YORK
NUSSBAUM, MD, ARTHUR J	ALLEGHENY
NUSSBAUM, MD, STEVEN J	DELAWARE
NUTT III, MD, JAMES N	MONTGOMERY
NUTTER, MD, DAVID E	LANCASTER
NUTTING, MD, RON D	BERKS
NWANGBURUKA, MD, OKECHUKWU N	PHILADELPHIA

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O'BOYLE, DO, LOUIS J	DAUPHIN
O'BOYLE, MD, TOMAS A	LACKAWANNA
O'BRAONAIN, MD, PAUL J	LYCOMING
O'BRIEN, MD, EDWARD T	ERIE
O'BRIEN, MD, ERIN M	LEHIGH
O'BRIEN, MD, EVAN D	MONTGOMERY
O'BRIEN, MD, GERARD T	ALLEGHENY
O'BRIEN, MD, JAMES J	MONTGOMERY
O'BRIEN, MD, MARGARET M	PHILADELPHIA
O'BRIEN, SEAN P	PHILADELPHIA
O'BRIEN III, DO, WILLIAM J	BUCKS
O'BRIEN, MD, WILLIAM R	PHILADELPHIA
O'CONNELL, MD, BRENT J	DAUPHIN
O'CONNELL, MD, JAMES P	INDIANA
O'CONNOR, MD, ELLEN M	PHILADELPHIA
O'CONNOR, MD, JAMES V	ERIE
O'CONNOR, MD, JOHN V	VENANGO
O'CONNOR, LYNN M	PHILADELPHIA
O'CONNOR, MD, MARY K	ALLEGHENY
O'CONNOR, MD, MAUREEN E	PHILADELPHIA
O'CONNOR, MD, ROBERT D	SCHUYLKILL
O'CONNOR, MD, THOMAS J	MONTGOMERY
O'CONNOR, MD, WILLIAM F	BEAVER
O'DONNELL, ADM, DAVID L	BERKS
O'DONNELL, MD, NANCY J	NORTHAMPTON
O'DONNELL, MD, WARD J	MONTGOMERY
O'FLYNN, MD, RICHARD P	DELAWARE
O'HARA, MD, A EDWARD	PHILADELPHIA
O'HARA JR, MD, JOHN J	CHESTER
O'KELLY, MD, PETER P	FAYETTE
O'LEARY JR, DO, ROBERT T	LACKAWANNA
O'MALLEY, MD, DONALD F	ALLEGHENY
O'MALLEY JR, MD, DONALD F	ALLEGHENY
O'MALLEY, MD, JOHN E	CHESTER
O'MALLEY, MD, JOSEPH F	MONTGOMERY
O'MARA, DO, ELLEN M	YORK
O'NEILL, DO, JOSEPH G	BUCKS
O'ROARK, DO, DANIEL M	ALLEGHENY
O'ROURKE, MD, DAVID B	BERKS
O'ROURKE, MD, MAUREEN M	PHILADELPHIA
O'ROURKE, MD, TERENCE L	MONTOUR
O'SHEA, MD, JOHN G	CENTRE
O'TOOLE, MD, JAMES D	ALLEGHENY
O'TOOLE, MD, THOMAS P	ALLEGHENY
OAKES, JENNIFER A	PHILADELPHIA
OAKS JR, MD, WILBUR W	PHILADELPHIA
OATMAN, MD, BRENDA K	YORK
OBAGI, SUZAN	ALLEGHENY
OBAYASHI, MD, MIKIO	ERIE
OBER, MD, SCOTT K	ALLEGHENY
OBERFIELD, MD, WILLIAM J	DELAWARE
OBERLANDER, RENEE L	PHILADELPHIA
OBLEY, MD, DAVID L	ALLEGHENY
OBRIEN III, MD, FRANK D	LUZERNE
OBRIEN, MD, ROBERT G	ALLEGHENY
OCAMPO, MD, RENATO G	MCKEAN
OCBO, MD, ELISA M	BERKS
OCHENRIDER, MD, PAUL D	YORK
OCHOA, MD, E RICARDO	ALLEGHENY
OCHOCO-CAVANAUGH, MD, LILLIAN A	ALLEGHENY
OCHSNER, MD, GREGORY J	CHESTER
OCKRYMIEK, DO, DOUGLAS A	LANCASTER
OCONNELL, MD, C LEONARD	GREENE
OCONNELL, MD, JAMES R	DELAWARE
OCONNOR, MD, JOHN P	ALLEGHENY
OCONNOR, MD, LEO E	CAMBRIA
OCONNOR, MD, MICHAEL J	PHILADELPHIA
OCONOR JR, MD, G THOMAS	LANCASTER
OCONOR, MD, LORRAINE M	PHILADELPHIA
ODDIS, CARMINE V	PHILADELPHIA
ODONNELL, MD, CHRIS T	ALLEGHENY
ODONNELL, MD, CHRISTINE S	BUCKS
ODONNELL, MD, GEORGE J	LUZERNE
ODONNELL, MD, WALTER F	ALLEGHENY
OEHRLE, MD, JOHN S	ALLEGHENY
OESTERLING JR, MD, EVERETT F	ALLEGHENY
OFFERMAN, MD, JOOP	ALLEGHENY
OFFNER, MD, THEODORE W	PHILADELPHIA
OGUN, MD, DAVID J	ALLEGHENY
OGUNRO, MD, CHARLES O	MERCER
OH, MD, CHANG W	LEBANON
OH, CHIEN C	PHILADELPHIA
OH, MD, DONG J	LUZERNE
OH, EUGENE	PHILADELPHIA
OH, MD, JANG K	PHILADELPHIA
OH, MD, KOOK-SANG	ALLEGHENY
OH, RICHARD W	ALLEGHENY
OH, MD, SUNG-KYU H	PHILADELPHIA
OHANISSIAN, MD, HANRICK G	DELAWARE
OHARA, MD, IRENE B	PHILADELPHIA
OHARA, MD, KEVIN R	ALLEGHENY
OHNSMAN, MD, CHRISTINA M	BERKS
OKAGAWA, MD, RICK	PHILADELPHIA
OKAWA, TSUYOSHI M	PHILADELPHIA
OKEN, MD, DONALD	PHILADELPHIA
OKONTA, GERALD C	STUDENT
OKUNSKI, MD, WALTER J	LEHIGH
OLAH, MD, GEORGE W	ALLEGHENY
OLASIN, DO, REGINA F	TIOGA
OLBUM, DO, JENNIFER R	ALLEGHENY
OLEAGA, MD, JUAN A	PHILADELPHIA
OLEGINSKI, DO, JAN A	PHILADELPHIA
OLENGINSKI, MD, THOMAS P	LYCOMING
OLEWILER JR, MD, H NEWTON	NORTHAMPTON
OLIM, MD, DAVE B	MONTGOMERY
OLIN, MD, STEPHEN T	LANCASTER
OLINSKY, MD, STUART M	LYCOMING
OLIVENSTEIN, MD, ALAN E	ALLEGHENY
OLIVER, MD, GLEN L	LEHIGH
OLIVER, MD, JOHN G	NORTHAMPTON
OLIVER-SMITH, MD, DAVID R	ALLEGHENY
OLIVES, MD, MANUEL	DAUPHIN
OLIVIERI, MD, SUZANNE P	MONTGOMERY
OLKEN, MD, MARK D	PHILADELPHIA
OLKOWSKI, MD, PIOTR K	PHILADELPHIA
OLKOWSKI, MD, STEVEN T	YORK
OLLER, MD, SAMUEL	MONTGOMERY
OLNEY, MD, FRANKLIN B	CENTRE
OLSEN, MD, KARL R	ALLEGHENY
OLSEN, MD, KEVIN H	LACKAWANNA
OLSHEFSKI, DANNA M	PHILADELPHIA
OLSHEMSKI, MD, FRANK C	LUZERNE
OLSHIN, MD, IRVING J	PHILADELPHIA
OLSON, MD, JANNE R	YORK
OLSON, MD, MARY K	ALLEGHENY
OLSON, MICHELLE M	PHILADELPHIA
OMANA, MD, JESS E	BUCKS
OMMERT, DENNIS P	ALLEGHENY
ONDRACEK, ANDREWS J	PHILADELPHIA
ONDULICK, BRIAN W	PHILADELPHIA
ONEAL JR, MD, ALEXANDER H	MONTGOMERY
ONEIL, DO, ROBERT J	ALLEGHENY
ONEILL, MD, HUGH	PHILADELPHIA
ONEILL, MD, JOHN J	DELAWARE
ONG, MD, BIENVENIDO S	LAWRENCE
ONG, MD, GEORGE P	CUMBERLAND
ONG, MD, JIMMY J	ALLEGHENY
ONIFER, MD, THEODORE M	MONTGOMERY
ONOFREY, MD, DAVID	LACKAWANNA
OPASS, MD, EDWARD S	BUCKS
OPESANMI, TOYIN O	PHILADELPHIA
OPIDA, MD, CICERON L	BLAIR
OPIDA, MD, MARINA	BLAIR
OPILA, MD, LORETTA A	CAMBRIA
OPLINGER, MD, ARTHUR F	BERKS
OPSASNICK, MD, STEPHEN G	LACKAWANNA
ORAL, MD, ARSINUR	ALLEGHENY
ORALLO JR, MD, BALTAZAR H	LUZERNE
ORAM, MD, ALAN J	COLUMBIA
ORAM, MD, MELVIN	LACKAWANNA
ORAVITZ, MD, TODD M	ALLEGHENY
ORDENTLICH, MD, ELENA	PHILADELPHIA
ORDINARIO JR, MD, VICENTE R	CRAWFORD
ORDWAY JR, MD, EUGENE E	LEHIGH
OREBAUGH, MD, STEVEN L	ALLEGHENY
ORECCHIA, MD, PAUL M	DAUPHIN
OREHEK, MD, ALLEN J	MONTOUR
ORELLANA, MD, CHARLES F	PHILADELPHIA
ORENSTEIN, MD, RAPHAEL S	PHILADELPHIA
ORGANIST, MD, MICHELE L	ALLEGHENY
ORIE, MD, JUDITH E	ALLEGHENY
ORLAND, MD, STEVEN M	BUCKS
ORLANDO, MD, DAVID C	PHILADELPHIA
ORLANDO, MD, JOSEPH D	LUZERNE
ORMAN, HEATHER L	PHILADELPHIA
ORMAN, MD, STEVEN K	DAUPHIN
ORNDORF, MD, THOMAS P	FRANKLIN
ORNE, MD, MARTIN T	PHILADELPHIA
ORPHANIDES, MD, TIMOTHY	BUCKS
OROUIZA, MD, CLODUALDO S	BERKS
ORR, MD, DONALD P	ALLEGHENY
ORR, MD, PAUL L	LEHIGH
ORR JR, MD, ROSS M	NORTHAMPTON
ORR, MD, SIDNEY H	PHILADELPHIA

ORRINGER, MD, DAVID	ALLEGHENY
ORRIS, MD, DONALD J	JEFFERSON
ORSINI, MD, MICHAEL A	BEAVER
ORZECHOWSKI, ADM, ROBERT D	BERKS
OSBORN, MD, HAYLER H	MONTGOMERY
OSBORN, DO, VALENTINE M	CUMBERLAND
OSBORNE, MD, DAVID P	MCKEAN
OSCHWALD, MD, CHARLES J	CAMBRIA
OSGOOD, MD, CARROLL P	BLAIR
OSHEKA, MD, WILLIAM	ALLEGHENY
OSHEROFF, MD, JEROME A	PHILADELPHIA
OSIAL JR, MD, THADDEUS A	ALLEGHENY
OSKIN, DO, JAMES E	ERIE
OSKIN, DO, SUSAN C	ERIE
OSLICK, MD, THEODORE	PHILADELPHIA
OSMICK, MD, MARY J	PHILADELPHIA
OSOFSKY, MD, MURRAY V	ALLEGHENY
OSOWSKI, MD, THAD	WASHINGTON
OSTDAHL, MD, ROGER H	DAUPHIN
OSTERHOLM, MD, JEWELL L	PHILADELPHIA
OSTERMAN, MD, A LEE	PHILADELPHIA
OSTERTAG, ERIC M	PHILADELPHIA
OSTFELD, MD, DAVID A	NORTHAMPTON
OSTRUM, MD, BERNARD J	PHILADELPHIA
OSWALD, CHRISTOPHER T	PHILADELPHIA
OTERO, MD, JORGE A	LEHIGH
OTERO-MALLON, MD, SUSANNE I	NORTHAMPTON
OTOOLE, MD, THOMAS F	PHILADELPHIA
OTT, DO, ANITA M	DELAWARE
OTT, MD, CAROL E	PHILADELPHIA
OTT, DO, WILLIAM A	DELAWARE
OTTENBERG, MD, DONALD J	PHILADELPHIA
OTTONELLO, MD, DOMINGO G	ALLEGHENY
OU, MD, KUANG-YU	ALLEGHENY
OUANO, MD, ROMEO C	LUZERNE
OVERBECK, MD, MICHAEL D	MONTGOMERY
OVERFIELD, MD, EDWARD M	ERIE
OVERLY, MD, WYLIE L	WESTMORELAND
OVERTON, MD, MARK H	BEAVER
OWENS, MD, DAVID E	LUZERNE
OWENS, MD, E REESE	ALLEGHENY
OWENS, DO, EDWARD J	CRAWFORD
OWENS, MD, JOHN D	YORK
OWENS, MD, JOHN S	PHILADELPHIA
OWENS, MD, R SCOTT	DAUPHIN
OXENBERG, MD, GARY L	MONTGOMERY
OYLER, CYNTHIA E	STUDENT
OYLER, MD, GEORGE A	DAUPHIN
OZAKI, MD, WAYNE H	ALLEGHENY

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PACEK, MD, ROBERT F	ARMSTRONG
PACELLA, JOHN J	ALLEGHENY
PACIFICO, MD, RONALD L	ALLEGHENY
PACIOTTI, MD, SAMUEL M	MONROE
PACIULLI, MD, RAFFAELE	BERKS
PACKER, MD, JEFFREY E	LANCASTER
PACKER, MD, LESLIE A	DAUPHIN
PACKMAN, MD, BARRY E	PHILADELPHIA
PACKMAN, MD, IRA J	DAUPHIN
PACURARIU, MD, RADU I	LUZERNE
PADALINO, MD, MICHAEL J	VENANGO
PADDOCK, BRADLEY W	PHILADELPHIA
PADIN, MD, FREDERICO A	VENANGO
PADIYAR, MD, RAMDAS B	BERKS
PADOLICK, JOSEPH M	PHILADELPHIA
PADOLINA, MD, RUBY M	PHILADELPHIA
PADULA, MD, ANTHONY M	PHILADELPHIA
PAE, MD, DONG W	WESTMORELAND
PAE, MD, WALTER E	DAUPHIN
PAGAN, MD, JOHN J	PHILADELPHIA
PAGAN, MD, PATRICIA	PHILADELPHIA
PAGANA, MD, JOHN P	NORTHMBRLAND
PAGANA, MD, TIMOTHY J	LYCOMING
PAGANA, MD, WILLIAM J	LYCOMING
PAGANO, MD, ROBERT J	ALLEGHENY
PAGE, MD, ROBERT B	DAUPHIN
PAGLIA, MD, JOHN A	MONROE
PAGLIA, MICHAEL J	PHILADELPHIA
PAI, MD, KOCHIKAR G	ALLEGHENY
PAI, MD, SUJATA M	MIFFLIN/JUNIATA
PAISLEY, KEVIN J	ALLEGHENY
PAKIELA, JOHN A	ERIE
PALANDJIAN, MD, CHATCHADOUR B	LACKAWANNA
PALANISAMY, MD, SUBRAMANIAM	ALLEGHENY
PALANT, MD, MARINA B	PHILADELPHIA
PALARSKI, MD, JEFFREY D	ALLEGHENY
PALAT, DO, HERMAN W	PHILADELPHIA
PALATKA, MD, ANDREW A	LAWRENCE
PALCHUK, MATVEY	ALLEGHENY
PALENA, MD, PETER V	DELAWARE
PALETTA, MD, JOHN D	YORK
PALIN, MD, WILLIAM E	BEDFORD
PALKOVITZ, MD, HARRY P	ALLEGHENY
PALLADINO, MD, DIANE P	PHILADELPHIA
PALLAN, MD, LAURA A	ALLEGHENY
PALLAS, MD, RANDOLPH S	BERKS
PALLEN, MD, DANIEL	LANCASTER
PALLONE, DO, LESLIE T	BEAVER
PALMER, MD, ARTHUR H	ALLEGHENY
PALMER JR, MD, DALE H	CENTRE
PALMER, MD, ELISSA J	BLAIR
PALMER, MD, MICHAEL H	FRANKLIN
PALMER, MD, ROBERT H	PHILADELPHIA
PALMER JR, MD, WILLIAM E	CAMBRIA
PALOMBO, MD, CHRISTOPHER J	ALLEGHENY
PALONI, MD, STEPHEN M	MONTGOMERY
PALUMBO, MD, JOHN A	LANCASTER
PALUMBO, MICHAEL J	STUDENT
PALUMBO JR, RALPH	PHILADELPHIA
PALUS, MD, BERNARD R	ALLEGHENY
PALUSHOCK, MD, SHARON	LACKAWANNA
PALUSO, MD, EUGENE F	WASHINGTON
PALUSO, MD, JOHN R	WASHINGTON
PALYDOWYCZ, MD, SEVERIN B	WAYNE/PIKE
PAMEIJER, MD, COLETTE R	PHILADELPHIA
PAN, MD, EDWARD L	BERKS
PAN, SHARON M	PHILADELPHIA
PANAHANDEH, MD, ABOLHASSAN	ALLEGHENY
PANAHANDEH, MATTHEW R	PHILADELPHIA
PANARO, MD, RUDOLPH J	MONTGOMERY
PANCHAL, MD, PRAVIN D	ALLEGHENY
PANCOAST, MD, STEPHEN J	LACKAWANNA
PANDAY, MANOJ M	PHILADELPHIA
PANDELIDIS, MD, K NICHOLAS	YORK
PANDELIDIS, MD, P KIRK	YORK
PANDEY, MD, RAMESH	ALLEGHENY
PANDIT, MD, NIRAJ P	BERKS
PANDIT, MD, SANTOSH M	ALLEGHENY
PANDOLFI, MD, FRANK J	PHILADELPHIA
PANDYA, MD, KAMLESH N	ALLEGHENY
PANDYA, NAIMISH B	PHILADELPHIA
PANEBIANCO, MD, ANTONIO C	LEHIGH
PANETTIERI, MD, REYNOLD A	PHILADELPHIA
PANICCO, DO, RICHARD J	WASHINGTON
PANIKKAR, MD, ANANDA K	COLUMBIA
PANIS, MD, ROBERTO	PHILADELPHIA
PANTALONE, MD, ALBERT	BEAVER
PANTALONE, MD, RICHARD A	ALLEGHENY
PANTUSO, BETH M	PHILADELPHIA
PANUCCI, MD, DEBRA JEAN	ALLEGHENY
PANZER, MD, GLENN M	LUZERNE
PANZER, MD, HERMAN M	MONTGOMERY
PAOLINI, DAVID J	PHILADELPHIA
PAOLINI, MD, MAURO J	BERKS
PAPAS, MD, SPIRO N	ALLEGHENY
PAPINCAK, MD, LARRY J	FAYETTE
PAPOLA, MD, JOHN S	LEHIGH
PAPOUTSIS, MD, DEAN V	PHILADELPHIA
PAPPANO JR, MD, JOSEPH E	MONTGOMERY
PAPPAS, MD, CHARLES E	MONTGOMERY
PAPPAS, MD, MICHAEL T	ALLEGHENY
PARA, MD, DANIEL J	LEHIGH
PARABIA, MD, PERIN F	LACKAWANNA
PARAGAS SR, MD, LAMBERTO S	CENTRE
PARAMESWARIN, MD, R	PHILADELPHIA
PARANICAS, MD, JAMIE D	LEHIGH
PARASHARA, MD, DEEPAK K	PHILADELPHIA
PARCELLA, MD, PHYLLIS A	BERKS
PARDINE, MD, MARILYN T	WAYNE/PIKE
PARENT JR, MD, FERNAND N	WASHINGTON
PARESO, MD, JAMES D	WASHINGTON
PARIKH, MD, BHARATI K	ALLEGHENY
PARIKH, MD, MUKUL L	DAUPHIN
PARIKH, MD, NEELIMA M	DAUPHIN
PARIKH, MD, PRASHANT P	PHILADELPHIA
PARIKH, MD, SHAILESH B	CARBON
PARIKH, MD, SHIRISH N	BERKS
PARISI, MD, ERIKA F	DELAWARE
PARK, MD, AIMEE S	DAUPHIN
PARK, MD, CHONG H	PHILADELPHIA
PARK, MD, CHONG S	ERIE
PARK, EDWARD H	STUDENT
PARK, MD, HONG S	CUMBERLAND
PARK, MD, IN-BUM	WESTMORELAND
PARK, MD, JOSEPH M	INDIANA
PARK, MD, JULIE U	PHILADELPHIA
PARK, MD, MIN H	FAYETTE
PARK, MD, NAE H	DAUPHIN
PARK, MD, NANCY H	ALLEGHENY
PARK, MD, NEIL I H	CAMBRIA
PARK, MD, PAULINE K	PHILADELPHIA
PARK, MD, SANG B	ALLEGHENY
PARK, MD, SUNG H	LEHIGH
PARK, MD, YOUNG W	LYCOMING
PARKER, MD, ALBERT F	CHESTER
PARKER, MD, ANDREW J	MIFFLIN/JUNIATA
PARKER, MD, BRIAN M	ALLEGHENY
PARKER, MD, DONNA J	ALLEGHENY
PARKER, DO, FRANK	CLINTON
PARKER, MD, GERALD A	WESTMORELAND
PARKER, MD, JANET A	PHILADELPHIA
PARKER, MD, JOHN S	WESTMORELAND
PARKER, MD, ROBERT C	INDIANA
PARKER, MD, STEVEN L	LANCASTER
PARKS, MD, DONALD B	PHILADELPHIA
PARKS, DO, JOSEPH L	INDIANA
PARKS JR, MD, LYTLE R	CENTRE
PARKS, MD, MARY M	ALLEGHENY
PARLAVECCHIO, MD, DENNIS S	JEFFERSON
PARLEE, MD, DONALD E	BUCKS
PARLIMENT, MD, JOEL W	LANCASTER
PARMAR, MD, RASIK B	MIFFLIN/JUNIATA
PARNES, MD, CURT I	MONTGOMERY
PARNES, MD, HERBERT M	DAUPHIN
PARNES, MD, ROBERT E	ALLEGHENY
PARONISH, MD, CHRISTOPHER B	WESTMORELAND
PARR, MD, JUSTIN L	PHILADELPHIA
PARRILLO, DO, STEVEN J	DELAWARE
PARRIS, CORDEL Y	PHILADELPHIA
PARRY, MD, CAROLYN E	PHILADELPHIA
PARRY, MD, H FRAZER	PHILADELPHIA
PARRY, MD, JOHN S	MIFFLIN/JUNIATA
PARRY, MD, PETER	DELAWARE
PARRY, MD, RHINARD D	NORTHAMPTON
PARSICK, MD, DANIEL P	LACKAWANNA
PARTEZANA, MD, JANETTE S	ALLEGHENY
PARTRIDGE, MD, ROBERT A	DELAWARE
PARVA, MD, GHASEM	ALLEGHENY
PARVEEN, MD, MARIUM	INDIANA
PASCAL, MD, HAROLD J	MONROE
PASCAL, MD, JOSEPH	LEHIGH
PASCUA, MD, ALEXANDER V	BEAVER
PASCUAL, MD, GENEROSO S	ALLEGHENY
PASCUCCI, DO, MARY F	MONTOUR
PASCUCCI, MD, STEPHEN E	LACKAWANNA
PASCUCCI, MD, STEPHEN E	LACKAWANNA
PASDAR, MD, HOMAYOON	DELAWARE
PASH, MD, CHRISTOPHER A	ALLEGHENY
PASHMAN, MD, DAVID R	PHILADELPHIA
PASKIN, MD, DAVID L	PHILADELPHIA
PASQUALICCHIO, DO, GARY E	ERIE
PASQUARIELLO, MD, PATRICK S	PHILADELPHIA
PASSERO, MD, FRANK C	DELAWARE
PASTOR, MD, JAMES A	LEBANON
PASTORE, MD, TIMOTHY P	LYCOMING
PASTUSZKO, MD, PETER	PHILADELPHIA
PATADIA, MD, CHANDRAKANT	BERKS
PATAKI, MD, RICHARD S	WASHINGTON
PATALINGHUG JR, MD, PASCUAL N	FRANKLIN
PATANKAR, MD, JAYANT L	ELK/CAMERON
PATEL, MD, ARUN R	BLAIR
PATEL, MD, ASIT P	LUZERNE
PATEL, MD, BHARAT K	LACKAWANNA
PATEL, MD, BHUPENDRA R	LACKAWANNA
PATEL, MD, BHUPENDRA R	SUSQUEHANNA
PATEL, MD, BIPIN M	LACKAWANNA
PATEL, MD, DIPAK M	DAUPHIN
PATEL, MD, GAUTAM P	ALLEGHENY
PATEL, MD, HARISH K	ALLEGHENY
PATEL, MD, HARSHAD R	LYCOMING
PATEL, MD, HARSHADKUMAR B	LANCASTER
PATEL, MD, HITENDRA R	ALLEGHENY
PATEL, MD, JAGDISH D	CAMBRIA
PATEL, MD, JASMINE K	DELAWARE
PATEL, MD, JAYANTILAL R	BUCKS
PATEL, MD, JAYKUMAR	BUCKS
PATEL, MD, JIVANLAL M	CLARION
PATEL, MD, KANCHANLAL S	LAWRENCE
PATEL, MD, KANTILAL C	ERIE
PATEL, MD, KISHOR D	BLAIR
PATEL, MD, MADHUKAR R	LEBANON
PATEL, MD, MANOJBHAI P	WASHINGTON
PATEL, MD, MANOJKUMAR R	BEAVER
PATEL, MD, MANUBHAI R	PHILADELPHIA
PATEL, MD, MINA G	ALLEGHENY
PATEL, MD, MOHAN M	WESTMORELAND
PATEL, MD, MUKESH A	DELAWARE
PATEL, MD, NAINESH M	MONTGOMERY
PATEL, PRASHANT R	PHILADELPHIA
PATEL, MD, PRAVINCHANDRA K	SUSQUEHANNA
PATEL, MD, PURSHOTTAM N	NORTHMBRLAND
PATEL, MD, RAJ J	LYCOMING
PATEL, RAJAL G	ERIE
PATEL, MD, RAMESH C	LACKAWANNA
PATEL, MD, RASILA P	UNION
PATEL, MD, RITA M	ALLEGHENY
PATEL, SARIT M	PHILADELPHIA
PATEL, MD, SATISH D	LUZERNE
PATEL, MD, SHASHIKANT B	DAUPHIN
PATEL, STEPHANIE	PHILADELPHIA
PATEL, MD, SUBODH G	FAYETTE
PATEL, MD, VINOD M	ERIE
PATEL, MD, YASHVANTKUMAR S	DELAWARE
PATERNITI, MD, SAMUEL F	LEBANON
PATERSON, MD, KIMBERLY K	DELAWARE
PATHAK, MD, RAJANI K	JEFFERSON
PATHEJA, MD, JOTINDER K	WESTMORELAND
PATHROFF, MD, ROBERT	MONTGOMERY
PATIL, MD, GARGEY M	PHILADELPHIA
PATITSAS, MD, CHRISTOPHER J	HUNTINGDON
PATNAIK, MD, ASHOK K	PHILADELPHIA
PATRIARCO, DO, MICHAEL S	LEHIGH
PATRICIO, MD, ALEJANDRO M	FAYETTE
PATRICK, MD, DAVID B	BEAVER
PATRICK, MD, GREGORY B	ALLEGHENY
PATRICK, EXEC DIR, MARY	NORTHMBRLAND
PATTANAYAK, MD, MINATI	BUCKS
PATTERNAC, MD, STEPHEN T	ALLEGHENY
PATTERSON JR, MD, ARTHUR J	GREENE
PATTERSON, MD, CHRIS	DELAWARE
PATTERSON, MD, CHRISTOPHER J	FAYETTE
PATTERSON, MD, JOHN R	PHILADELPHIA
PATTERSON, MD, LELAND F	DAUPHIN
PATTERSON, MD, LEWIS T	DAUPHIN
PATTON, MD, ANNA M	ALLEGHENY
PATTON, MD, CARLA S	BUCKS
PATTON, MD, GEORGE D	ALLEGHENY
PATTON, MD, MARY L	DELAWARE
PATUKAS, MD, PETER C	CHESTER
PAUL, MD, ALBERT J	PHILADELPHIA
PAUL, MD, ALVIN J	MONTGOMERY
PAUL, MD, BORIS	MONROE
PAUL, MD, CHAMPA L	BUCKS
PAUL, MD, EDWARD G	LEBANON
PAUL, MD, GERSON S	PHILADELPHIA
PAUL, MD, JAY	ARMSTRONG
PAUL, MD, LEENA	BERKS
PAUL, MD, MARIA A	ALLEGHENY
PAUL, MD, PHYLLIS O	PHILADELPHIA
PAUL, MD, ROGI	ALLEGHENY
PAUL, MD, RONALD L	YORK
PAULETTO, MD, FERREL J	MONTGOMERY
PAULEY, MD, LOIS P	BUCKS
PAULIN, MD, MITCHELL H	CHESTER
PAULISH, DO, JOHN W	BRADFORD
PAULL, MD, DOUGLAS E	LUZERNE
PAULOWSKI, MD, JOHN J	ALLEGHENY
PAUTLER, MD, STANISLAV	ALLEGHENY
PAVAO, MD, JENNIFER H	PHILADELPHIA
PAVILACK, MD, MARK A	LANCASTER
PAVLIC, MD, GEORGE J	ALLEGHENY
PAVLIDES, MD, CONSTANTINOS A	PHILADELPHIA
PAVLIS, MD, ROBERT J	ALLEGHENY
PAVOURIS, MD, NICOLAS	PHILADELPHIA
PAVSEK, MD, EDWARD J	ALLEGHENY
PAWAR, MD, SURENDRA V	ALLEGHENY
PAWELSKI, MD, RICHARD J	DAUPHIN
PAWLIK, THEODORE D	PHILADELPHIA
PAWLOSKY, MD, FRANK X	ALLEGHENY
PAWLOWSKY, DO, MICHAEL	MONTGOMERY
PAWLUSH, MD, DAVID G	DAUPHIN
PAXSON, DO, STEPHEN G	MERCER
PAYAN, MD, HUSHANG M	ALLEGHENY
PAYER, MD, JEAN M	BERKS
PAYHA, MD, RICHARD E	GREENE
PAYNE, MD, VIRGINIA L	NORTHMBRLAND
PAZMINO, MD, ROY R	BLAIR
PEACOCK, MD, THOMAS E	NORTHAMPTON
PEAIRS, MD, RANDALL R	LACKAWANNA
PEAL, MD, STANLEY	ALLEGHENY
PEARAH, MD, J DAVID	BERKS
PEARCE, MD, STEVEN R	YORK
PEARD, MD, ROBERT J	ALLEGHENY
PEARLMAN, SCOTT B	PHILADELPHIA
PEARLSTINE, MD, BEATRICE	PHILADELPHIA
PEARMAN, MD, TREVOR J	LANCASTER
PEARSON, MD, JUNE A	MONROE
PEART, MD, RAYMOND E	LANCASTER
PEASE, MD, FRED	CLEARFIELD
PEASE, MD, WILLIAM E	DAUPHIN
PECARSKY, JASON T	PHILADELPHIA
PECHIN, MD, SERGIUS P	DELAWARE
PECHSTEIN, MD, GEORGE R	MONTGOMERY
PECHT, MD, KARL R	CLINTON
PECK, ERIC A	PHILADELPHIA
PECK, MD, WILLIAM J	LYCOMING
PECMAN, MD, JOANNA	ALLEGHENY
PECORA III, JOSEPH J	ERIE
PECORA, MD, MICHAEL J	ALLEGHENY
PECORELLA, WENDY A	PHILADELPHIA
PEDUZZI, TRINA L	ALLEGHENY
PEER, MD, MEETA D	PHILADELPHIA
PEFF, MD, THOMAS C	PHILADELPHIA
PEGGS, MD, MICHAEL A	PHILADELPHIA
PEGUERO, MD, O ALBERTO	LUZERNE
PEIKES, MD, IRWIN L	MONTGOMERY
PEIMER, MD, MICHAEL E	DELAWARE
PEIRSOL, MD, BETTY L	ALLEGHENY
PELCZAR, MD, EUGENE W	LUZERNE
PELEKANOS, MD, MICHAEL J	ALLEGHENY
PELENSKY, MD, JEANNE M	PHILADELPHIA
PELIAS, MD, ANASTASIOS	PHILADELPHIA
PELICCI, MD, LEROY J	LACKAWANNA
PELKOFER, MD, CLETUS G	ALLEGHENY
PELLECCHIA, MD, DENNIS J	BERKS
PELLEGRINI, MD, RONALD V	ALLEGHENY
PELLEGRINI, MD, VINCENT A	BERKS
PELLEGRINI JR, MD, VINCENT D	DAUPHIN
PELLIGRA, MD, SALVATORE R	PHILADELPHIA
PELLINI, MICHAEL J	PHILADELPHIA
PELLIZZARI, MD, RINALDO G	ERIE
PELSZYNSKI, MD, EUGENE E	PHILADELPHIA
PEMBERTON, MD, CLIFFORD H	MONTGOMERY
PENA, MD, MARIO	ALLEGHENY
PENATER, MD, FRANK R	CARBON
PENDERGAST, MD, WILLIAM J	WASHINGTON
PENDLETON, MD, JAMES L	MONTGOMERY
PENDRAK, DO, INNA S	MONTGOMERY
PENETAR, DO, BARBARA C	MONTOUR
PENETAR, DO, MARTIN C	LACKAWANNA
PENG, ALBERT	PHILADELPHIA
PENKROT, MD, RONALD J	ALLEGHENY
PENMAN, MD, WILLIAM R	CHESTER
PENNE, MD, ROBERT B	PHILADELPHIA
PENNELL, MD, REBECCA G	LANCASTER
PENNER, MD, GARY E	MONTGOMERY
PENNEYS, MD, EDITH T	PHILADELPHIA
PENNINGTON, MD, NEIL D	CHESTER
PENNOCK, MD, JOHN L	DAUPHIN
PENNOCK, MD, RONALD S	PHILADELPHIA
PENROD, MD, LOUIS E	ALLEGHENY
PENTA, MD, JOHN M	BERKS
PENUGONDA, MD, DWARAKI B	LUZERNE
PENUGONDA, MD, HARAGOPAL S	LUZERNE
PEPPELMAN JR, DO, WALTER C	DAUPHIN
PEPPER, MD, L DOUGLAS	ALLEGHENY
PEPPERMAN, MD, LARUE E	LYCOMING
PERALTA, MD, JUAN O	NORTHMBRLAND
PERCH, MD, GERALD A	MONTGOMERY
PERER, MD, WILLIAM A	ALLEGHENY
PERERA, MD, L WIMAL	MONTGOMERY
PEREZ, MD, ANAMARIA	BUCKS
PEREZ IV, MD, ANDREW	ALLEGHENY
PEREZ, MD, GODOFREDO B	FAYETTE
PEREZ, MD, HORACIO A	ALLEGHENY

PEREZ, MD, PEDRO J	PHILADELPHIA
PEREZ, DO, RAYMOND J	MONTGOMERY
PEREZ, MD, RUBEN	LEBANON
PEREZ-AQUINO, MD, ERLINDA B	FAYETTE
PEREZ-SCHWARTZ, MD, LUZ	PHILADELPHIA
PEREZOUS, MD, MARK K	LANCASTER
PERFETT, MD, ALFRED A	MERCER
PERILLO, MD, RUTHANN	PHILADELPHIA
PERILSTEIN, MD, MICHAEL D	BERKS
PERKEL, MD, ROBERT L	PHILADELPHIA
PERKINS, TODD E	PHILADELPHIA
PERLIS, CLIFF S	PHILADELPHIA
PERLMAN, MD, ABRAHAM	PHILADELPHIA
PERLMAN, MD, HERBERT C	CUMBERLAND
PERLMUTTER, MD, DAVID M	DELAWARE
PERLMUTTER, MD, GORDON S	BERKS
PERLMUTTER, MD, MARK N	LUZERNE
PERLOFF, JOEL R	PHILADELPHIA
PERNA, MD, FRANCIS X	DAUPHIN
PEROUTKA, MD, KATHRYN	DAUPHIN
PERRI, MD, FRANCIS R	ALLEGHENY
PERRI, MD, JEFFREY A	ALLEGHENY
PERRI, MD, JOHN A	ALLEGHENY
PERRIGE, MD, WILLIAM M	NORTHMBRLAND
PERRIN, MD, LAURIE S	YORK
PERRIN, MD, RONALD L	ALLEGHENY
PERRONE, MD, FRANK F R	FAYETTE
PERROTTO, MD, JUDITH A	LEBANON
PERROTTO, MD, SANTLE L	PHILADELPHIA
PERRY, MD, ANTHONY M	LACKAWANNA
PERRY, MD, JAMES M	ALLEGHENY
PERRY, MD, LEE C	BEAVER
PERRY, MD, RAYMOND A	BRADFORD
PERRY, MD, RUTH E	PHILADELPHIA
PERRYMAN, MD, CHARLES A	ALLEGHENY
PERRYMAN, MD, CHARLES R	ALLEGHENY
PERSHING, MD, HUGH S	BUCKS
PERSIC JR, MD, LOUIS A	CENTRE
PERSIN, DO, GEORGE A	ALLEGHENY
PERSING, MD, JOHN H	UNION
PERSUN, MICHELLE L	PHILADELPHIA
PESKE, MD, EDGAR D	WESTMORELAND
PESSOLANO, MD, CARL J	ALLEGHENY
PESSOLANO, MD, FRANCIS X	SOMERSET
PESTKA, STEVEN B	PHILADELPHIA
PETERMAN III, DO, AMBROSE B	MONTGOMERY
PETERNEL, MD, WAYNE W	ALLEGHENY
PETERS, DO, BRUCE W	PHILADELPHIA
PETERS JR, CHARLES D	PHILADELPHIA
PETERS, MD, CHARLES D	LEHIGH
PETERS, MD, JEROME A	WESTMORELAND
PETERS, MD, RICHARD A	WARREN
PETERS JR, MD, ROBERT H	LUZERNE
PETERS III, MD, ROBERT H	SCHUYLKILL
PETERS, MD, STANLEY F	BUCKS
PETERS, MD, WALTER K	NORTHAMPTON
PETERSOHN, MD, J RANDOLPH	MONTGOMERY
PETERSON, MD, ARTHUR L	MONTGOMERY
PETERSON JR, MD, CHARLES B	LANCASTER
PETERSON, MD, CHRISTOPHER J	LANCASTER
PETERSON, MD, DONALD D	PHILADELPHIA
PETERSON JR, MD, JAY B	WESTMORELAND
PETERSON, MD, JUDITH R	PHILADELPHIA
PETERSON, MD, MARY E	ALLEGHENY
PETERSON, DO, MICHAEL T	WAYNE/PIKE
PETERSON, MD, ROGER D	LANCASTER
PETICCA, MD, BENJAMIN B	ALLEGHENY
PETKUS, MD, JOHN A	WAYNE/PIKE
PETRAGLIA, MD, ANGELO A	ALLEGHENY
PETRAGLIA, MD, PAUL	ALLEGHENY
PETRAGLIA, DO, VINCENT F	ALLEGHENY
PETRAUSKI, MD, GARY T	BUCKS
PETRE JR, MD, JOHN H	ERIE
PETRELLA, MD, RICHARD W	ERIE
PETRICK, MD, ANTHONY T	WESTMORELAND
PETRIDES, MD, ANASTASIA B	DELAWARE
PETRO, ANASTASIA	PHILADELPHIA
PETRO, MD, DIMITRI M	WASHINGTON
PETRONE, MD, LOUIS R	PHILADELPHIA
PETROWSKY, MD, DEBORAH	PHILADELPHIA
PETRUCCELLI, MD, NICHOLAS D	NORTHAMPTON
PETRUCCI, MD, WILLIAM G	MONTGOMERY
PETT JR, MD, STEPHEN D	ERIE
PETTAPIECE JR, MD, MILTON C	ALLEGHENY
PETTINATO, MD, SALVATORE R	LACKAWANNA
PETTINELLI, DAMON J	PHILADELPHIA
PETTINELLI, DO, FRANK P	PHILADELPHIA
PETURSSON, MD, SIGURDUR R	ALLEGHENY
PETZ, MD, COLIN J	LEHIGH
PETZ, DO, DARRELL W	ALLEGHENY
PEZZI, MD, PIO J	MONTGOMERY
PEZZI, MD, THOMAS A	PHILADELPHIA
PFAEFFLE, MD, HUGO H	ALLEGHENY
PFAEFFLE, HUGO J	ALLEGHENY
PFEFFER, MD, WILLIAM H	PHILADELPHIA
PFEFFER, MD, WILLIAM H	YORK
PFEIFER III, MD, WILLIAM F	ERIE
PFEIL, MD, RUSSELL W	LYCOMING
PFISTER, MD, JOHN A	MONTGOMERY
PFOHL, MD, DAVID N	PHILADELPHIA
PFRIMMER, MD, WAYNE J	ALLEGHENY
PFROMMER, MD, JAMES H	BUCKS
PFROMMER, MD, JAMES M	PHILADELPHIA
PHADKE, MD, YESHWANT G	INDIANA
PHAM, MD, AN H	MONTGOMERY
PHAM, MD, CHINH D	PHILADELPHIA
PHAM, PAUL P	PHILADELPHIA
PHAN, MD, NGOC AN	PHILADELPHIA
PHANSE, MD, KALYANI M	WASHINGTON
PHANSE, MD, MOHAN S	ALLEGHENY
PHATAK, MD, MEENA V	MONTGOMERY
PHEASANT, MD, THOMAS R	DAUPHIN
PHELAN, MD, GERALD R	MONTGOMERY
PHELAN, MD, WILLIAM J	LEHIGH
PHELAN, MD, WILLIAM J	CUMBERLAND
PHELPS, MD, JENNIFER S	MONTGOMERY
PHIAMBOLIS, MD, THOMAS P	MONTGOMERY
PHILBIN, MD, JOSEPH F	LACKAWANNA
PHILLIPS JR, MD, CHESTER A	ALLEGHENY
PHILLIPS III, MD, CHESTER A	ALLEGHENY
PHILLIPS, MD, CHRISTINE	YORK
PHILLIPS, MD, HOWARD T	LAWRENCE
PHILLIPS, MD, JANE G	ALLEGHENY
PHILLIPS, MD, JOHN C	ALLEGHENY
PHILLIPS, MD, JOHN G	ALLEGHENY
PHILLIPS, MD, PAUL F	DAUPHIN
PHILLIPS, MD, R WAYNE	YORK
PHILLIPS, MD, SPENCER D	LANCASTER
PHILLIPS, MD, THEODORE G	LEHIGH
PHILLIPS, MD, VERNON R	DAUPHIN
PHILLIPS, MD, WILLIAM A	PHILADELPHIA
PHILLIPS, MD, WILLIAM W	ALLEGHENY
PHITAYAKORN, MD, CHET	ALLEGHENY
PHOOKAN, MD, GAUTAM	DAUPHIN
PIASIO, MD, MARK A	CLEARFIELD
PIATNEK-LEUNISSEN, MD, DOROTHY A	DELAWARE
PICA, MD, JAMES E	WESTMORELAND
PICARIELLO, MD, MICHAEL A	CHESTER
PICCHIO, MD, LUCIANO A	CUMBERLAND
PICCINI, MD, PAUL A	DAUPHIN
PICCONE, DO, BRUCE R	PHILADELPHIA
PICCUTA, MD, MICHAEL J	LYCOMING
PICK, MD, ERNEST J	PHILADELPHIA
PICKAR, MD, JAMES H	DELAWARE
PICKENS, MD, PETER V	MONTGOMERY
PICKERILL, MD, ROBERT G	CAMBRIA
PIDUTTI, MD, RICHARD W	CAMBRIA
PIEGARI, MD, GUY N	BERKS
PIEGL, MD, AGNES E	CAMBRIA
PIEPGRASS, MD, WILLIAM C	LANCASTER
PIERCE, MD, JAMES C	MONTOUR
PIERCE, KIM M	ALLEGHENY
PIERCE, MD, WILLIAM S	DAUPHIN
PIERDON, MD, STEVEN B	SCHUYLKILL
PIEROTTI III, MD, ALDINO L	ALLEGHENY
PIERSON, MD, STEVEN B	BUCKS
PIETRAGALLO, MD, LOUIS D	ALLEGHENY
PIETRUSZYNSKI, STEVEN T	STUDENT
PIFALO, MD, W BRADLEY	ALLEGHENY
PIFER, MD, GERALD W	ALLEGHENY
PIGOZZI, MD, WILLIAM N	ALLEGHENY
PIGULA, MD, DIANE L	ALLEGHENY
PIKE, MD, ANNE H	PHILADELPHIA
PIKE, MD, DEBRA S	BLAIR
PILAREK, MD, VALENTINE F	LUZERNE
PILCHMAN, MD, JEFFREY M	PHILADELPHIA
PILEWSKI, MD, ROBERT M	VENANGO
PILKINGTON, MD, BRYAN G	LEBANON
PILLAI, MD, ANILKUMAR V	PHILADELPHIA
PILLAI, MD, ARUNA	PHILADELPHIA
PINK, MD, STUART B	DAUPHIN
PINKERTON, DO, RICHARD A	INDIANA
PINSK, MD, JEFFREY H	DELAWARE
PINTO, MD, THOMAS B	ALLEGHENY
PINTO, VIJAY P	PHILADELPHIA
PION, DO, JOSEPH A	CUMBERLAND
PIOTROWSKA, MD, LUCY B	MONTGOMERY
PIPER, MD, JEFFREY G	DAUPHIN
PIRAINO, MD, ANTHONY J	DELAWARE
PIRRELLO JR, MD, ANTHONY M	BUTLER
PIRRIS, MD, JOHN	WASHINGTON
PISANO, MD, JAMES J	CAMBRIA
PISH, MD, RICHARD J	FAYETTE
PISTON, MD, ROBERT W	MERCER
PISTORIA, DO, MICHAEL J	LEHIGH
PISULA JR, MD, VINCENT P	ADAMS
PISZCZEK, MD, JOSEPH E	LUZERNE
PITCAVAGE, MD, JAMES G	ALLEGHENY
PITTENGER, MD, MARY A	PHILADELPHIA
PITTENGER, MD, REX A	ALLEGHENY
PITTLE, MD, HOWARD S	ALLEGHENY
PITTS, MD, WILLIAM H	ARMSTRONG
PITYK JR, MD, PETER E	LEBANON
PITZER, JO ELLEN	ALLEGHENY
PIWOZ, MD, SEYMOUR	PHILADELPHIA
PIZZANO, MD, JOSEPH A	MONTGOMERY
PIZZICA, DO FAAP, ALBERT L	PHILADELPHIA
PIZZUTILLO, MD, PETER D	PHILADELPHIA
PLACCI, MD, CARLOS A	ALLEGHENY
PLACE, MD, ELMER R	LEBANON
PLAGATA, MD, EDITH M	DELAWARE
PLANO, DO, VINCENT F	NORTHAMPTON
PLANTE, MD, SABRINA K	LACKAWANNA
PLASTINO, MD, JOHN E	LANCASTER
PLATKO JR, MD, WILLIAM P	ALLEGHENY
PLATT, MD, HOWARD A	LACKAWANNA
PLATT, MD, RUTH M	PHILADELPHIA
PLATTO, MD, MICHAEL J	WASHINGTON
PLAYFOOT, MD, DONALD E	LANCASTER
PLESS, MD, PETER R	CRAWFORD
PLISKIN, MD, MARK	MONROE
PLOTKIN, ELIZABETH S	PHILADELPHIA
PLOTKIN, MD, ROBERT F	DELAWARE
PLOWMAN, MD, JUDITH L	ALLEGHENY
PLUCINSKY, MD, FRANCIS C	BERKS
PLUMB, MD, JAMES D	PHILADELPHIA
PLUMMER, MD, LLOYD G	WESTMORELAND
PLUMMER III, MD, WILLIAM	CHESTER
PLUNKETT, MD, FRANCIS X	ALLEGHENY
PLUTNICKI, MD, RONALD S	LANCASTER
PLYMYER, MD, RAY E	BERKS
POBER, MD, HYMEN A	ALLEGHENY
POBER, MD, IREN J	ALLEGHENY
POBER, MD, KENNETH A	INDIANA
PODELL, MD, MORRIS J	PHILADELPHIA
PODOLSKY, DO, JOEL	BERKS
PODOLSKY, MD, LEO A	CHESTER
PODRASKY, MD, DAVID F	BUCKS
PODRAZIK, MD, META L	PHILADELPHIA
PODUFAL, DO, EDWARD	ERIE
POEHAILOS, MD, KAREN D	LEBANON
POGGI, DO, ALFRED J	SOMERSET
POHL, MD, CHARLES E	LANCASTER
POHLAND, MICHELLE L	PHILADELPHIA
POKORNEY, MD, BRUCE H	LANCASTER
POKORNEY, MD, DALE R	MERCER
POKORNY, MD, IVAN J	MONTGOMERY
POLACHECK JR, MD, WILLIAM J	DAUPHIN
POLAKOFF II, MD, PEDRO	PHILADELPHIA
POLAM, MD, CHANDRA R	ALLEGHENY
POLAN, MD, SIMON	PHILADELPHIA
POLANCO, MD, ALFONSO	PHILADELPHIA
POLES, DO, GWENDOLYN A	DAUPHIN
POLIDORA, MD, FRANK C	LUZERNE
POLIDORA, MD, JOSEPH J	ALLEGHENY
POLIN, MD, DAVID G	LANCASTER
POLIN, MD, EDWARD B	PHILADELPHIA
POLIN, MD, JOEL I	MONTGOMERY
POLIN, MD, MARK S	LUZERNE
POLINER, MD, HIME S	NORTHAMPTON
POLINSKI, MD, LEONARD J	ALLEGHENY
POLINTAN, MD, RODOLFO S	CLEARFIELD
POLIS, MD, MARK J	LYCOMING
POLISHOOK, MD, ROBERT D	PHILADELPHIA
POLITO, MD, JOSEPH R	CAMBRIA
POLITZER, MD, FRANK E	BERKS
POLK, MD, LEWIS D	PHILADELPHIA
POLK, MD, MIRIAM R	DAUPHIN
POLL, MD, DAVID S	PHILADELPHIA
POLLACK, MD, BARRY J	NORTHAMPTON
POLLACK, MD, DEBRA A	PHILADELPHIA
POLLACK, MD, DOROTHY J	ALLEGHENY
POLLACK, MD, HOWARD M	PHILADELPHIA
POLLACK, MD, MATTHEW S	NORTHAMPTON
POLLAK, BRIAN M	ALLEGHENY
POLLER, MD, WILLIAM R	ALLEGHENY
POLLICE, MD, PHILIP G	ALLEGHENY
POLLINO, MD, VINCENT	LACKAWANNA
POLLOCK, MD, ARTHUR E	BLAIR
POLLOCK, MD, BURTON H	ALLEGHENY
POLLOCK, MD, DENZEL W	MONTGOMERY
POLLOCK, DO, JAMES D	ERIE
POLLOCK, MD, JEFFREY L	PHILADELPHIA
POLLOCK, MD, MICHAEL S	INDIANA
POMERANTZ, MD, JOEL D	PHILADELPHIA
POMERANTZ, MD, PHILIP A	BERKS
POMEROY, MD, JAMES M	DELAWARE
POMMERSHEIM, MD, WILLIAM J	LAWRENCE
POMPONIO, MD, JOSEPH G	NORTHAMPTON
POMRINK, CHRIS A	PHILADELPHIA
POND, MD, HAROLD S	MONROE
PONTIUS, MD, JOHN G	LANCASTER
PONTZ, MD, JACK B	LANCASTER
PONTZER, MD, PETER F	BLAIR
PONTZER, MD, RAYMOND E	ALLEGHENY
POOL, MD, CHAMPE C	DAUPHIN
POOLE, MD, ROBERT	CHESTER
POON, MD, CHERYCE M	PHILADELPHIA
POORE, MD, GEORGE C	POTTER
POORMAN, MD, S STURGIS	MONTGOMERY
POPAT, MD, ANJANA V	DAUPHIN
POPE, DO, RONALD L	PHILADELPHIA
POPEY, MD, TRACY L C	ALLEGHENY
POPHAL, MD, MAHLON J	LYCOMING
POPICK, DO, ALAN J	WAYNE/PIKE
POPKAVE, MD, ARTHUR H	NORTHAMPTON
POPKO, BRIAN M	PHILADELPHIA
POPKY, MD, GEORGE L	PHILADELPHIA
POPOLOW, MD, MICHAEL L	MONTGOMERY
POPORAD, MD, GEORGE A	PHILADELPHIA
POPOWICH, YALE S	PHILADELPHIA
POPPER, MD, DAVID A	BUCKS
PORCELAN, MD, JANE B	DELAWARE
PORHOMAYON, MD, JOHAN	LUZERNE
PORITZ, MD, LISA S	DAUPHIN
PORKOLAB, MD, FREDERICK L	ALLEGHENY
PORT, MD, J TEIG	LACKAWANNA
PORT, MD, JOSHUA	BLAIR
PORTER, MD, ALBERT R	DAUPHIN
PORTER, MD, EDGAR L	CHESTER
PORTER, MD, I STANLEY	LANCASTER
PORTER, MD, MARY M	PHILADELPHIA
PORTER, MD, PAUL S	DAUPHIN
PORTER JR, MD, WILLIAM F	LANCASTER
PORTILLO, MD, GENGHIS N	ALLEGHENY
PORTNER, MD, JAY H	PHILADELPHIA
PORTNER, MD, JEFF H	MONTGOMERY
PORTNOY, MD, JANE Z	MONTGOMERY
PORTNOY, MD, LARRY NEAL	PHILADELPHIA
PORTNOY, MD, SCOTT L	ALLEGHENY
PORTZ, MD, MATTHEW C	ALLEGHENY
POSNER, DO, MICHAEL H	ADAMS
POSSAI, DO, KURT W	LAWRENCE
POSSANZA, MD, CARL J	LACKAWANNA
POST, ANDREW R	PHILADELPHIA
POST, MD, ROBERT M	LEHIGH
POTASH, MD, GEORGE C	LEBANON
POTE JR, MD, HARRY H	CAMBRIA
POTH, ROBERT A	PHILADELPHIA
POTNIS, MD, AMARISH S	PHILADELPHIA
POTNIS, MD, ASHA V	ALLEGHENY
POTOCHNY, MD, JOHN D	PHILADELPHIA
POTORSKI, MD, ROBERT D J	LUZERNE
POTOTO, DANIEL R	ALLEGHENY
POTTASH, MD, RUBEN R	PHILADELPHIA
POTTER, MD, DONALD M	LEBANON
POTTER JR, MD, HOWARD P	CHESTER
POTTER, MD, JEFFREY N	DAUPHIN
POTTER JR, MD, ROBERT H	ALLEGHENY
POTTER, MD, ROBERT H	ALLEGHENY
POTTIPATI, MD, SUMANA R	ALLEGHENY
POTTS, MD, ASA W	CHESTER
POTZ, MD, JOSEPH L	MONTGOMERY
POULIS, MD, DEMETRI T	LYCOMING
POUTOUS, MD, GEORGE W	ALLEGHENY
POWE, MD, LARRY K	DELAWARE
POWELL, MD, ALVIN P	BUCKS
POWELL, MD, JAMES R	FAYETTE
POWELL, MATTHEW N	ERIE
POWELL JR, MD, OSCAR M	ALLEGHENY
POWELL, SUSAN M	STUDENT
POWELL JR, DO, THOMAS F	PHILADELPHIA
POWER, MD, JOHN A	ALLEGHENY
POWER, JULIETTE M	PHILADELPHIA
POWER, MD, THOMAS P	ALLEGHENY
POWERS, MD, BRIAN A	MONROE
POWERS, MD, DANAE M	CENTRE
POWERS, MD, DONALD V	DELAWARE
POWERS JR, MD, FRANCIS M	LYCOMING
POWERS, MD, STEPHEN K	DAUPHIN
POWERS, MD, VICTOR J	LEHIGH
POWLUS, JODI L	PHILADELPHIA
PRABHU, MD, ANIL	ALLEGHENY
PRADHAN, MD, ANIL G	MCKEAN
PRAGER, MD, DAVID A	NORTHAMPTON
PRAGER, MD, DAVID	LEHIGH
PRAKASH, MD, MURTHAPPA N	LUZERNE
PRANCKUN, MD, PETER J	LANCASTER
PRANCKUN, MD, PETER P	LANCASTER
PRASAD, MD, AJIT K	CHESTER
PRASAD, MD, MAHADEVAPPA M	BUTLER
PRASAD, MD, MAHALINGIAH	ALLEGHENY
PRASAD, MD, RAJEEV	PHILADELPHIA
PRASAD, MD, SHISHIR C	LUZERNE
PRATS, MD, IGNACIO	YORK
PRATT, MD, LORETTA A	DELAWARE
PRAWDZIK, MD, LEOCADIA T	LUZERNE
PREATE, MD, DONALD L	LACKAWANNA
PREATE JR, MD, DONALD L	PHILADELPHIA
PREBOLA, MD, WILLIAM R	LUZERNE
PREGLER, DO, FRANK C	ERIE
PREHATNY, MD, JOHN R	PHILADELPHIA
PRELI, MD, OLINDO J	LACKAWANNA
PREMAZA-MUELLER, DO, ALICE R	PHILADELPHIA
PRENDERGAST, MD, MAURICE D	BEAVER
PRENDERGAST, MD, MICHAEL J	YORK
PRESCOTT, MD, JON S	ALLEGHENY
PRESS, MD, ALLAN J	ALLEGHENY
PRESSEL, MD, MICHAEL D	DELAWARE
PRESTEL JR, MD, THOMAS F	DELAWARE
PRESTIFILIPPO, MD, ORAZIO	NORTHAMPTON
PRESTON, MD, VERNON H	YORK
PRETORIUS, MD, E SCOTT	PHILADELPHIA
PRETTER, MD, PHILIP C	ALLEGHENY
PRIANO, STEVEN V	PHILADELPHIA
PRIBITKIN, MD, EDMUND	PHILADELPHIA
PRICE, MD, ALBERT C	LANCASTER
PRICE, MD, ALFRED R	ALLEGHENY
PRICE, MD, DAVID B	ALLEGHENY
PRICE JR, MD, HENRY L	PHILADELPHIA
PRICE JR, MD, JOSEPH J	DELAWARE
PRICE, MD, RAPHAEL I	PHILADELPHIA
PRICE, MD, RICHARD E	CAMBRIA
PRICE, MD, RICHARD T	BUCKS
PRICE JR, MD, STUART E	ALLEGHENY
PRICE, MD, TODD A	BLAIR
PRICE, MD, TREVOR R	ALLEGHENY
PRIEM, MD, ROBERT W	CHESTER
PRIEST, MD, BRIAN P	PHILADELPHIA
PRIME, DO, MICHAEL F	DELAWARE
PRIMIANO, MD, GEORGE A	MONROE
PRIN, MD, WILLIAM A	ADAMS
PRINCE, MD, BEVERLY C	BRADFORD
PRINCE, MD, LESTER O	ALLEGHENY
PRINCE, MD, RICHARD B	BUCKS
PRINCIPATO, DO, ROBERT E	YORK
PRINGLE, MD, JACQUELINE M	ALLEGHENY
PRINGLE, MD, ROBERT W	ALLEGHENY
PRIOLA, DO, JAMES N	ALLEGHENY
PRIOR, DO, JOHN E	LACKAWANNA
PRIOR, MD, PATRICIA A	DELAWARE
PRIORE, MD, ROBERT M	ALLEGHENY
PRIPSTEIN, MD, STEPHEN	MONTGOMERY
PRITT, MD, PAULINE	MONTGOMERY
PRIVOROTSKY, MD, GALINA	PHILADELPHIA
PROBST, MD, SUSAN J	BERKS
PROCOPE, MD, JULIAN A	DAUPHIN
PROCOPIO, MD, FRANK	DAUPHIN
PROCTOR, MD, JULIAN W	ALLEGHENY
PROCTOR, MD, MICHAEL S	WAYNE/PIKE

PROFETA-DAMICO, BERNADETTE C	PHILADELPHIA
PROFETIA, KRISTINE L	PHILADELPHIA
PROKHOV, MD, VASSIL K	ALLEGHENY
PROKURAT, ANDREW T	BERKS
PROMISH, MD, DAVID S	PHILADELPHIA
PROMISLOFF, DO, ROBERT A	PHILADELPHIA
PROMUBOL, MD, YUWAREE	WESTMORELAND
PROOTHI, MD, SUBHASH C	LEHIGH
PROPHET, MD, STEVEN A	DAUPHIN
PROPST, MD, HARRY D	WAYNE/PIKE
PROPST-PROCTOR, MD, SANDRA L	WAYNE/PIKE
PROSPERI, MD, ALDO J	WESTMORELAND
PROSTKO, MD, E RICHARD	ALLEGHENY
PROUDFIT, MD, J PAUL	WASHINGTON
PROVAN, DO, NANCY M	MONTGOMERY
PROVANCE, DO, WILLIAM J	WESTMORELAND
PROWELL, MD, JOSEPH W	LANCASTER
PROY, MD, BERNARD C	ERIE
PRUCHNIC, MD, WILLIAM F	CAMBRIA
PRUDENCIO JR, MD, JOSE N	DAUPHIN
PRUDENCIO, MD, MARIA E	LEBANON
PRUDENTE, ERNEST L	PHILADELPHIA
PRUDOFF, ADAM J	PHILADELPHIA
PRUITT, MD, JOHN D	MONTGOMERY
PRUSAKOWSKI, DO, JOSEPH M	CLARION
PRYBLICK, DO, GARY M	LEHIGH
PRYBLICK, DO, JUDITH R	LEHIGH
PRYLINSKI, MD, GREGORY V	ERIE
PRYLINSKI, DO, JEFFORY J	ERIE
PRYOR JR, MD, CHARLES A	BUCKS
PTASZYNSKI, MD, KONRAD M	PHILADELPHIA
PU, MD, GLEN A W	FRANKLIN
PUCEVICH, MD, MARIA V	ALLEGHENY
PUDLES, DO, DAVID M	PHILADELPHIA
PUESAN, MD, REYNALDO	WARREN
PUFFENBERGER, MD, MARK W	LUZERNE
PUGH, MD, JAMES E	PHILADELPHIA
PUGH, MD, REGINALD P	ALLEGHENY
PUGLIESE, MD, AUGUST A	ARMSTRONG
PUGLIESE, MD, PATRICK D	NORTHMBRLAND
PUGLISI, MD, ANTHONY S	PHILADELPHIA
PUGLISI, JEFFREY S	PHILADELPHIA
PUGLISI, MD, VINCENT	PHILADELPHIA
PUJOLAS , JAMES R	ERIE
PULITO, MD, JOHN M	CRAWFORD
PULIZZI, MD, JOHN S	LEHIGH
PULLEKINES, MD, JOSEPH W	ALLEGHENY
PULLEN, MD, HARVEY T	MONROE
PULLMAN-MOOAR, MD, SALLY W	MONTGOMERY
PUMA, MD, SAMUEL J	LUZERNE
PUNDIAK, MD, TERRY J	NORTHAMPTON
PUNUKOLLU, MD, C RAO	WESTMORELAND
PUPI, MD, PAUL A	BEAVER
PUPPALA, SHAYM	PHILADELPHIA
PURCELL, MD, ROBERT E	ERIE
PURCELL JR, MD, ROBERT E	LYCOMING
PURCELL, DO, STEPHEN M	LEHIGH
PURCELL, MD, SUSAN M	PHILADELPHIA
PURDY, MD, RICHARD T	LANCASTER
PURKAYASTHA, MD, ARINDAM	SUSQUEHANNA
PURNELL, MD, JOHN S	CENTRE
PURNER JR, DO, WILLIAM M	DELAWARE
PURPURA, MD, THOMAS R	ALLEGHENY
PURSELL, MD, ROBERT N	NORTHAMPTON
PUSATERI JR, MD, JOSEPH P	ALLEGHENY
PUSCHAK, MD, RUSSELL B	LEHIGH
PUSHKAREWICZ, MD, MICHAEL J	CHESTER
PUTNAM, MD, MARK A	BERKS
PUZA, MD, SCOTT W	PHILADELPHIA
PYATT JR, MD, ROBERT S	FRANKLIN
PYERITZ, MD, REED E	ALLEGHENY
PYFER, MD, MARK F	MONTGOMERY
PYLES, MD, MARK C	COLUMBIA

Q

QUAGLIO, MD, NANNETTE D	MERCER
QUALLS, MD, DONALD M	PHILADELPHIA
QUARLES, DO, ROBERT L	ALLEGHENY
QUATTRONE, MD, CHARLES G	ALLEGHENY
QUERCI, DO, JOHN C	LUZERNE
QUERCI, DO, LORNE A	DAUPHIN
QUICKEL, MD, KENNETH E	DAUPHIN
QUIGLEY, MD, MATTHEW R	ALLEGHENY
QUILL, MD, JOSEPH R	MONTGOMERY
QUILLEN, MD, DAVID A	DAUPHIN
QUILO, MD, LINO S	NORTHAMPTON
QUINEY JR, MD, JAMES J	NORTHAMPTON
QUINLAN, PAMELA M	PHILADELPHIA
QUINN, MD, DIANNE M	BUCKS
QUINN, MD, JOHN R	CAMBRIA
QUINN JR, MD, NORMAN J	MONTGOMERY
QUINN, DO, PHILIP L	MIFFLIN/JUNIATA
QUINT, MD, ANDREW R	MONTGOMERY
QUINT, MD, DONALD H	ALLEGHENY
QUINTERO, MD, MIGUEL J	ALLEGHENY
QUIRANTES, MD, MIRTA	MONTGOMERY
QUIRK, MD, BRIAN C	DAUPHIN

R

RAB, MD, DAVID B	LANCASTER
RAB, MD, MICHAEL F	NORTHAMPTON
RABER, MD, IRVING M	PHILADELPHIA
RABIN, MD, HAROLD S	DAUPHIN
RABIN, MD, MARC	LACKAWANNA
RABIN, MD, SIDNEY C	CHESTER
RABINOVICI, MD, REUVEN	PHILADELPHIA
RABINOVITZ, MD, SHARON I	PHILADELPHIA
RABINOWITZ, ELYSE	PHILADELPHIA
RABINOWITZ, MD, HOWARD K	PHILADELPHIA
RABKIN, MD, MICHAEL S	ALLEGHENY
RABSON, MD, MOSES	PHILADELPHIA
RACCIATO, MD, PETER J	MONROE
RACETTE, MD, C DYEANNE	LANCASTER
RACHAKONDA, MD, NARASIMHA S	LEBANON
RACKISH, MD, MARK A	LYCOMING
RACKOW, MD, LAWRENCE L	PHILADELPHIA
RADFAR, MD, FEREYDOON D	ALLEGHENY
RADFAR, MD, NEZAM	ALLEGHENY
RADFAR, MD, ROUHANGIZ H	ALLEGHENY
RADFAR, MD, SORAYA Z	ALLEGHENY
RADIO, MD, GREGORY J	LEHIGH
RADLER, MD, JOHN K	BEAVER
RADOSH, LEE J	PHILADELPHIA
RADSMA, MD, DOUWE L	ADAMS
RADTKE, BRIAN E	PHILADELPHIA
RAFEZER, MD, DAVID M	DELAWARE
RAFALKO, MD, DAVID M	BEAVER
RAFELSON, MD, STEPHEN A	BUCKS
RAFF, MD, H BARRY	DELAWARE
RAFFENSPERGER, MD, BRUCE W	PHILADELPHIA
RAFFERTY, DO, MICHAEL F	PHILADELPHIA
RAGONESI, MD, SUSAN B	PHILADELPHIA
RAGOOWANSI, MD, ASHVIN T	ALLEGHENY
RAGOOWANSI, MD, TULSIDAS N	BEAVER
RAHAM, MD, DAVID C	DAUPHIN
RAHAM, MD, VANCE A	PHILADELPHIA
RAHAUSER, MD, DAVID M	FRANKLIN
RAHIM, MD, ENAYET	CAMBRIA
RAHMAN, MD, RUKHSANA K	ADAMS
RAHMANIAN, MD, NADER	BERKS
RAHME, MD, JASON G	ALLEGHENY
RAICH, MD, WILLIAM A	LANCASTER
RAIFORD, MD, JOHN W	BUCKS
RAINES, MD, HERBERT S	PHILADELPHIA
RAINES, MD, JONATHAN M	PHILADELPHIA
RAINEY, MD, CYNTHIA L	CAMBRIA
RAINEY, MD, EDWARD C	BLAIR
RAINEY, DO, MICHAEL J	LACKAWANNA
RAINVILLE, MD, MICHELLE E	PHILADELPHIA
RAISCH, MD, FREDERICK J	MERCER
RAIZMAN, MD, RICHARD E	ALLEGHENY
RAJ, MD, STEPHEN S	ERIE
RAJABI-ASL, MD, AKBAR	PHILADELPHIA
RAJASENAN, KIRAN K	PHILADELPHIA
RAJASENAN, MD, VASUDEVAN	BEAVER
RAJJOUB, MD, RODWAN K	LYCOMING
RAJU, MD, PADMA I	BLAIR
RAKFAL, MD, SUSAN M	BLAIR
RAKINIC, MD, JAN	PHILADELPHIA
RAKLEWICZ, MD, MICHAEL C	LUZERNE
RALSTON, MD, EDGAR L	PHILADELPHIA
RAM, MD, NAND	PHILADELPHIA
RAM, MD, SANT	ERIE
RAMACHANDRAN, MD, MOORIATH	LAWRENCE
RAMAGE, MD, ANN L	YORK
RAMAKRISHNA, MD, NAGAMALLI	ALLEGHENY
RAMAKRISHNA, MD, SRINIVASARAO	LACKAWANNA
RAMAKRISHNAN, MD, THEKKEMADOM P	NORTHAMPTON
RAMAN, MD, A ANANTH	ALLEGHENY
RAMAN, MD, ASHA	ALLEGHENY
RAMAN, MD, JAYALAXMI	PHILADELPHIA
RAMANATHAN, MD, DEBORAH	BUCKS
RAMBACH, MD, LEONARD	LANCASTER
RAMBHIA, MD, JETHALAL L	ALLEGHENY
RAMESH, MD, MAKUM L	ALLEGHENY
RAMIK, MD, OTTO E	ALLEGHENY
RAMINANI, MD, LOKADRI N	MONTGOMERY
RAMIREZ, MD, CONSTANCIO	FRANKLIN
RAMIREZ, MD, RENATO P	CRAWFORD
RAMIREZ-AMAYA, MD, RENE	NORTHAMPTON
RAMOS-CARO, MD, JOSE L	LEHIGH
RAMS, MD, JAMES J	ALLEGHENY
RAMSEY JR, MD, HARRY E	BERKS
RAMSEY II, MD, WILLIAM H	MONTGOMERY
RANA, MD, ASHISH V	PHILADELPHIA
RANA, MAUNAK V	PHILADELPHIA
RANA, MD, SANGEETA A	ALLEGHENY
RANCIER, MD, LEE F	LACKAWANNA
RANDALL, MD, ALEXANDER	MONTGOMERY
RANDALL, MD, J PERLINGIERO	MONTGOMERY
RANDALL, MD, JOHN L	PHILADELPHIA
RANDALL, MD, PETER	PHILADELPHIA
RANEY, JENNIFER J	PHILADELPHIA
RANGANATH, MD, GUBBI N	SCHUYLKILL
RANGANATHAN, MD, VENKATESAN	BUTLER
RANIERI, MD, TITO A	PHILADELPHIA
RANISH, MD, DEBORAH A	ERIE
RANKIN, MD, JAMES S	ALLEGHENY
RANKIN, MD, KEVIN P	BUTLER
RANKIN, MD, LARRY S	CUMBERLAND
RANKIN, MD, ROBERT C	ALLEGHENY
RANNELS, MD, HERMAN W	LYCOMING
RAO, MD, B VENKAT	ALLEGHENY
RAO, MD, BRINDA E	CHESTER
RAO, MD, LEELA K	ALLEGHENY
RAO, MD, MADHAVA S	LACKAWANNA
RAO, MD, NALINI	ALLEGHENY
RAO, MD, RAMDEV K	ALLEGHENY
RAO, MD, SUNDER R	ALLEGHENY
RAO, MD, USHA G	YORK
RAO, MD, VIJAY M	PHILADELPHIA
RAO, MD, YASHODA D	SCHUYLKILL
RAPHAEL, HEATHER M	ALLEGHENY
RAPHAEL, MD, PAUL S	LEHIGH
RAPHAEL, MD, STEPHEN A	MONTGOMERY
RAPHAELY, MD, RUSSELL C	PHILADELPHIA
RAPPAPORT, MD, ELIZABETH B	PHILADELPHIA
RAPPAPORT, MD, LEWIS B	ALLEGHENY
RAPPAPORT, MD, MELVIN M	LEHIGH
RASCHELLA, MD, NUNZIATA M	BEAVER
RASCHID, MD, SOHAEL M	FRANKLIN
RASCOE JR, MD, ROBERT R	PHILADELPHIA
RASEFSKE, JASON P	PHILADELPHIA
RASHID, MD, ABDUL	SCHUYLKILL
RASHID, MD, SAMUEL F	LEBANON
RASHKIS, MD, HAROLD A	PHILADELPHIA
RASO, MD, DOMINIC J	NORTHAMPTON
RASO, MD, JON A	NORTHAMPTON
RAST, MD, MARK L	WAYNE/PIKE
RASTOGI, MD, NITA A	YORK
RATH, KRISTINA M	ALLEGHENY
RATHORE, MD, DALEEP K	ALLEGHENY
RATKE, MD, HENRY V	LYCOMING
RATNER, MD, RICHARD R	DELAWARE
RATSCHAN, MD, WALTER J	ALLEGHENY
RAU, MD, RAMNATH S	MERCER
RAU, MD, RAYMOND L	ALLEGHENY
RAUB, MD, JAMES A	ALLEGHENY
RAUBENSTINE, MD, DEBORAH A	CUMBERLAND
RAUCH, MD, DOUGLAS	MERCER
RAUPP, ROBIN L	PHILADELPHIA
RAVANDOOST, MD, PARVANEH	PHILADELPHIA
RAVANO, MD, JOSE F	ALLEGHENY
RAVANO, MD, PARALUMAN O	ALLEGHENY
RAVEL, MD, ROBERT L	MONTGOMERY
RAVES, MD, JOHN J	ALLEGHENY
RAVID, JOSEPH	ALLEGHENY
RAVINA, MD, BERNARD M	ALLEGHENY
RAVIOLA, MD, CAROL A	PHILADELPHIA
RAVITZ, MD, GERALD A	SCHUYLKILL
RAWNSLEY, MD, HERBERT H	WASHINGTON
RAWSON, MD, HELEN H	MONTGOMERY
RAY, MD, ANNMARIE	BEAVER
RAY, MD, JOHN H	ALLEGHENY
RAY, MD, RICHARD L	ALLEGHENY
RAY, MD, SUBIR N	DAUPHIN
RAY, MD, TARUN K	PHILADELPHIA
RAYBECK, MARK J	STUDENT
RAYMOND, ALEXA R	PHILADELPHIA
RAYMOND JR, MD, FRED D	MONTGOMERY
RAYMOND, MD, JOSEPH W	CAMBRIA
RAYMUNDO III, MD, RICARDO B	LAWRENCE
RAYMUNDO, MD, ROSALINDA R	LAWRENCE
RAYNAK, MD, FRANK R	MERCER
RAZI, BABAK	PHILADELPHIA
RAZURI, MD, RAFAEL G	NORTHAMPTON
RAZZINO, MD, RICHARD A	DAUPHIN
REAL, MD, MARK B	CHESTER
REAMS, DO, JEAN M	MIFFLIN/JUNIATA
REARDON JR, MD, PAUL L	WASHINGTON
REBISH, JEFF C	PHILADELPHIA
RECALDE, MD, CARLOS M	MIFFLIN/JUNIATA
RECH, MD, FRANK M	DELAWARE
RECHTER, MD, SHARON G	ALLEGHENY
RECIO, MD, ROLANDO G	ALLEGHENY
RECKARD, MD, CRAIG R	LEHIGH
RECKER, MD, SCOTT F	BLAIR
RECTOR, MD, ROBERT D	FRANKLIN
RED, MD, DONALD E	DELAWARE
REDA, MD, FRANK A	ALLEGHENY
REDDING, MD, WILLIS A	BRADFORD
REDDY, MD, GAYATRI P	PHILADELPHIA
REDDY, MD, JAIVEER T	CLARION
REDDY, MD, PATRICIA A	DAUPHIN
REDDY, MD, PUSHPAMALA P	ARMSTRONG
REDDY, MD, RAGOOR K	ALLEGHENY
REDDY, MD, RAJIDI M	LYCOMING
REDDY, MD, SHALINI P	PHILADELPHIA
REDDY, MD, VENKATLAXMAN B	ALLEGHENY
REDDY, MD, YESHWANT P	PHILADELPHIA
REDKA, MD, JAMES W	LYCOMING
REDMOND III, MD, JOHN	MONTGOMERY
REDOVAN, MD, EDWARD G	LAWRENCE
REED, MD, CLIFFORD A	BERKS
REED, MD, DARRELL K	ALLEGHENY
REED, MD, DAVID M	ALLEGHENY
REED, MD, LOLA S	CHESTER
REED, MD, MARK S	BERKS
REED, MD, MICHAEL F	CLEARFIELD
REEDY, MD, GARY L	LACKAWANNA
REEL, MD, CHARLES M	WESTMORELAND
REES, MD, DAVID B	BERKS
REESE, CARL T	STUDENT
REESE JR, MD, EVAN C	NORTHAMPTON
REESE, MD, RICHARD W	LANCASTER
REESE, MD, S SCOTT	JEFFERSON
REEVES, PHILLIP R	PHILADELPHIA
REFOWICH, MD, RICHARD S	NORTHAMPTON
REGALADO, MD, REGULUS D	UNION
REGAN, DAVID M	DAUPHIN
REGAN, MD, JAMES R	NORTHAMPTON
REGAN, MD, MARK C	LANCASTER
REGANIS, MD, JOHN C	NORTHAMPTON
REGEC, MD, STEPHEN P	ELK/CAMERON
REGHETTI, DO, GINA	YORK
REH, MD, RICHARD C	CUMBERLAND
REHDER, MD, JOHN G	ALLEGHENY
REHDER, MD, KAREN E	ALLEGHENY
REHR, MD, ROGER B	BERKS
REICH, MD, SYLVIA R	LUZERNE
REICH, MD, WILLIAM P	TIOGA
REICHARD, MD, JAMES L	CENTRE
REICHARD, MD, RICHARD C	BERKS
REICHWEIN, MD, RAYMOND K	DAUPHIN
REID, BRYAN R	PHILADELPHIA
REID, MD, JAMES H	NORTHAMPTON
REIDY, MD, MARGARET E	ALLEGHENY
REIFE, MD, ROSS A	MONTGOMERY
REIGART, MD, PAUL M	YORK
REIGEL, MD, CRAIG A	CHESTER
REIGH, MD, ERNEST E	BERKS
REIHART, DO, MICHAEL J	PHILADELPHIA
REILLY, MD, ANN E	CHESTER
REILLY, BRENDA	STUDENT
REILLY, MD, CHARLES M	YORK
REILLY, MD, DESMOND J	DAUPHIN
REILLY, MD, JAMES J	ALLEGHENY
REILLY, MD, JOHN C	ERIE
REILLY, JOHN P	PHILADELPHIA
REILLY, MD, MICHAEL J	FAYETTE
REILLY, MD, PAUL A	ALLEGHENY
REILLY JR, MD, PHILIP J	WESTMORELAND
REILLY, MD, THERESA K	PHILADELPHIA
REIMER, MD, CRAIG L	SCHUYLKILL
REIN, JENNIFER A	STUDENT
REINA, MD, CHARLES R	NORTHAMPTON
REINACH, MD, ALAN J	PHILADELPHIA
REINECKE, MD, ROBERT D	PHILADELPHIA
REINER, MD, REBECCA L	BERKS
REINHARD, MD, HAROLD J	WARREN
REINHARD, MD, RONALD J	YORK
REINHARDT, MD, PAULINE K	LEHIGH
REINHART, MD, JOHN W	LEHIGH
REINHART JR, MD, RAYMOND B	BUCKS
REINPRECHT, MD, JAMES T	PHILADELPHIA
REIS, MD, CLAUDE J	ALLEGHENY
REIS, MD, GREGG J	PHILADELPHIA
REIS, MD, PAUL B	LYCOMING
REIS, MD, WALTER J	ALLEGHENY
REISER, MD, HARVEY J	LUZERNE
REISH, TIMOTHY G	PHILADELPHIA
REISH, MD, WILLIAM G	UNION
REISINGER, ELIZABETH A	ALLEGHENY
REISINGER JR, MD, WILLIAM E	SOMERSET
REISS III, MD, G RUSSELL	PHILADELPHIA
REISS JR, MD, G RUSSELL	MONTGOMERY
REITER, MD, DAVID	PHILADELPHIA
REITER, MD, GEORGE T	YORK
REITER, NICOLE L	STUDENT
REITER, MD, SEAN B	PHILADELPHIA
REITSMA, MD, DOUGLAS B	DELAWARE
REITZ, MD, MARYELLEN	ERIE
REITZ, MD, MELVIN L	SCHUYLKILL
RELIGIOSO, MD, ELOISA P	WESTMORELAND
RELOVA, DO, RODERICK M	BUCKS
RELUZ, MD, JAVIER S	MONTGOMERY
REME, PATRICK	STUDENT
REMICK, DO, PAUL F	LACKAWANNA
RENDT, MD, KAREN E	ALLEGHENY
RENINGER, MD, CHARLES W	LEHIGH
RENINGER III, CHARLES W	PHILADELPHIA
RENKERT, MD, ELIZABETH E	BERKS
RENNINGER, EXEC SEC, RHONDA S	YORK
RENO, MD, JOSEPH D	DELAWARE
RENTON, MD, ALAN C	ALLEGHENY
RENZ, MD, ROBERT T	ERIE
RENZI, MD, VINCENT A	PHILADELPHIA
REPLOGLE, CORINNE R	STUDENT
RESCINITI, MD, MARK A	ADAMS
RESHMI, MD, CHANDRAPPA S	ALLEGHENY
RESNICK, MD, ALBERT B	PHILADELPHIA
RESNICK, MD, EDWARD J	PHILADELPHIA
RESNICK, MD, MYRON E	DELAWARE
RESNICK, MD, PAUL H	ALLEGHENY
RESPET, MD, PATRICK B	LEHIGH
RESSLER, MD, MELVIN W	FRANKLIN
RESTREPO, MD, JAMES P	BERKS
RESTREPO, MD, MARIA H	PHILADELPHIA
RESURRECCION, MD, ROSARIO	PHILADELPHIA
RETTIG, MD, STEPHEN J	FRANKLIN
REUBEN, MD, MARK S	BERKS
REUBEN, MD, SHALINI	PHILADELPHIA
REUSCHE III, DO, FRANK L	ERIE
REVAK, MD, BLAIRANNE H	COLUMBIA
REVAK, DO, DAVID J	COLUMBIA
REX, MD, JAMES C	LEHIGH
REYES, MD, SATURNINO M	BEAVER
REYES, MD, VICENTE E	ALLEGHENY
REYNA, MD, OSCAR D	WESTMORELAND
REYNER, MD, PETER C	BERKS
REYNOLDS, MD, DAVID D	WAYNE/PIKE
REYNOLDS, MD, HERBERT Y	DAUPHIN
REZAIAN, MD, MICHAEL M	BUTLER
REZEK, MD, DONALD L	CRAWFORD
REZNAK, MD, STEPHEN E	PHILADELPHIA
REZNICK, MD, BARRY R	BEAVER
REZNICKOVA, MD, NORA A	PHILADELPHIA
RHEE, JOHN C	ALLEGHENY
RHOADS, MD, HARRY M	CAMBRIA
RHOADS SR, MD, JONATHAN E	PHILADELPHIA
RHOADS JR, MD, JONATHAN E	YORK
RHODE, MD, MARVIN C	MONTGOMERY
RHODES, MD, ANTHONY L	LACKAWANNA
RHODES, MD, ARTHUR R	ALLEGHENY

RHODES JR, MD, DAVID H ALLEGHENY
RHODES, ERINN PHILADELPHIA
RHODES III, MD, LUTHER V LEHIGH
RHODES, MD, ROBERT A DELAWARE
RHOOD, MD, SAMUEL G DELAWARE
RIAL, MD, WILLIAM Y DELAWARE
RICCELLI, MD, ANTONIO M ALLEGHENY
RICCHETTI, MD, ROBERT J PHILADELPHIA
RICCHIUTI, MD, A GEORGE SCHUYLKILL
RICCHIUTI, MD, JOSEPH F SCHUYLKILL
RICCI, MD, JOSEPH A DAUPHIN
RICCO, MD, ERNEST J DELAWARE
RICE, MD, DONALD H BLAIR
RICE, MD, EILEEN M ALLEGHENY
RICE, MD, GEORGE E PHILADELPHIA
RICE, KEITH S STUDENT
RICE, MD, SAMUEL A LANCASTER
RICE, MD, SAMUEL M ALLEGHENY
RICH, MD, DEAN C MONTGOMERY
RICH, MD, J JEFFREY ALLEGHENY
RICH, MD, JAMES F DAUPHIN
RICHARDS, MD, ANDREW J DAUPHIN
RICHARDS, MD, COURTNEY M MONTGOMERY
RICHARDS, MD, JOHN C BUCKS
RICHARDS, MD, ROBERT N FRANKLIN
RICHARDS JR, MD, ROBERT N FRANKLIN
RICHARDSON, MD, GEORGE S ALLEGHENY
RICHARDSON, MD, HARRISON H BEAVER
RICHARDSON, MD, JAMES E WASHINGTON
RICHARDSON, MD, PAUL A PHILADELPHIA
RICHARDSON, MD, WILLIAM R LAWRENCE
RICHERT, MD, SHAUNA M ALLEGHENY
RICHERTS, MD, JOSEPH L PHILADELPHIA
RICHEY, MD, JAMES E CAMBRIA
RICHIE, MD, A THOMAS BUCKS
RICHMAN, MD, CRAIG G ERIE
RICHMAN, MD, JORY D ALLEGHENY
RICHMAN, MD, KENNETH A PHILADELPHIA
RICHMAN, MD, TOBI B ERIE
RICHMOND, MD, ALLEN C PHILADELPHIA
RICHTER, MD, DOUGLAS M MONTGOMERY
RICHTER, MD, HOWARD A DELAWARE
RICHTER, MD, MELVYN P MONTGOMERY
RICHTERMAN, MD, RONALD L LUZERNE
RICKELS, MIKE R PHILADELPHIA
RICKETTS, MD, MARY F ALLEGHENY
RICKS, MD, JOHN E CUMBERLAND
RIDELLA, MD, PETER J CAMBRIA
RIDEN, MD, ALICE E LANCASTER
RIDGWAY, MD, WILLIAM G LANCASTER
RIDILLA, DO, JOSEPH J LUZERNE
RIDOUT III, MD, DANIEL L DELAWARE
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RIENZI, MD, JOSEPH P LACKAWANNA
RIENZO, MD, ROBERT J LEHIGH
RIETHER, MD, ROBERT D LEHIGH
RIFE, MD, CHARLES J DAUPHIN
RIFFERT, MD, PAUL M LANCASTER
RIGAL-LIZARDI, MD, RENE R LYCOMING
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RIGGALL, MD, STEVEN O MERCER
RIGHTMYER, MD, JOHN N BERKS
RIGNEY JR, MD, JAMES H BUCKS
RIGOTTI, DO, JOSEPH A MONTGOMERY
RIKE, MD, PAUL M ALLEGHENY
RILEY, MD, BERNARD J ALLEGHENY
RILEY, CHERYL K STUDENT
RILEY JR, J TIMOTHY PHILADELPHIA
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RILEY, MD, VALERIE J MONTGOMERY
RILEY, MD, VERYL M WARREN
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RIMPLE, MD, DAVID F LUZERNE
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RINCON, MD, GEORGE A BEDFORD
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RIPEPI, MD, PHILIP P ALLEGHENY
RIPPLE, MD, PAUL H LANCASTER
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RISMILLER, MD, ROSS W SCHUYLKILL
RIST, MD, KEVIN E BERKS
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RITCHIE, MD, MARIANNE T DELAWARE
RITCHIE, MD, MARY E ALLEGHENY
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RITTENHOUSE, MD, ERIC R YORK
RITTENHOUSE, MD, FRANK H ALLEGHENY
RITTER, MD, CHARLES W PHILADELPHIA
RITTER, CHRISTEN T ALLEGHENY
RITTER, MD, DEBORAH E PHILADELPHIA
RITTER, MD, THOMAS J SCHUYLKILL
RITZ, MD, GEORGE LUZERNE
RITZ, DO, STEPHEN J ALLEGHENY
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RIVERA, MD, JOSE L NORTHAMPTON
RIVERA, MD, MARIA-JOSEFINA LUZERNE
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RIZK, MD, LABIB S ALLEGHENY
RIZVI, MD, ALI A MIFFLIN/JUNIATA
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RO, MD, PAMELA S ALLEGHENY
ROACHE, MD, MARTIN J CHESTER
ROARK, MD, GARY L VENANGO
ROBA, MD, LAURIE A ALLEGHENY
ROBB, MD, MARIE E NORTHAMPTON
ROBBINS, MD, ELIZABETH L PHILADELPHIA
ROBBINS, MD, HOWARD S LANCASTER
ROBBINS, MD, MARK S PHILADELPHIA
ROBBINS, MD, ROBERT PHILADELPHIA
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ROBERTSON, MD, JOHN J BERKS
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ROBINSON, MD, MICHAEL L BUCKS
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ROBISON, MD, ROBERT N DAUPHIN
ROBISON, DO, TERRY A CUMBERLAND
ROBISON, MD, WALTER J ALLEGHENY
ROBSON, MD, PETER A NORTHAMPTON
ROBY, MD, DAVID S PHILADELPHIA
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ROCCO, MD, MARTIN J PHILADELPHIA
ROCCO, MD, NICHOLAS J PHILADELPHIA
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ROCHE, MD, KAREN R ALLEGHENY
ROCHET, ANDREW P PHILADELPHIA
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ROCK, MD, LEONARD L SOMERSET
ROCKETT, MD, TODD D MONTOUR
ROCKOFF, MD, STEVEN D LYCOMING
ROCKOWER, MD, ROGER A CENTRE
ROCKWELL, NICHOLAS L STUDENT
RODA, DO, DAVID M LANCASTER
RODA, MD, PAUL I LUZERNE
RODENBERGER, MD, BRUCE M LEHIGH
RODGERS, MD, CHARLES J LYCOMING
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RODGERS, MD, FLORENCE E PHILADELPHIA
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RODRIGUEZ, MD, ALFONSO LUZERNE
RODRIGUEZ, MD, DAISY A PHILADELPHIA
RODRIGUEZ, MD, EDSEL A NORTHMBRLAND
RODRIGUEZ, MD, ERNESTO C BUCKS
RODRIGUEZ, MD, GEORGE L PHILADELPHIA
RODRIGUEZ, MD, JULIO A BLAIR
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RODRIGUEZ, MD, RAYMOND PHILADELPHIA
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RODRIGUEZ, MD, RODOLFO E DAUPHIN
RODRIGUEZ, MD, VICTOR R NORTHAMPTON
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ROEDER, MD, DONALD K CUMBERLAND
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ROFSKY, MD, HOWARD E CHESTER
ROGAL, MD, MICHAEL J ALLEGHENY
ROGALLA, MD, CHARLES S LACKAWANNA
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ROGERS, MD, BRUCE W NORTHMBRLAND
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ROGERS, MD, JAMES F PHILADELPHIA
ROGERS, DO, JEFFREY S LEHIGH
ROGERS, MD, JOHN B ALLEGHENY
ROGERS, MD, JOHN F NORTHAMPTON
ROGERS, MD, JONATHAN J MONTGOMERY
ROGERS, MD, KENNETH J CENTRE
ROGERS, MD, R CLAUDE PHILADELPHIA
ROGERS JR, MD, ROBERT M BERKS
ROGERS, MD, STEVEN ALLEGHENY
ROGERS, MD, VINCENT P ERIE
ROGERS, MD, WILLIAM E LUZERNE
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ROGEVICH, DO, JOSEPH E LANCASTER
ROGINA, DO, LAWRENCE E FRANKLIN
ROGOW, MD, EDWARD ALLEGHENY
ROGOWSKI, MD, RAYMOND A CHESTER
ROGUSKY, MD, EDWIN J CENTRE
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ROHATGI, MD, CHAND NORTHAMPTON
ROHATGI, MD, RAJEEV NORTHAMPTON
ROHATSCH, PAMELA L PHILADELPHIA
ROHLAND, MD, DONALD V DAUPHIN
ROHNER JR, MD, THOMAS J DAUPHIN
ROHR, MD, ALBERT S MONTGOMERY
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ROHRBECK, MD, CHARLES W CENTRE
ROIFER, DO, DEBORAH R DELAWARE
ROIG, MD, GEORGE M ALLEGHENY
ROIG, JORGE W PHILADELPHIA
ROITMAN, MD, HARRY B PHILADELPHIA
ROJAS, MD, JOB F PHILADELPHIA
ROJAS, MD, JULIO R LUZERNE
ROJER, MD, CHARLES L MONTGOMERY
ROLING, DANIEL B PHILADELPHIA
ROLLE JR, MD, WILLIAM A DAUPHIN
ROLLO, MD, DANIEL P LEBANON
ROMAN, DO, CHARLES P PHILADELPHIA
ROMAN, MD, STEPHEN J WESTMORELAND
ROMANELLI, JEANINE E PHILADELPHIA
ROMANI, MD, LIVIO YORK
ROMANO, MD, JOSEPH M ALLEGHENY
ROMANO, MD, VINCENT E BUCKS
ROMANO-JANA, MD, LOURDES R ERIE
ROMANOFF, MD, DAVID PHILADELPHIA
ROMANOW, MD, PETER W PHILADELPHIA
ROMEIKA, MD, MARY M SCHUYLKILL
ROMEO, MD, RYAN C DAUPHIN
ROMEO, MD, VICTORIA J CLINTON
ROMIG, MD, RONALD S BERKS
ROMINGER, MD, C JULES CHESTER
ROMMEL, MD, CATHERINE T LANCASTER
ROMMEL, MD, F MICHAEL LANCASTER
ROMY, MD, MAURICE PHILADELPHIA
RONAN, MD, PATRICK G ALLEGHENY
RONEY, MD, T JAMES ALLEGHENY
RONIS, MD, MAX L PHILADELPHIA
RONKIN, MD, SHEILA L CHESTER
RONNERMANN, MD, DREW P MONTGOMERY
RONTAL, DANIEL A PHILADELPHIA
ROODE, MD, ALBERT G VENANGO
ROONEY, MD, DAVID G CHESTER
ROONEY, MD, JOSEPH W BEAVER
ROOS, MD, ALFRED T ERIE
ROOS, MD, LEON ADAMS
ROOT, MD, DOUGLAS C SOMERSET
ROQUIZ, MD, ELISEO M ERIE
RORKE III, MD, JOHN H CHESTER
ROSA, MD, DEBORAH M CHESTER
ROSALES, MD, GABRIEL B BUCKS
ROSAN, DO, JAY R MONTGOMERY
ROSARIO JR, MD, ELISEO CUMBERLAND
ROSATO, MD, DONALD J CHESTER
ROSATO, MD, ERNEST F PHILADELPHIA
ROSATO, MD, FRANCIS E PHILADELPHIA
ROSCH, MD, JEFFREY M BLAIR
ROSCH, MD, JULIUS C BLAIR
ROSCHEL, MD, ROBERT L LANCASTER
ROSCOE, MD, CONSTANTINE PHILADELPHIA
ROSE, BRUCE T PHILADELPHIA
ROSE, MD, CAROL E ALLEGHENY
ROSE, MD, DAVID MONTGOMERY
ROSE, MD, ELIZABETH K PHILADELPHIA
ROSE, MD, GILBERT M DELAWARE
ROSE, GINA L PHILADELPHIA
ROSE, HARRY J PHILADELPHIA
ROSE, MD, HENRY S PHILADELPHIA
ROSE, MD, LESLIE I PHILADELPHIA
ROSE, MD, LEWIS J PHILADELPHIA
ROSE, MD, ROBERT M MONTGOMERY
ROSE, ADM, STACEY A YORK
ROSE, MD, VICKI C ERIE
ROSEFSKY, MD, JONATHAN B MONTGOMERY
ROSEMAN, MD, RICHARD L DELAWARE
ROSEMOND, MD, GEORGE P PHILADELPHIA
ROSEN, MD, BRUCE J DELAWARE
ROSEN, MD, CLARK A ALLEGHENY
ROSEN, MD, DAVID PHILADELPHIA
ROSEN, MD, DAVID PHILADELPHIA
ROSEN, MD, HOWARD B MONTGOMERY
ROSEN, JENNIFER E PHILADELPHIA
ROSEN, MD, JOSEPH H MONTOUR
ROSEN, MD, LEONARD DELAWARE
ROSEN, MD, LESTER LEHIGH
ROSEN, MD, MARC R PHILADELPHIA
ROSEN, MD, MARVIN I PHILADELPHIA
ROSEN, NOAH A PHILADELPHIA
ROSEN, MD, RANDY A LEHIGH
ROSEN, MD, SCOTT I NORTHAMPTOI
ROSENAU, DO, ALEXANDER M LEHIGH
ROSENBACH, MD, LOREN M ALLEGHENY
ROSENBAUM, MD, ARMAND L PHILADELPHIA
ROSENBAUM, MD, ARON CAMBRIA
ROSENBAUM, MD, CARL A PHILADELPHIA
ROSENBAUM, MD, JOEL N LYCOMING
ROSENBERG, MD, DALE J LANCASTER
ROSENBERG, MD, FRANK DELAWARE
ROSENBERG, MD, HENRIETTA K PHILADELPHIA
ROSENBERG, MD, HENRY PHILADELPHIA
ROSENBERG, MD, HOWARD D LEHIGH
ROSENBERG, MD, IRVING PHILADELPHIA
ROSENBERG, MD, KENNETH C PHILADELPHIA
ROSENBERG, MD, LAURENCE J BERKS
ROSENBERG, MD, LAWRENCE S CAMBRIA
ROSENBERG, MD, MANUEL PHILADELPHIA
ROSENBERG, MD, MORTON PHILADELPHIA
ROSENBERG, MD, PHILIP MONTGOMERY
ROSENBERG, MD, RANDY M PHILADELPHIA
ROSENBERG, MD, ROBIN E PHILADELPHIA
ROSENBLATT, MD, STANLEY G CAMBRIA
ROSENBLOOM, MD, MEYER A ALLEGHENY
ROSENBLOOM, MD, RICHARD C ALLEGHENY
ROSENBLUM, MD, FRED A MONTGOMERY
ROSENBLUM, MD, JEFFREY L CHESTER
ROSENBLUM, MD, MINDY F PHILADELPHIA
ROSENBLUM, MD, NORMAN G BERKS
ROSENCRANS, MD, DAVID L ALLEGHENY
ROSENCRANTZ, MD, ELLIOT BLAIR
ROSENDO, MD, LEYBERTH M BERKS
ROSENER, STEPHANIE E ALLEGHENY
ROSENFELD, MD, BERNARD D LACKAWANNA
ROSENFELD, MD, DAVID J LANCASTER
ROSENFELD, MD, JACK C MONTGOMERY
ROSENFELD, MD, JOEL C NORTHAMPTOI
ROSENFELD, JONATHAN F PHILADELPHIA
ROSENFELD, MD, PHILIP A MONTGOMERY
ROSENFELD, MD, RONALD N DELAWARE
ROSENMAN, MD, HOWARD D BUCKS
ROSENOW JR, MD, EDWARD C PHILADELPHIA
ROSENSTEIN, MD, MAURY M ALLEGHENY
ROSENSTEIN, DO, RICHARD PHILADELPHIA
ROSENSWEIG, MD, WILLIAM LUZERNE
ROSENTHAL, MD, DAVID E PHILADELPHIA
ROSENTHAL, MD, MARK E MONTGOMERY
ROSENTHAL, MD, STEPHEN I LACKAWANNA
ROSENWASSER, MD, ROBERT H PHILADELPHIA
ROSENZWEIG, MD, ANDREW S ALLEGHENY
ROSENZWEIG, MD, MAX PHILADELPHIA
ROSENZWEIG, MD, SETH E BERKS
ROSETT, MD, JEFFREY S PHILADELPHIA
ROSIECKI, MD, MICHAEL W LACKAWANNA
ROSIN, DO, ERIC S CENTRE
ROSKA, MD, JOSE C COLUMBIA
ROSNER, MD, ISADOR K PHILADELPHIA
ROSNER, JOEL L PHILADELPHIA
ROSNER, DO, MARVIN L PHILADELPHIA
ROSNER, MD, MICHAEL J MONTGOMERY
ROSS, MD, ABRAHAM LEHIGH
ROSS, MD, DANIEL I LEHIGH
ROSS, MD, DENISE H PHILADELPHIA
ROSS, MD, GARY W LACKAWANNA
ROSS, MD, RONALD D PHILADELPHIA
ROSS, MD, VINCENT L LACKAWANNA
ROSSBERG, MD, MARK I PHILADELPHIA
ROSSI, MD, MICHAEL A LEHIGH
ROSSI JR, MD, RALPH A CHESTER
ROSSINI, GERALD JOHN M PHILADELPHIA
ROSSMAN, MD, RONALD E PHILADELPHIA
ROST, MD, CHARLES R LANCASTER
ROSTOCK, MD, ROBERT A LUZERNE
ROSVANIS, MD, THOMAS K ALLEGHENY
ROTBERG, MD, NICOLA PHILADELPHIA
ROTCHE, MD, ROBERT M DELAWARE
ROTENBERG, MD, LARRY A BERKS
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ROTH JR, MD, GEORGE R DAUPHIN
ROTH, JAMES L PHILADELPHIA
ROTH, MD, JAMES L PHILADELPHIA
ROTH, MD, JERRY M BUCKS
ROTH, MD, JONATHAN V PHILADELPHIA
ROTH, MD, LOREN H ALLEGHENY
ROTH, DO, MICHAEL A MERCER
ROTH, MD, RUSSELL B ERIE
ROTH, MD, THOMAS G WESTMORELAN
ROTHACKER JR, MD, GERALD W LANCASTER
ROTHENBERG, MD, MARK D PHILADELPHIA
ROTHENBERG, MD, MITCHELL H ALLEGHENY
ROTHENBERGER, MD, MARVIN K LEHIGH
ROTHENBERGER, MD, RODGER F CHESTER
ROTHERMEL, MD, FRANKLIN J MONTOUR
ROTHERMEL II, DO, ROBERT E YORK
ROTHKOPF, MD, BRAD M PHILADELPHIA
ROTHKOPF, MD, HENRY PHILADELPHIA
ROTHMAN, MD, DAVID L MERCER
ROTHMAN, MD, DAVID L ALLEGHENY
ROTHMAN, MD, GERSON B PHILADELPHIA
ROTHMAN, MD, JAN M ERIE
ROTHMAN, MD, KEITH S BUCKS
ROTHMAN, MD, RICHARD H PHILADELPHIA

THROCK, CHRISTOPHER R	STUDENT
THSCHILD, MD, JEFFREY M	ALLEGHENY
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THSTEIN, MD, EDWARD P	BUCKS
THSTEIN-RUBIN, MD, RENE	PHILADELPHIA
TOR-MAKILAN, MD, ARILYN L	LANCASTER
TTENBERG, ERIC C	PHILADELPHIA
TTENBERG, DO, LOUIS	PHILADELPHIA
TTSCHAEFER, MD, ERNARD L	WESTMORELAND
UMM, MD, ALAN D	DAUPHIN
USE, MD, PAUL V	PHILADELPHIA
USH JR, MD, ROBERT K	DELAWARE
VINSKI, MD, HELEN T	LEBANON
VITO, MD, MARC A	DELAWARE
VITO, MD, PETER F	LEHIGH
WAN, MD, BRUCE W	BEAVER
WAN, MD, PAUL J	LANCASTER
WAN, MD, SANDRA K	BERKS
WAND, MD, RANDALL W	YORK
WE, MD, BRENT J	YORK
WE JR, MD, KENNETH W	CAMBRIA
WE, MD, LEE D	PHILADELPHIA
WEHL, MD, JANE B	DAUPHIN
WLAND, MD, HAROLD A	MONTGOMERY
WLAND III, MD, PAUL L	ALLEGHENY
WLEY, JENNIFER K	ERIE
WLEY, MD, RICHARD S	CHESTER
EBY, MD, BRUCE S	PHILADELPHIA
Y, MD, DIPANWITA	PHILADELPHIA
Y, MD, JOHN	PHILADELPHIA
Y, MD, TIMOTHY P	ALLEGHENY
YAL, MD, DAVID R	CUMBERLAND
YER, CHRISTIAN T	PHILADELPHIA
YANSKI JR, MD, WRENCE T	PHILADELPHIA
YANSKI, MD, STANLEY J	BERKS
YIN, MD, LEON	ALLEGHENY
YASH, MD, HARRY E	ALLEGHENY
YBO, MD, ERNEST R	DAUPHIN
YEN, MD, JEROLD R	WASHINGTON
YEN, MD, MALCOLM E	WASHINGTON
YENFIELD, MD, ARNOLD D	ALLEGHENY
YENSTEIN, MD, DAVID L	DELAWARE
YENSTEIN, EMILY J	PHILADELPHIA
YENSTEIN, MD, MORTON J	DAUPHIN
YENSTONE, MD, JEANNE C	CHESTER
YERG, FREDERICK L	PHILADELPHIA
YN, BRUCE D	PHILADELPHIA
YN, DO, CARL S	PHILADELPHIA
YN, MD, EMANUEL	PHILADELPHIA
YN, MD, EMMA	LACKAWANNA
YN, MD, FRED H	ALLEGHENY
YN, MD, HARVEY M	ALLEGHENY
YN, MD, I EDWARD	PHILADELPHIA
YN, MD, JEFFRY F	MONTGOMERY
YN, MD, JONATHAN D	PHILADELPHIA
YN, MD, LORE R	ALLEGHENY
YN, MD, MORTON L	DAUPHIN
YN, DO, MORTON	DELAWARE
YN, MD, PETER E	MONTGOMERY
YN, SETH R	ALLEGHENY
YN, MD, WALTER	PHILADELPHIA
YNO, MD, MARK A	ALLEGHENY
YNSTEIN, MD, DEBRA N	ALLEGHENY
YIGHT, MD, GEORGE L	BERKS
YIGHT JR, MD, BERT C	SCHUYLKILL
Y, MD, EDWARD B	DELAWARE
YSKY, ILSA A	ALLEGHENY
Y, DAWN M	STUDENT
YEN, MD, ANN	BUCKS
YN, MD, JENNIFER E	ALLEGHENY
YN, MD, ROBERT L	PHILADELPHIA
YEY, MD, LLOYD D	PHILADELPHIA
YIAN, MD, RICHARD	ALLEGHENY
YICK, MD, HERMAN D	PHILADELPHIA
YITZKY, MD, JEROME	DELAWARE
YLPH, MD, JOSEPH P	ALLEGHENY
YLPH, MD, JOSEPH	PHILADELPHIA
YLPH, MD, KENNETH H	LACKAWANNA
YLPH, MD, ROBERT I	BERKS
YSKY, MD, BASIL M	LUZERNE
YEL, MD, ARMIN A	BUCKS
YER, MD, RAIMUND G	ALLEGHENY
Y, MD, WILLIAM W	WASHINGTON
YES JR, MD, ALBERT	BUCKS
YSCHI, MD, MAJA S	UNION
Y, MD, CURTIS C	BUTLER
Y, GREGORY A	STUDENT
Y, TIMOTHY M	PHILADELPHIA
Y, DO, ANTHONY M	ERIE
YNI, MD, JOHN A	DELAWARE
YNI, MD, JOHN J	DELAWARE
YE, MD, JOAN M	DAUPHIN
YRT, MD, KARL F	PHILADELPHIA
Y, MD, STANLEY J	PHILADELPHIA
YERO, MD, NICHOLAS J	LUZERNE
YERO, MD, ROBERT A	CHESTER
Y, MARIANNE M	STUDENT
Y, MD, BARRY A	LEHIGH
YMD, CESAR A	ALLEGHENY
YIMMY J	PHILADELPHIA
YMD, VICTOR H	ALLEGHENY
Y, MD, MARVIN C	ALLEGHENY
YUGH JR, MD, JAMES O	PERRY
YUGH, MD,	
Y, HALL U	LUZERNE
YUGH, MD, ROSS S	SOMERSET
YE, MD, THOMAS R	ALLEGHENY
Y, MD, WILLIAM P	DELAWARE
RUNCO, MD, ANGELO S	ALLEGHENY
RUNDORFF, MD, ROBERT L	CAMBRIA
RUNK, MD, LORENZO G	PHILADELPHIA
RUNYAN, DO, JOHN L	COLUMBIA
RUNYEON, MD, WILLIAM K	BERKS
RUPKALVIS, MD, RICHARD H	CAMBRIA
RUPP, MD, MICHAEL J	FRANKLIN
RUPP, MD, ROBERT A	FAYETTE
RUSCHAK, MD, PAUL J	ALLEGHENY
RUSH, MD, CALVIN C	GREENE
RUSH, MD, JOHN F	FAYETTE
RUSK, MD, MATTHEW H	PHILADELPHIA
RUSLI, MD, MICHAEL	LEBANON
RUSNAK, JAMES M	ALLEGHENY
RUSSAVAGE, MD, JAMES M	ALLEGHENY
RUSSEK, MD, EDWARD	DAUPHIN
RUSSELL JR, MD, BERTRAM R	CHESTER
RUSSELL, MD, JOHN J	MONTGOMERY
RUSSELL, MD, KAMAL B	DELAWARE
RUSSELL, MD, MARIE O	DELAWARE
RUSSINOVICH, MD, NICHOLAS A E	ALLEGHENY
RUSSMAN, MD, RICHARD B	ALLEGHENY
RUSSO, MD, ANTHONY F	LANCASTER
RUSSO JR, DO, ANTHONY P	ERIE
RUSSO, MD, DAVID P	HUNTINGDON
RUSSO, MD, JOHN F	SCHUYLKILL
RUSSO, MD, JOSEPH F	ALLEGHENY
RUSSO, MD, JOSEPH R	WAYNE/PIKE
RUSSO, MD, MICHAEL P	YORK
RUSSO, MD, PIERANTONIO	PHILADELPHIA
RUSSO, DO, ROBERT M	NORTHAMPTON
RUSSO, MD, STEPHANIE F	HUNTINGDON
RUTBERG, MD, FRANKLIN L	PHILADELPHIA
RUTBERG, MD, MICHAEL	PHILADELPHIA
RUTENBERG, MD, HAROLD L	PHILADELPHIA
RUTH, MD, COREY K	PHILADELPHIA
RUTH, MD, D HENRY	BEAVER
RUTH, MD, THOMAS K	LANCASTER
RUTHARDT JR, MD, FREDERICK W	FAYETTE
RUTKOSKI, MD, PAMELA H	LYCOMING
RUTLAND, MD, HEDLEY E	YORK
RUTMAN, MD, DEANNA L	ALLEGHENY
RUTT JR, MD, CLARENCE H	LANCASTER
RUTT, MD, JOHN M	LANCASTER
RUTTENBERG, MD, BERTRAM A	PHILADELPHIA
RUTTENBERG, DO, NORMAN F	PHILADELPHIA
RUZBARSKY, MD, JOSEPH J	LACKAWANNA
RYAN JR, DO, EDWARD F	DELAWARE
RYAN, MD, JAMES G	MERCER
RYAN, MD, JOHN J	NORTHAMPTON
RYAN, MD, KATHLEEN F	PHILADELPHIA
RYAN, MD, LAWRENCE W	MONTGOMERY
RYAN, MD, MARILYN	DELAWARE
RYAN, MD, OIN C	PHILADELPHIA
RYAN, MD, WILLIAM C	SOMERSET
RYAN, MD, WILLIAM F	MONROE
RYBARCZYK, MD, RICHARD M	LANCASTER
RYCHAK, MD, JOHN S	DAUPHIN
RYCKMAN, MD, WILLIAM F	ALLEGHENY
RYCZAK, MD, MARY	LACKAWANNA
RYDZE, MD, RICHARD A	ALLEGHENY
RYDZE, MD, ROBERT A	ALLEGHENY
RYGG, MD, SANDRA G	ALLEGHENY
RYLKO, MD, PATRICIA	MONROE
RYMER, MD, DAVID B	ALLEGHENY
RYNIER, MD, DONALD L	LANCASTER
RYOO, MD, IN O	ALLEGHENY
RYSCAVAGE, MD, THOMAS S	YORK

S

SAAD, MD, FATHY Z	LEHIGH
SAAD, LUCIETTE V	STUDENT
SAADAT, MD, MOHAMMAD J	SOMERSET
SAAVEDRA, MD, DIOGENES A	CRAWFORD
SABATELLE, MD, ROBERT C	ALLEGHENY
SABEH, MD, GEORGE	ALLEGHENY
SABEH, MD, RAIF K	ALLEGHENY
SABLOSKY, MD, LESTER	MONTGOMERY
SABOKBAR, MD, NASSER	MONTGOMERY
SABOL, MD, CAROLYN L	PHILADELPHIA
SABOL, MD, JOHN B	CUMBERLAND
SABOL, MD, LOUISE J	MONTOUR
SABRI, MD, PHILIP J	FRANKLIN
SABUGO, MD, EVELYN F	PHILADELPHIA
SACCO, MD, RUSSELL J	ALLEGHENY
SACHAKUL, MD, CHITRINEE	WESTMORELAND
SACHAROK, MD, CYNTHIA A	DELAWARE
SACHDEV, MD, RANJAN	NORTHAMPTON
SACHDEVA, MD, RAVINDRA K	MERCER
SACHNOVSKY, YANINA	ERIE
SACHS, MD, MARVIN L	PHILADELPHIA
SACHS, MD, MURRAY	ALLEGHENY
SACKMAN, MD, IRA	DAUPHIN
SACKS, MD, DAVID	BERKS
SACKS, MD, EDMOND J	CHESTER
SACKS, MD, RICHARD P	LEBANON
SACKS, DO, STEPHEN E	MONTGOMERY
SADEL, KEITH E	PHILADELPHIA
SADKA, MD, GEORGE M	CLINTON
SADLER, MD, JOHN M	ALLEGHENY
SADOFF, MD, ROBERT L	MONTGOMERY
SADR, MD, FARROKH S	LEHIGH
SADWIN, MD, ARNOLD	PHILADELPHIA
SAFFORD, SHAWN D	PHILADELPHIA
SAFIER, MD, JOEL	ALLEGHENY
SAFYAN, MD, ERIC L	ALLEGHENY
SAGALOW, MD, BARRY R	PHILADELPHIA
SAGAN, MD, ELIZABETH R	ALLEGHENY
SAGEL, DO, HENRY K	YORK
SAGEMAN, MD, MARC S	PHILADELPHIA
SAGET, NATHALIE D	PHILADELPHIA
SAGHAFI, MD, DARIUS	WESTMORELAND
SAHETA, MD, SANJAYA N	PHILADELPHIA
SAHIN, MD, MUSTAFA	PHILADELPHIA
SAHLANEY, MD, WILLIAM J	CAMBRIA
SAHLOLBEI, MD, HOSSAIN	YORK
SAHOO, MD, DILLISWAR	SCHUYLKILL
SAHOO, MD, KASHINATH	BERKS
SAHOVEY, MD, JAMES R	ALLEGHENY
SAHU, MD, PAWAN K	PHILADELPHIA
SAIDMAN, MD, BRUCE H	LUZERNE
SAIDMAN, MD, LESTER M	LUZERNE
SAIF, MD, NAHEED F	LEBANON
SAIFEE, MD, KUTUB M	ALLEGHENY
SAINSBURY, MD, CYNTHIA R	ALLEGHENY
SAITO, NAOYUKI G	PHILADELPHIA
SAKKAL, MD, SAAD	MERCER
SAKOL, MD, PETER J	DAUPHIN
SAKOLSKY, DARA J	PHILADELPHIA
SALAK, MD, WASYL W	PHILADELPHIA
SALAM, MD, MAHI	CHESTER
SALAMA, MD, MARYBETH P	ALLEGHENY
SALAMON, MICHAEL L	PHILADELPHIA
SALAND, MD, DAVID K	DELAWARE
SALARIS, MD, SHERYL L	PHILADELPHIA
SALAS, MD, MARTY M	CAMBRIA
SALATKA, MD, KARL W	WESTMORELAND
SALAZAR, MD, EDGARDO P	CARBON
SALAZAR, MD, LOUIS F	YORK
SALCEDO, MD, WILFREDO G	NORTHAMPTON
SALEEM, MD, MOHAMMAD A	LACKAWANNA
SALEH, MD, A NABIL	PHILADELPHIA
SALES, MD, PHOENIX M	PHILADELPHIA
SALGADO, MD, EDWARD M	NORTHAMPTON
SALINDONG, MD, JAIME P	MONTGOMERY
SALKIND, MD, GENE Z	PHILADELPHIA
SALLASH JR, MD, ROBERT J	NORTHAMPTON
SALLAVANTI, DO, ARMANDO R	LUZERNE
SALLAVANTI JR, MD, ROBERT A	LANCASTER
SALNER, MD, NATHAN P	PHILADELPHIA
SALOKY, DO, PAUL A	COLUMBIA
SALOMON, MD, ALEXANDER R	MONTGOMERY
SALOMON, MD, MICHAEL A	WESTMORELAND
SALOOM, ALBERT T	PHILADELPHIA
SALOTTO, MD, ARNOLD G	LEHIGH
SALOWE, MD, DAVID R	BUCKS
SALTZER, KAREN R	PHILADELPHIA
SALUCK, BRIAN H	ERIE
SALVAGE, MD, ROBERT H	PHILADELPHIA
SALVITTI, MD, E RONALD	WASHINGTON
SALVO, MD, PAUL J	PHILADELPHIA
SALVOZA, MD, MANUEL I	ALLEGHENY
SALWEN, SARAH A	PHILADELPHIA
SALZMAN, DO, GARY R	PHILADELPHIA
SAMAD, MD, MOHAMMAD A	NORTHMBRLAND
SAMADANI, MD, SIROOS R	ALLEGHENY
SAMAHA JR, MD, A MICHAEL	MONTGOMERY
SAMARASINGHE, MD, GUNASIRI	ERIE
SAMBERG, DO, GARY A	LANCASTER
SAMELSON, MD, LEO	YORK
SAMET, MD, SHERWOOD L	MONROE
SAMHOURI, MD, FAROUO A	PHILADELPHIA
SAMIES, MD, JOHN H	LEHIGH
SAMII, MD, ABDOL H	LUZERNE
SAMII, MD, ALI M	CAMBRIA
SAMIMI, MD, FAROKH	PHILADELPHIA
SAMITT, DO, JOEL L	LANCASTER
SAMKOFF, MD, JUDITH S	DAUPHIN
SAMPATH, MD, KRISHNA	PHILADELPHIA
SAMPATHACHAR, MD, KAKKADASAN R I	PHILADELPHIA
SAMSONOV, MARIA E	ALLEGHENY
SAMUELS, MD, LOUIS E	PHILADELPHIA
SAMUELS, PAUL L	PHILADELPHIA
SAMUELS, MD, TODD L	DAUPHIN
SAMUELSEN, MD, THOMAS S	LACKAWANNA
SAMUELSON, MD, JOEL S	MONROE
SAND, MD, VIJAICHAND S	ELK/CAMERON
SANDBERG, MD, THEODORE E	ALLEGHENY
SANDERS, DEVIN D	ALLEGHENY
SANDERS, MD, MELINDA E	PHILADELPHIA
SANDERS, MD, RICHARD D	ALLEGHENY
SANDERS, MD, ROBERT E	WESTMORELAND
SANDERSON, MD, DOUGLAS K	DAUPHIN
SANDERSON, MD, VINCENT A	MERCER
SANDHAUS, MD, JULIUS L	LANCASTER
SANDHU, MD, BAKHSHISH S	BUCKS
SANDHU, MD, RAJINDER S	ALLEGHENY
SANDLER, DO, LANE M	PHILADELPHIA
SANDLER, LEONARD L	PHILADELPHIA
SANDLER, MD, SUSAN M	MONTGOMERY
SANDO, MD, RALPH S	PHILADELPHIA
SANDS, MD, EARL E	MONTGOMERY
SANDS, MD, JEFFREY J	LUZERNE
SANDS, DO, SETH C	MONTGOMERY
SANDSON, MD, GERALD B	ALLEGHENY
SANDSTROM JR, MD, FRANK T	MONTGOMERY
SANFACON, MD, CHERYL L	PHILADELPHIA
SANFORD, MD, ROBERT G	DAUPHIN
SANG, MD, ELENA	MONTGOMERY
SANGILLO, MD, CATHLEEN K	DAUPHIN
SANGILLO, MD, MARIO M	DAUPHIN
SANGODEYI, MD, OLU R	ALLEGHENY
SANGRUJEE, MD, KANNIKA L	ALLEGHENY
SANKAR, MD, NAGANATHAN S	BEAVER
SANKARAN, MD, MANICKAM	BLAIR
SANNER JR, MD, EDGAR G	ALLEGHENY
SANSONE, MD, THOMAS C	MONTGOMERY
SANSTEAD, MD, JOHN K	YORK
SANTA MARIA II, RICHARD G	PHILADELPHIA
SANTAMARIA, MD, FRANK R	WESTMORELAND
SANTANELLO, MD, NANCY C	MONTGOMERY
SANTANGELO, MD, MARSHA F	PHILADELPHIA
SANTANGELO, MD, SAMUEL C	MONTGOMERY
SANTIAGO, MD, JOSE W	MERCER
SANTIESTEBAN, MD, JOSEPH A	ALLEGHENY
SANTILLAN, MD, VICTOR H	BLAIR
SANTILLI, MD, THOMAS F	PHILADELPHIA
SANTO, MD, JEAN L	DAUPHIN
SANTOMENNA, MD, MICHAEL A	ERIE
SANTORA JR, MD, FRANK J	ALLEGHENY
SANTORA, MD, ROBERT A	CRAWFORD
SANTORE, MD, FELICE J	DELAWARE
SANTORE, MD, LOUIS X	MONTGOMERY
SANTORO, MD, JEROME	PHILADELPHIA
SANTORO, MD, WILLIAM	BERKS
SANTOS, MD, CESAR R	LAWRENCE
SANTOS, MD, LEONOR	INDIANA
SANTOS-BORJA, MD, CZARINA A	MONTGOMERY
SANTOSO, MD, LIMJADI	ERIE
SANTRAM, MD, DEEPAK	CHESTER
SANTUCCI, MD, FRANCESCO	ALLEGHENY
SAPONARO, MD, STEPHEN A	PHILADELPHIA
SAPPERSTEIN, SCOTT B	PHILADELPHIA
SAOUIN, MD, RAINELDO C	MCKEAN
SARACCO, MD, THOMAS R	ALLEGHENY
SARACENI, DO, ANTHONY J	SCHUYLKILL
SARACHEK, MD, NORMAN S	LEHIGH
SARADAR, MD, RAJA	ALLEGHENY
SARAGOVI, MD, ARMAND A	PHILADELPHIA
SARAJEDINI, MD, HOSSAIN	MCKEAN
SARAN, MD, MADHUKAR	SUSQUEHANNA
SARAS, MD, PETER L	LUZERNE
SARDESAI, MD, PRABHAKER G	ERIE
SARGE, MD, TERENCE J	FRANKLIN
SARGENT, MD, STEPHEN E	BUTLER
SARGINGER, MD, LARRY J	ELK/CAMERON
SARIEGO, MD, JOAQUIN	PHILADELPHIA
SARIN, MD, LOV K	PHILADELPHIA
SARINGAN, MD, GEMMA A	ALLEGHENY
SARIS, MD, ANNE L	MONTGOMERY
SARIS, MD, DEMETRIUS S	MONTGOMERY
SARIS-MECHENBIER, MD, LYDIA E	ALLEGHENY
SARKER, MD, CHITTA R	MONTGOMERY
SARKESSIAN, DO, ALBERT M	PHILADELPHIA
SARKISIAN, STEVEN R	PHILADELPHIA
SARNECKI JR, DO, CONRAD J	LUZERNE
SARNER, MD, JOEL B	ALLEGHENY
SARNO JR, MD, ALBERT P	NORTHAMPTON
SARNOSKI, CHRISTOPHER L	PHILADELPHIA
SARNOWSKI, MD, ROBERT J	LACKAWANNA
SARSFIELD, MD, JEFFREY P	FRANKLIN
SARSHIK, MD, MILTON	PHILADELPHIA
SARTSCHEV, MD, CAROLINE A	ALLEGHENY
SARUBIN, MD, DANIEL R	LEHIGH
SARUK, MD, MICHAEL L	CHESTER
SARVER, MD, RAY G	WESTMORELAND
SASLAW, MINNA M	ALLEGHENY
SASSANI, MD, JOSEPH W	DAUPHIN
SATALOFF, MD, DAHLIA M	PHILADELPHIA
SATALOFF, MD, JOSEPH	PHILADELPHIA
SATALOFF, MD, ROBERT T	PHILADELPHIA
SATELL, MD, EVA H	ALLEGHENY
SATHIAMOORTHI, MD, K M	ALLEGHENY
SATINSKY, MD, JONATHAN D	DELAWARE
SATO, MD, TAKAMI	PHILADELPHIA
SATRIALE, MD, ROBERT O	CHESTER
SATYAM, MD, BHAGYALAKSHMI D	LUZERNE
SAUCO, MD, M CONCEPCION	PHILADELPHIA
SAUER, MD, DIETER	WESTMORELAND
SAUER, MD, GARY G	ALLEGHENY
SAUER, MD, THOMAS S	NORTHAMPTON
SAUER, WILLIAM H	PHILADELPHIA
SAUERTIEG, MD, ELLIOTT A	DAUPHIN
SAUL, MD, LEON J	PHILADELPHIA
SAULL, MD, SONDRA C	PHILADELPHIA
SAUNDERS, MD, CATHY L	BEAVER
SAUNDERS, MD, CHARLES D	NORTHAMPTON
SAUNDERS, MD, RICHARD M	MONTGOMERY
SAUNDERSON JR, MD, ROBERT W	LANCASTER
SAUTER, MD, JOHN G	MONTGOMERY
SAVACOOL, MD, JACOB W	PHILADELPHIA
SAVAGE, MD, DONALD J	LUZERNE
SAVAGE, MD, EDWARD B	ALLEGHENY
SAVAGE, MD, MICHAEL P	PHILADELPHIA
SAVAGE, MD, PETER J	LUZERNE
SAVINESE, DO, STANLEY J	DELAWARE
SAVINO, MD, PETER J	PHILADELPHIA
SAVIT, MD, JAN M	CAMBRIA
SAWARDEKAR, MD, ARUN S	MERCER
SAWARDEKAR, MD, SATISH M	CENTRE
SAWICKI, MD, EDWARD H	INDIANA
SAXENA, MD, VARUN	BUCKS
SAXON, MD, ANDREA M	DELAWARE
SAXON, MD, JOSEPH G	DAUPHIN
SAYE JR, MD, WILLIAM H	DAUPHIN
SAYEN, MD, JOHN J	PHILADELPHIA
SAYER, ROBYN A	PHILADELPHIA
SAYERS, MD, KENNETH H	INDIANA
SAYLOR, MD, RANDALL M	BUTLER

SAYLOR, MD, RICHARD F	MONTGOMERY
SAYSON, MD, JOSE N	LEBANON
SAZAMA, MD, KATHLEEN	PHILADELPHIA
SBAT, DO, KENNEDY J	MONTGOMERY
SCAGLIOTTI, MD, CHARLES J	LEHIGH
SCALAPINO, KENNETH J	ALLEGHENY
SCALES, MD, JAMES L	WAYNE/PIKE
SCANTLEBURY, MD, VELMA P	ALLEGHENY
SCANZELLO, CARLA R	PHILADELPHIA
SCARAMUCCI, MD, JOHN C	ALLEGHENY
SCARITO, MD, ELIZABETH A	YORK
SCARPA, MD, HARRY C	MONTGOMERY
SCARPINO, MD, LEO J	LEHIGH
SCARSELLATO, MD, JOHN N	ALLEGHENY
SCERBO, MD, JAMES A	JEFFERSON
SCHAAF, MD, HOMER D	CHESTER
SCHAAF, MD, JOHN T	ERIE
SCHAAF, MD, RICHARD D	DELAWARE
SCHACHTERLE, MD, RALPH E	LANCASTER
SCHADT, MD, DANIEL C	NORTHAMPTON
SCHADT, MD, MARK E	NORTHAMPTON
SCHAEBLER, MD, M LEE	BERKS
SCHAEFER, MD, DAVID C	YORK
SCHAEFER, MD, THOMAS L	ALLEGHENY
SCHAEFFER, DO, MARLOWE R	CHESTER
SCHAEFFER, MD, MARTIN A	JEFFERSON
SCHAEFFER, MATTHEW W	PHILADELPHIA
SCHAEFFER, MD, WILLIAM A	LANCASTER
SCHAEFFER JR, MD, WILLIAM E	LEBANON
SCHAENEN, MD, WENDY	DAUPHIN
SCHAFER, MD, CHARLES H	PHILADELPHIA
SCHAFFER, MD, DAVID N	DAUPHIN
SCHAFFER, MD, DAVID W	PHILADELPHIA
SCHAINKER, MD, BRUCE A	PHILADELPHIA
SCHALL, MD, JAMES E	HUNTINGDON
SCHALL, MD, ROY F	ALLEGHENY
SCHALLER, MD, JAMES A	MONTGOMERY
SCHANER, MD, PAUL J	ALLEGHENY
SCHANK, MD, DENNIS J	MONTGOMERY
SCHANTZ, DO, BEVERLY B	LANCASTER
SCHANTZ, MD, JOHN C	LANCASTER
SCHAPIRE, MD, PHYLLIS G	DELAWARE
SCHAPIRO, MD, GREGORY D	PHILADELPHIA
SCHAPIRO, MD, ROLF L	ALLEGHENY
SCHARF, MD, ANN I	DELAWARE
SCHARF, MD, RENEE D	MONTGOMERY
SCHARTEL, DO, ALBERT P	BERKS
SCHATANOFF, MD, DAVID	BLAIR
SCHATANOFF, MD, JOSEPH	PHILADELPHIA
SCHATTNER, MD, ALLEN S	ALLEGHENY
SCHATZ, MD, NORMAN J	PHILADELPHIA
SCHATZ, STEPHEN M	ALLEGHENY
SCHAUB, MD, DAVID H	ALLEGHENY
SCHAUBLE, MD, THOMAS L	ALLEGHENY
SCHECTER, MD, BENJAMIN C	MONROE
SCHEEL, MICHAEL J	ALLEGHENY
SCHEERS, MD, GEORGE F	LUZERNE
SCHEIB, MD, FREDERICK J	WASHINGTON
SCHEID, MD, EDWARD R	ALLEGHENY
SCHEID, MD, VICKY L	CHESTER
SCHEIN, MD, ALAN L	DAUPHIN
SCHEIN II, MD, GEORGE	ALLEGHENY
SCHEIN, MD, PHILIP S	MONTGOMERY
SCHEINER, MD, ADAM J	PHILADELPHIA
SCHEINER, MD, ROBIN B	DELAWARE
SCHEINMAN, MD, HAROLD Z	ALLEGHENY
SCHELKUN, MD, P MICHAEL	BUCKS
SCHELL, MD, STEPHEN E	ERIE
SCHENCK, DO, DAVID P	ERIE
SCHENCK, MD, PAUL H	LEHIGH
SCHENDEL, MD, PAUL B	YORK
SCHENFELD, MD, LOUIS A	CAMBRIA
SCHENKEL, MD, ERIC J	NORTHAMPTON
SCHER, MD, DAVID L	DAUPHIN
SCHERER, MD, BERNARD C	WESTMORELAND
SCHERI, TAD D	ALLEGHENY
SCHERR, MD, STUART A	PHILADELPHIA
SCHEUER, MD, JOHN W	LACKAWANNA
SCHEUERMANN, MD, HENRY A	DELAWARE
SCHEVON, CATHERINE A	PHILADELPHIA
SCHIAVONE, MD, JOSEPH A	NORTHAMPTON
SCHIER, JOSHUA G	PHILADELPHIA
SCHIETROMA, MD, JOHN J	DAUPHIN
SCHIFF, MD, MELVIN M	ALLEGHENY
SCHIFFMAN, MD, RAYMOND J	PHILADELPHIA
SCHILDT, MARIE T	BERKS
SCHILLER, MD, HERBERT M	PHILADELPHIA
SCHILLER, MD, RUTH P	BUCKS
SCHILLI, MD, RUDOLPH	CAMBRIA
SCHILLING, MD, JOHN F	DELAWARE
SCHILLING, MARIA M	PHILADELPHIA
SCHIMMER, MD, BARRY M	PHILADELPHIA
SCHINDLER, MD, JOHN T	ALLEGHENY
SCHINDLER, MD, PETER D	CHESTER
SCHINFELD, MD, LOUIS H	MONTGOMERY
SCHIOWITZ, MD, ALBERT	LUZERNE
SCHIOWITZ, MD, MARK F	LUZERNE
SCHIRO, MD, JOHN C	DAUPHIN
SCHLACKMAN, MD, NEIL	BUCKS
SCHLAFF, MD, LILLIAN T	PHILADELPHIA
SCHLAGER, MD, BARBARA A	BUCKS
SCHLAGER, MD, CHARLES E	YORK
SCHLANSKY, MD, RONALD M	CUMBERLAND
SCHLECHTER, MD, BENJAMIN	BERKS
SCHLEGEL JR, MD, ROBERT J	YORK
SCHLEIFER, MD, CHARLES R	PHILADELPHIA
SCHLESINGER, KIMBERLY W	ALLEGHENY
SCHLESINGER, MD, ROBERT B	PHILADELPHIA
SCHLESS, MD, ARTHUR P	CHESTER
SCHLESSEL, MD, RICHARD B	PHILADELPHIA
SCHLEZINGER, MD, NATHAN S	PHILADELPHIA
SCHLITZER, MD, WILLIAM H	SCHUYLKILL
SCHLOSSBERG, MD, DAVID	PHILADELPHIA
SCHLOSSBERG, HOWARD R	PHILADELPHIA
SCHLOSSER, MD, DAVID E	LANCASTER
SCHMALENBERGER, KEVIN P	ALLEGHENY
SCHMALTZ, MD, HARRY W	LACKAWANNA
SCHMELTZ, MD, RALPH	ALLEGHENY
SCHMELTZLE, DO, TIMOTHY C	LEHIGH
SCHMEYER, MD, JON E	YORK
SCHMIDHOFER, MD, MARK	ALLEGHENY
SCHMIDT, MD, ARNOLD P	LUZERNE
SCHMIDT, MD, COURTLAND M	PHILADELPHIA
SCHMIDT JR, MD, ERWIN R	PHILADELPHIA
SCHMIDT, MD, H WILLIAM	MONTGOMERY
SCHMIDT, EXEC DIR, SANDRA M	BEAVER
SCHMIDT, MD, STEPHEN L	BLAIR
SCHMIELER, MD, GEORGE C	WASHINGTON
SCHMITT, MD, HERMAN L	ALLEGHENY
SCHMITT, MD, JOHN J	LANCASTER
SCHMITTNER, JOHN P	PHILADELPHIA
SCHMUKLER, DO, ANITA G	PHILADELPHIA
SCHMUTZLER III, MD, ROBERT C	MONTGOMERY
SCHNALL, MD, BARRY	PHILADELPHIA
SCHNALL, MD, CHARLES	PHILADELPHIA
SCHNALL, MD, DAVID J	PHILADELPHIA
SCHNALL, MD, NATHAN	PHILADELPHIA
SCHNAPF, DO, DONALD J	YORK
SCHNECK JACOB, MD, STEPHANIE L	ALLEGHENY
SCHNEEBERG, MD, ARTHUR L	PHILADELPHIA
SCHNEEBERG, MD, NORMAN G	PHILADELPHIA
SCHNEIDER, MD, BERNARD	PHILADELPHIA
SCHNEIDER, MD, JAN	PHILADELPHIA
SCHNEIDER, MD, LAWRENCE H	PHILADELPHIA
SCHNEIDER, MD, MICHAEL P	ALLEGHENY
SCHNEIDER, MD, RICHARD R	ALLEGHENY
SCHNEIDER, MD, ROBERT E	ALLEGHENY
SCHNEIDER, MD, ROBERTA L	BUCKS
SCHNEIDERMAN, MD, MARC J	ALLEGHENY
SCHNEIDMILLER, JAMES A	PHILADELPHIA
SCHNEIMAN, MD, MAURICE H	PHILADELPHIA
SCHNUR, MD, DAVID P	CHESTER
SCHNUR, MD, ELLIOT H	BUCKS
SCHNURER, MD, CHARLES I	ALLEGHENY
SCHNURER, MD, MARK A	BEAVER
SCHOBER, MD, JUSTINE	ERIE
SCHOCH, MD, PETER M	ALLEGHENY
SCHOCK, MD, WILLIAM W	HUNTINGDON
SCHOCKER, MD, JACK D	BLAIR
SCHOCKET, LISA S	PHILADELPHIA
SCHOEDEL, MD, CHRISTIANNE	YORK
SCHOEL, SUZANNE M	ALLEGHENY
SCHOEMER, MD, PAMELA L	ALLEGHENY
SCHOEPPNER, MD, ERIC	NORTHAMPTON
SCHOEPPNER, MD, GABRIELLE	NORTHAMPTON
SCHOFFSTALL, MD, JOHN M	DELAWARE
SCHOFIELD, MD, JOYCE A	MONTGOMERY
SCHOFIELD, MD, R ALAN	MONTGOMERY
SCHOGEL, MD, KAREN L	BUTLER
SCHOLL, MD, HARVEY W	MONTGOMERY
SCHOLL JR, MD, HARVEY W	BUCKS
SCHOMER, KATHLEEN L	ERIE
SCHONAUER, MD, THOMAS D	YORK
SCHONFELD, MD, MARGERY B	BUCKS
SCHOPFER, MD, RALPH E	LYCOMING
SCHORR, MD, NEAL A	ALLEGHENY
SCHOTT, MD, C RICHARD	DELAWARE
SCHOTT, JENNIFER L	ALLEGHENY
SCHOWALTER, MD, DONALD R	WESTMORELAND
SCHRACK, DO, SAMUEL E	LYCOMING
SCHRADING, MD, WALTER A	YORK
SCHRAGGER, MD, ALAN H	LEHIGH
SCHRAMM, MD, FRANK E	NORTHAMPTON
SCHRAUDENBACH, COOPER C	PHILADELPHIA
SCHRECK, MD, FRED M	NORTHMBRLAND
SCHRECKENGAUST, MD, ROBERT H	LACKAWANNA
SCHREIBER, MD, RICHARD D	LEBANON
SCHREIBER, MD, RICHARD	DAUPHIN
SCHREINER, MD, GLENWOOD R	LUZERNE
SCHREINER, MD, MARK S	PHILADELPHIA
SCHRENZEL, MD, STEVEN	DELAWARE
SCHROECKENSTEIN, MD, RICHARD F	CRAWFORD
SCHROEDER, MD, JEROME S	PHILADELPHIA
SCHROEDER, MD, RICHARD D	CAMBRIA
SCHROGIE JR, MD, JOHN J	CHESTER
SCHRYVER, MD, THOMAS E	YORK
SCHUBERT, MD, JOHN J	LANCASTER
SCHUCKER, MD, CHARLES L	HUNTINGDON
SCHUCKER, DO, DIANE A	CHESTER
SCHUCKER, MD, FORREST A	DAUPHIN
SCHUESSLER, MD, PAUL W	NORTHAMPTON
SCHULHOFF, MD, JOHN W	ALLEGHENY
SCHULMAN, MD, EDWARD S	PHILADELPHIA
SCHULMAN, MD, ELLIOTT A	PHILADELPHIA
SCHULMAN, MD, NORMAN	LUZERNE
SCHULTHEIS JR, MD, CARL F	MONTGOMERY
SCHULTZ, MD, CHRISTOPHER F	PHILADELPHIA
SCHULTZ, MD, EDWARD D	BLAIR
SCHULTZ, MD, EDWARD M	ALLEGHENY
SCHULTZ, MD, JULIUS	PHILADELPHIA
SCHULTZ, MD, THEODORE A	WESTMORELAND
SCHUMACHER, MD, DAVID L	BEAVER
SCHUMAN, MD, ROBERT A	LACKAWANNA
SCHURIGHT, MD, ALAN L	PHILADELPHIA
SCHUSTER, MD, ALBERT H	PHILADELPHIA
SCHUSTER, MD, ALLAN H	ALLEGHENY
SCHUSTER, KEVIN M	PHILADELPHIA
SCHUSTER, MD, ROBERT T	CHESTER
SCHUTTE, MD, SHARON L	PHILADELPHIA
SCHWAB, MD, C WILLIAM	PHILADELPHIA
SCHWAB, MD, MORTON E	PHILADELPHIA
SCHWAB, MD, ROBERT H	PHILADELPHIA
SCHWABE, MD, KARL G	DELAWARE
SCHWALB, MD, ALLEN J	PHILADELPHIA
SCHWAMM, MD, HARRY A	PHILADELPHIA
SCHWANN, MD, NANETTE M	PHILADELPHIA
SCHWARCZ, MD, HARRIET B	MONTGOMERY
SCHWARTZ, MD, ALAN J	PHILADELPHIA
SCHWARTZ, MD, ALEC R	ALLEGHENY
SCHWARTZ, MD, BARRY J	PHILADELPHIA
SCHWARTZ, MD, DANIEL N	ALLEGHENY
SCHWARTZ, MD, DONALD S	CHESTER
SCHWARTZ, MD, EMANUEL E	PHILADELPHIA
SCHWARTZ, MD, GARY M	DAUPHIN
SCHWARTZ, DO, GERSON	DELAWARE
SCHWARTZ, MD, GORDON F	PHILADELPHIA
SCHWARTZ, MD, HARRY W	PHILADELPHIA
SCHWARTZ, MD, IRA	SCHUYLKILL
SCHWARTZ, MD, JEFFREY H	ALLEGHENY
SCHWARTZ, MD, JOEL D	ALLEGHENY
SCHWARTZ, JOEL K	PHILADELPHIA
SCHWARTZ, MD, JOEL L	MONTGOMERY
SCHWARTZ, MD, JONATHAN	WESTMORELAND
SCHWARTZ, MD, LEONARD	ALLEGHENY
SCHWARTZ, MD, LINDEN M	PHILADELPHIA
SCHWARTZ, MD, LOUIS	PHILADELPHIA
SCHWARTZ, MD, MARC L	PHILADELPHIA
SCHWARTZ, MD, MELVIN H	LEHIGH
SCHWARTZ, MD, MILTON A	BUCKS
SCHWARTZ, MD, PETER A	BERKS
SCHWARTZ, MD, PETER L	BUCKS
SCHWARTZ, MD, RAYMOND B	ALLEGHENY
SCHWARTZ, MD, RAYMOND	PHILADELPHIA
SCHWARTZ, MD, ROBERT M	ERIE
SCHWARTZ, MD, ROBERT P	PHILADELPHIA
SCHWARTZ, MD, SHELDON M	LYCOMING
SCHWARTZ, MD, STEPHEN L	PHILADELPHIA
SCHWARTZ, MD, STEVEN R	LANCASTER
SCHWARTZMAN, MD, GREGORY J	MONTGOMERY
SCHWARZ, MD, RICHARD A	BUCKS
SCHWEIKLE, MD, MARY R	LYCOMING
SCHWEIZER, MD, ROBERT A	DELAWARE
SCHWEIZER, MD, ROBERT R	BERKS
SCHWENDEMAN, MD, LESLIE J	ALLEGHENY
SCHWENTKER, ANDREW E	STUDENT
SCHWENTKER, MD, EDWARDS P	DAUPHIN
SCHWERHA, MD, JOSEPH J	ALLEGHENY
SCHWERIN, MD, WILLIAM F	ALLEGHENY
SCHWIEP, MD, FRANCIS	LEHIGH
SCHWINGE, MD, ELAINE A	LEHIGH
SCIALLA, MD, SALVATORE J	LACKAWANNA
SCIANDRA, DO, LUCYANN M	PHILADELPHIA
SCIARA, MD, CHRISTINE	DELAWARE
SCIASCIA, DO, KAREN M	NORTHAMPTON
SCIBETTA, MD, MARIO P	ERIE
SCICCHITANO, MD, LEON P	SCHUYLKILL
SCICUTELLA, DO, CAROL J	ALLEGHENY
SCINICO, MD, MARK W	LUZERNE
SCIOSCIA, MD, EUGENE A	ALLEGHENY
SCIOSCIA JR, MD, EUGENE A	ALLEGHENY
SCIUBBA, MD, ROCCO P	DELAWARE
SCIULLI, MD, ROBERT L	ALLEGHENY
SCLABASSI, MD, ROBERT J	ALLEGHENY
SCOBLIONKO, MD, DAVID P	NORTHAMPTON
SCOGLIETTI, MD, VINCENT C	ALLEGHENY
SCOPELLITI, MD, DEBRA	PHILADELPHIA
SCORNAVACCHI JR, MD, JOSEPH M	BERKS
SCORNAVACCHI SR, MD, JOSEPH M	BERKS
SCOTT, MD, ALVIN J	LUZERNE
SCOTT, DO, BETH A	MONTGOMERY
SCOTT, MD, CAROLYN S	LEHIGH
SCOTT, DO, CLARENCE A	BRADFORD
SCOTT, MD, DONNA P	DELAWARE
SCOTT, MD, DOROTHY C	ALLEGHENY
SCOTT, MD, DURELLE T	LUZERNE
SCOTT, MD, EARL S	PHILADELPHIA
SCOTT, MD, ELAINE B	ARMSTRONG
SCOTT JR, GLEN R	PHILADELPHIA
SCOTT, MD, HENRY	PHILADELPHIA
SCOTT, MD, HOWARD K	ALLEGHENY
SCOTT, MD, J CLIFFORD	CHESTER
SCOTT, MD, JACK A	ALLEGHENY
SCOTT, MD, JOHN H	ALLEGHENY
SCOTT, MD, KELLY L	BRADFORD
SCOTT, DO, MARK E	DELAWARE
SCOTT, MARK P	STUDENT
SCOTT, MD, NORMAN E	ALLEGHENY
SCOTT, MD, PHYLLIS B	TIOGA
SCOTT, DO, ROBERT C	LANCASTER
SCOTT JR, MD, S DAVID	MONTGOMERY
SCOTT, MD, SHARON L	YORK
SCOTT, MD, THOMAS F	ALLEGHENY
SCOTT, MD, THOMAS R	YORK
SCOTTI, MD, DANIEL M	PHILADELPHIA
SCOVAZZO, MD, MARY L	ALLEGHENY
SCOVERN, MD, HENRY	BERKS
SCRIBNER, MD, BRENDA C	PHILADELPHIA
SCULLIN III, MD, JOHN P	MERCER
SCULLY, MD, JOHN P	BERKS
SCUTELLA, MD, MICHEAL A	ERIE
SEAGER, ADM, DIANE L	BERKS
SEAMAN, MD, DAVID E	WASHINGTON
SEARFOSS, MD, ROGER C	WESTMORELA
SEARS, MD, ALAN J	DELAWARE
SEARS, MD, CAROL D	LEBANON
SEAVER, MARK A	PHILADELPHIA
SEBASTIAN, MD, CARMELLA M	LACKAWANNA
SEBASTIAN, MD, EUGENE F	DAUPHIN
SEBASTIANELLI, MD, MARIO J	LACKAWANNA
SEBASTIANELLI, MD, WAYNE J	LACKAWANNA
SEBESTYEN, CHRISTINA E	PHILADELPHIA
SECHLER, MD, EDITH W	VENANGO
SECKINGER, MD, RAYMOND P	LEHIGH
SECOSKY, MD, JOSEPH J	ALLEGHENY
SEDA, MD, HECTOR J	BERKS
SEDACCA, MD, PAUL J	PHILADELPHIA
SEDLACK, MD, JEFFREY D	CUMBERLAND
SEDLOVSKY, MD, MICHAEL Z	NORTHMBRLAI
SEDOR, MD, DAVID J	LUZERNE
SEEBER, MD, JOHN J	CAMBRIA
SEECOF, MD, RICHARD M	WESTMORELA
SEELAUS, MD, JERE F	MONTGOMERY
SEEWALD, MD, TRACY R	ALLEGHENY
SEGAL, MD, ALLAN	BEAVER
SEGAL, MD, BARRY G	ALLEGHENY
SEGAL, MD, BERNARD L	PHILADELPHIA
SEGAL, MD, RICARDO	ALLEGHENY
SEGARRA, MD, SERGIO	MERCER
SEGRAVE-DALY, MD, STEPHEN L	MONROE
SEGU, MD, SUBRAMANYAM	ERIE
SEIAVITCH, MD, SAMUEL A	ALLEGHENY
SEID, MD, JEROME E	ALLEGHENY
SEIDEL, MD, FREDERICK J	DAUPHIN
SEIDEL, MD, HORACE Y	NORTHAMPTO
SEIDL, MD, DANIEL C	YORK
SEIDLICH, MD, FRANKLIN T	DAUPHIN
SEIDNER, MD, MICHAEL R	MONTGOMERY
SEIFERT, DO, RAYMOND D	ALLEGHENY
SEIFERT, DO, RICHARD M	INDIANA
SEIFERTH, MD, WILLIAM J	ERIE
SEIGLE, MD, WALTER E	LACKAWANNA
SEINIGE, MD, URSULA L	PHILADELPHIA
SEIPLE, MD, HARVEY H	LANCASTER
SEITCHIK, MD, MURRAY W	PHILADELPHIA
SEITCHIK, MD, SCOTT H	PHILADELPHIA
SEITMAN, MD, DAVID T	BUCKS
SEITZ, MD, EDWARD R	ALLEGHENY
SEITZ, MD, NEVIN H	YORK
SEKARAN, MD, KAMALESH K	BUTLER
SEKARAN, MD, SOMASUNDARAM K	BUTLER
SEKAS, MD, GAIL	ALLEGHENY
SELICKMAN, MD, MITCHELL A	PHILADELPHIA
SELIG, MD, MICHAEL B	NORTHAMPTO
SELIG, MD, ROBERT M	PHILADELPHIA
SELIP, MD, STEVEN W	WESTMORELA
SELKER, MD, ROBERT G	ALLEGHENY
SELKOVITS, MD, SIDNEY	ALLEGHENY
SELL, MD, HARRY W	ALLEGHENY
SELLERS, MD, ALFRED M	PHILADELPHIA
SELTZER, MD, HARRY	ALLEGHENY
SELTZER, MD, JOSEPH L	PHILADELPHIA
SELVAGGI, MD, KATHY J	ARMSTRONG
SELVAGGIO, MD, ADRIANA M	ALLEGHENY
SELVARAJ, MD, MYLAPPAN	ARMSTRONG
SEMANOFF, MD, THEOPHILA C	BUCKS
SEMBROT, MD, WILLIAM B	PHILADELPHIA
SEMER, MD, NADINE B	YORK
SEMINS, MD, HOWARD	ALLEGHENY
SEMPLE, MD, JOSEPH M	ERIE
SEMPOWSKI, DO, TIMOTHY J	FRANKLIN
SENAN, MD, PUSHPENDRA	ALLEGHENY
SENFT, MD, KAREN E	NORTHAMPTO
SENFT, MD, STEPHEN C	NORTHAMPTO
SENITA, MD, G ROBERT	ALLEGHENY
SENTER, MD, HOWARD J	ALLEGHENY
SEO, MD, JIN S	BERKS
SERAFY, MD, MICHAEL M	ALLEGHENY
SERBER, MD, WILLIAM	PHILADELPHIA
SERENA, MD, THOMAS E	WARREN
SERENE, MD, HARRY E	ALLEGHENY
SERFAS, MD, LEE S	NORTHAMPTO
SERGI, MD, MICHAEL A	BERKS
SERGI, MD, TIFFANY L	BERKS
SERGOTT, MD, ROBERT C	PHILADELPHIA
SERINE, MD, ENRICO A	LACKAWANNA
SEROTA, DO, BENJAMIN	PHILADELPHIA
SERPICO, DO, PETER C	BUCKS
SERRANO, MD, ALBERTO C	PHILADELPHIA
SERRIAN JR, MD, JOHN L	PHILADELPHIA
SERRUYA, MD, ROBERTO J	DELAWARE
SERVANO III, MD, PEDRO O	NORTHMBRLAN
SERWINT, MD, MICHAEL S	LYCOMING
SESHADRI, MD, VIJAYA G	INDIANA
SESKI, MD, JAN C	ALLEGHENY
SESSOMS, MD, FRANK E	ALLEGHENY
SESTITO, MD, CARL G	BEAVER
SETH, MD, PRABHAT	ALLEGHENY
SETH, MD, RAJENDRA N	PHILADELPHIA

HI, MD, PRADEEP K	ALLEGHENY
HI, MD, SURENDRA K	BUTLER
LOCK, DO, WALTER W	SCHUYLKILL
D, DO, PATRICIA	DAUPHIN
TY, MD, POLEPALLI S	WESTMORELAND
ZENFAND, MD, ROY A	ALLEGHENY
CK, MD, MYRON E	CENTRE
AK, MD, MICHAEL E	CAMBRIA
ATSKY, MD, MARY F	LACKAWANNA
TON JR, MD, GEORGE L	BERKS
MD, MARK J	PHILADELPHIA
LER, MD, RAYMOND O	DELAWARE
RLAT, MD, JOSEPH R	LUZERNE
D, MD, ANTONIO	PHILADELPHIA
BLOSKI, DO, REGAN P	ERIE
CKLETT, MD, DOROTHY E	PHILADELPHIA
D, MD, AZIZA T	DAUPHIN
DDUCK, MD, RICHARD K	ALLEGHENY
DDUCK, MD, SNEED P	BERKS
DLE, MD, CHESTER A	NORTHAMPTON
EFFER, MD, JOSEPH M	BUCKS
FER, MD, EDWARD A	LUZERNE
FFER, MD, CAROLYN W	DAUPHIN
FFER, MD, EUGENE M	BERKS
FFER, MD, GEORGE W	BUCKS
FFER, MD, HOWARD L	LAWRENCE
FFER, MD, IRVIN G	BERKS
FFER, MD, LAWRENCE A	MERCER
FFER, DO, LINDA E	DELAWARE
FFER, MD, LIONEL B	MONTGOMERY
FFER, MD, TERRY D	LAWRENCE
FFER, MD, WALTER L	ALLEGHENY
FIA, MD, HASS	PHILADELPHIA
FIQUE, MD, MOHAMMAD	LYCOMING
H, MD, AJIT N	ALLEGHENY
H, MD, ANILKUMAR T	LUZERNE
H, ASIT K	PHILADELPHIA
H, MD, EVELYN M	LUZERNE
H, MD, HARNISH V	BERKS
H, MD, JITENDRA N	PHILADELPHIA
H, MD, KAMALESH T	LEHIGH
H, MD, MANJULA S	JEFFERSON
I, MD, MEHUL N	MONTGOMERY
I, MD, MUKTA K	MIFFLIN/JUNIATA
I, MD, NARESH K R	LUZERNE
I, MD, NAYAN C	LACKAWANNA
, PAULA S	PHILADELPHIA
, MD, RAHMAT	LACKAWANNA
, MD, RAJESH C	ALLEGHENY
, RAJIV J	PHILADELPHIA
, MD, RANJAN R	DELAWARE
, MD, RANJIT R	DELAWARE
, MD, RATAN S	WESTMORELAND
, MD, RINOO V	ALLEGHENY
, MD, ROSY	MERCER
, SACHIN J	PHILADELPHIA
, MD, SAMIRKUMAR J	ALLEGHENY
, MD, SANJAY S	MONTGOMERY
MD, SATISH A	ADAMS
MD, SHAILEN S	DELAWARE
MD, SHIRISH N	ALLEGHENY
MD, SYED G	SCHUYLKILL
MD, VINOD H	ALLEGHENY
D, MD, MIAN M A	CARBON
H, MD, AYESHA R	LACKAWANNA
H, MD, KHALEEL A	LACKAWANNA
H, MD, M NASIR	WESTMORELAND
H, NAOMI N	ALLEGHENY
PAIN, MD, MARK P	LEHIGH
AGHAN, DO, KEVIN J	YORK
AHAN, MD, J RUSH	PHILADELPHIA
AHAN, MD, NANCY R	BUCKS
R, MD, CATHARINE L	LEHIGH
R, DO, THOMAS N	LYCOMING
ELD, MD, NORMAN M	DELAWARE
GOLD, GREGORY L	PHILADELPHIA
GOLD, MD, MONA M	PHILADELPHIA
, MD, IRENE A	ALLEGHENY
, MD, PAUL W	SOMERSET
S, MD, GARY E	DAUPHIN
IUGAM, MD,	
ATHAN	WARREN
IA, MD, EDITH L	ALLEGHENY
IO, MD, AARON L	PHILADELPHIA
IO, MD, ALVIN P	ALLEGHENY
IO, MD, BENNETT M	BUCKS
IO, MD, BERNARD	PHILADELPHIA
O, DO, ERIC B	DELAWARE
O, MD, JOHN A	BERKS
O, MD, LESTER F	ALLEGHENY
O, MD, MARCELLE J	PHILADELPHIA
O, MICHAEL	PHILADELPHIA
O, MD, MORRY	ALLEGHENY
O, MD, STEVEN L	YORK
O, MD, TIMOTHY A	MONTGOMERY
AUGH, MD, DONALD G	BEDFORD
MD, FREDERICK S	PHILADELPHIA
T, MD, IRAJ	SOMERSET
-AZAD, MD, SAID	PHILADELPHIA
EY JR, MD, SEAN J	LANCASTER
EY, MD, THOMAS G	LUZERNE
A, MD, AMAR J	NORTHAMPTON
A, MD, BRAHMA N	ALLEGHENY
A, MD, MEERA V	LACKAWANNA
A, MD, OM P	NORTHAMPTON
A, MD,	
THANJALI	BERKS
A, MD, PARMINDER K	ALLEGHENY
A, MD, SUKH D	ERIE
A, SUSHANT B	PHILADELPHIA
MD, DAVID E	LUZERNE
R, MD, JOHN W	LANCASTER
SHARPLESS, MD, EDWIN D	DELAWARE
SHARPNACK, MD, BRUCE C	WASHINGTON
SHARPS, MD, FRANK	PHILADELPHIA
SHARRAR, MD, ROBERT G	PHILADELPHIA
SHARRER, MD, MARGARET C	ALLEGHENY
SHATZ, MD, RICHARD N	LYCOMING
SHAUB, BRIAN M	ERIE
SHAUB JR, MD, HOWARD G	BLAIR
SHAUGHNESSY, MD, MICHAEL J	ALLEGHENY
SHAUGHNESSY, MD, PATRICK J	MERCER
SHAVER, MD, JAMES A	ALLEGHENY
SHAVER, MD, JOHN C	ALLEGHENY
SHAVER, MD, ROBERT D	LEBANON
SHAW, MD, DIANA S	NORTHAMPTON
SHAW, MD, ELLEN M	MONTGOMERY
SHAW, MD, GORDON A	LYCOMING
SHAW III, MD, LEWIS C	DAUPHIN
SHAW, MD, LINDA L	BLAIR
SHAW, MD, WILLIAM I	ALLEGHENY
SHAWALUK, MD, PAUL D	PHILADELPHIA
SHEA, MD, KEVIN S	ALLEGHENY
SHEAR, SHOSHANNA L	PHILADELPHIA
SHEARBURN III, MD, EDWIN W	BUCKS
SHEARER, MD, DAVID M	YORK
SHEARER, MD, DONALD E	LYCOMING
SHECHTER, MD, JAY A	LACKAWANNA
SHECTER, DO, FREDRIC M	PHILADELPHIA
SHEDDEN, MD, ARTHUR H	MONTGOMERY
SHEDRO, MD, HECTOR	WESTMORELAND
SHEEDY, MD, JOHN G	BLAIR
SHEEHAN, MD, TERRENCE P	PHILADELPHIA
SHEELY, MD, RAYMOND F	ADAMS
SHEEP, MD, ROBERT E	FRANKLIN
SHEER, MD, GEORGE W	LACKAWANNA
SHEETS, MD, EVERETT O	PHILADELPHIA
SHEETS, MD, JAMES A	LEHIGH
SHEETS, KIMBERLY R	PHILADELPHIA
SHEFFER, MD, M LEONARD	BERKS
SHEFFO, MD, GREGORY S	ALLEGHENY
SHEINBAUM, MD, ROY J	PHILADELPHIA
SHELANSKI, MD, SHARON L	PHILADELPHIA
SHELDON, MD, DOUGLAS L	LACKAWANNA
SHELLENBERGER, DIANE M	PHILADELPHIA
SHELLEY, MD, LISBETH E	ALLEGHENY
SHELLEY, MD, MARK H	POTTER
SHELLEY, MD, WILLIAM L	CUMBERLAND
SHELLING, MD, RICHARD E	BRADFORD
SHELTON, MD, BARBARA	PHILADELPHIA
SHEMANSKI, MD, CLEM J	BERKS
SHEMER, DO, RANDY R	BEAVER
SHEN, R ROY	PHILADELPHIA
SHENAI, MD, PUNDALIK G	DAUPHIN
SHENBERGER, MD, KEITH N	LYCOMING
SHENKIN, MD, HENRY A	PHILADELPHIA
SHEPPARD, MD, EDITH S	MONTGOMERY
SHEPPARD, DO, STEVEN R	YORK
SHEPPECK, MD, RICHARD A	WESTMORELAND
SHEPTAK, MD, PETER E	ALLEGHENY
SHER, MD, LIANE	PHILADELPHIA
SHER, MD, PAUL B	PHILADELPHIA
SHER, PETER M	PHILADELPHIA
SHERBAN, MD, PAUL R	LANCASTER
SHERMAN, MD, ALFRED J	DAUPHIN
SHERMAN, MD, HENRY K	ALLEGHENY
SHERMAN, MD, M JACKSON	PHILADELPHIA
SHERMAN, MD, SAMUEL	ALLEGHENY
SHERMAN, MD, VERA V	ALLEGHENY
SHERRY, MD, MICHAEL M	ALLEGHENY
SHERWIN, MD, ROBERTA	PHILADELPHIA
SHERWIN, MD, WILLIAM K	MONTGOMERY
SHERWOOD, MD, ARTHUR W	WYOMING
SHERWOOD, MD, JOHN W	LUZERNE
SHETE, MD, LEENA P	WESTMORELAND
SHETH, MD, MALAY C	WASHINGTON
SHETTER, MD, THOMAS G	BUTLER
SHETTY, MD, BALU B	ALLEGHENY
SHETTY, MD, K NARAYAN	BEAVER
SHETTY, MD, KARUNAKAR S	WESTMORELAND
SHETTY, MD, RATNAKAR S	BEAVER
SHETZLEY, MD, CARL M	BUCKS
SHEVCHIK, MD, GRANT J	WESTMORELAND
SHIAU, MD, YIH-FU	DELAWARE
SHIBEN, MD, TIM E	ALLEGHENY
SHIEH, MD, KAN C	LEHIGH
SHIELDS, MD, JERRY A	PHILADELPHIA
SHIELDS, MD, JOHN J	MONTGOMERY
SHIELDS, JOHN P	ERIE
SHIELDS, JOHN P	ERIE
SHIELDS, MD, MARY S	LEHIGH
SHIELDS, MD, RALPH L	NORTHAMPTON
SHIELDS, MD, THOMAS J	MONTGOMERY
SHIELS, HELEN R	PHILADELPHIA
SHIENBAUM, DO, ALAN J	PHILADELPHIA
SHIH, HELEN A	PHILADELPHIA
SHIH, HENRY T	PHILADELPHIA
SHILOH, AARON O	PHILADELPHIA
SHIM, MD, WAN S	DELAWARE
SHIMER, RICHARD T	PHILADELPHIA
SHIN, BRIAN J	PHILADELPHIA
SHIN, EDWARD J	PHILADELPHIA
SHIN, MD, HEE JOON	NORTHAMPTON
SHIN, MD, MAUNG T	ERIE
SHIN, MD, YONG S	MONTGOMERY
SHINDEL, BETTY E	ALLEGHENY
SHINDLER, MD, ROBERT L	DAUPHIN
SHINGALA, MD, ARUN J	LACKAWANNA
SHINN, MD, SARAH B	ALLEGHENY
SHINNICK, DO, JAMES P	PHILADELPHIA
SHIPKOVITZ, MD, HARVEY D	ALLEGHENY
SHIPPEN, MD, EUGENE R	BERKS
SHIPTON, DO, WILLIAM E	SCHUYLKILL
SHIRAZI-MAJD, MAHSHID	PHILADELPHIA
SHIREY, MD, D ELAINE	CHESTER
SHISHAK, MD, ARYO A	WAYNE/PIKE
SHIVA-PRASAD, MD, MABBU G	LEBANON
SHIVDE, MD, PINAKINI	ERIE
SHOBER, DO, MICHELE M	LAWRENCE
SHOCKMAN, MD, JOEL	MONTGOMERY
SHOEMAKER, DANIEL A	PHILADELPHIA
SHOEMAKER, MD, DAVID M	BUCKS
SHOEMAKER, MD, ELLIOT I	LEHIGH
SHOEMAKER, MD, LARRY D	PHILADELPHIA
SHOEMAKER, MD, MARGRIT M	LYCOMING
SHOEMAKER, MD, PATRICIA L	LEHIGH
SHOENBERGER, MD, DOUGLAS C	LEHIGH
SHOENTHAL, MD, DONALD R	ALLEGHENY
SHOENTHAL, MD, WILLIAM J	BUCKS
SHOGAN, MD, JEFFREY E	ALLEGHENY
SHOGRY, MD, ROBERT N	ALLEGHENY
SHOLDER, MD, ARNOLD J	ALLEGHENY
SHOLEHVAR, MD, JAVAD	LEHIGH
SHOLEVAR, DARIUS P	PHILADELPHIA
SHOLEVAR, MD, FARHAD	LEHIGH
SHONBERG, MD, BARBARA H	BUCKS
SHONBERG, MD, IRVING L	ALLEGHENY
SHONNARD, MD, JOHN W	VENANGO
SHOOK, MD, DANIEL R	BERKS
SHOPE, MD, EARL S	BEDFORD
SHOPE, TIMOTHY R	PHILADELPHIA
SHOPE, MD, WILLIAM B	WESTMORELAND
SHORE, DO, MATTHEW J	DELAWARE
SHORE, PAUL M	PHILADELPHIA
SHORE, MD, ROBERT A	MONTGOMERY
SHORE, MD, ROGER J	CLARION
SHORE, MD, SEYMOUR M	PHILADELPHIA
SHORE, MD, SIDNEY	MONTGOMERY
SHORE, MD, STEPHEN A	DELAWARE
SHOURAIE, MD, ZARRIN	PHILADELPHIA
SHOWAN, MD, ANN M	BUCKS
SHRAGER, DO, LARRY M	DELAWARE
SHRAGER, MD, MORTON W	PHILADELPHIA
SHREINER, MD, DAVID P	ALLEGHENY
SHRIFT, MD, CRAIG A	DAUPHIN
SHRIKANTHAN, MD, SANKARAN	ALLEGHENY
SHRIVASTAVA, RAJ K	PHILADELPHIA
SHROFF, MD, FAROOK K	LUZERNE
SHROFF, MD, SANATKUMAR	WASHINGTON
SHROM, MD, STANLEY H	DELAWARE
SHTRAHMAN, MD, BENJAMIN	ALLEGHENY
SHU, MD, JASON C	TIOGA
SHU, JOHN W	ALLEGHENY
SHUBIN, MD, HARRY	PHILADELPHIA
SHUE, MD, WILLIAM M	YORK
SHUGERT, MD, GUY S	BEAVER
SHUGERT, MD, JOHN H	BEAVER
SHUHLER, MD, PHYLLIS M	BUCKS
SHUKLA, MD, KISHOR N	LACKAWANNA
SHUKLA, MD, ROHITKUMAR S	FRANKLIN
SHULKIN, MD, DAVID J	PHILADELPHIA
SHULKIN, MD, MARK W	DELAWARE
SHULMAN, SCOTT D	ALLEGHENY
SHULTZ, MD, BARRY S	BERKS
SHULTZ, MD, ROBERT G	LANCASTER
SHULTZ, MD, THOMAS L	BUCKS
SHUMAN, MD, CHARLES R	PHILADELPHIA
SHUMAN, MD, JOHN F	BERKS
SHUMAN, MD, LEIGH S	LANCASTER
SHUMAN, MD, NANCY A	BERKS
SHUMAN, MD, SANDRA J	PHILADELPHIA
SHUSTER, MD, EUGENE	PHILADELPHIA
SHUSTERMAN, DO, LARRY	DELAWARE
SHUSTERMAN, MD, NEIL H	PHILADELPHIA
SHUSTERMAN, MD, RICHARD D	BUCKS
SHUTTER, MD, WALTER D	WESTMORELAND
SHYAMALAN, MD, NELLIATE C	PHILADELPHIA
SHYMANSKY, MD, J STEPHEN	ALLEGHENY
SHYMANSKY, MD, LAURA M	ALLEGHENY
SHYNN, MD, TAE I	LUZERNE
SIA, MD, JOSE K	BEAVER
SIAM, MD, NABIL A	PHILADELPHIA
SIAR, MD, W JOHN	JEFFERSON
SIBLEY, MD, ROBERT E	LACKAWANNA
SIBOLBORO, MD, ISABELO Z	INDIANA
SICAT, MD, MARIA A	BUCKS
SICHER, MD, BRUNO P	MCKEAN
SICKEL, MD, EDWARD F	DAUPHIN
SICONOLFI, MD, ERNEST P	ALLEGHENY
SICURANZA, MD, MICHAEL J	YORK
SIDARI, MD, JUDE F	LUZERNE
SIDDIOI, MD, AAMIR J	ALLEGHENY
SIDDIOI, MD, TARIO	PHILADELPHIA
SIDDOWAY, MD, LYLE A	YORK
SIDOROV, MD, JAAN E	MONTOUR
SIEBER, MD, PAUL R	LANCASTER
SIEBER, MD, WILLIAM K	ALLEGHENY
SIEGEL, MD, BERNARD	PHILADELPHIA
SIEGEL, MD, JOSEPH F	WASHINGTON
SIEGEL, MD, PAUL D	PHILADELPHIA
SIEGEL, MD, SEYMOUR	PHILADELPHIA
SIEGEL, MD, WILLIAM	BUCKS
SIEGELBAUM, MD, STEVEN P	DAUPHIN
SIEGFRIED, MD, JAY W	PHILADELPHIA
SIEGLER, MD, PETER E	PHILADELPHIA
SIEGRIST, MD, J DONALD	LANCASTER
SIEM, MD, KWIE-HOA	ALLEGHENY
SIEPER, DO, WILLIAM J	WESTMORELAND
SIERZENSKI, PAUL R	PHILADELPHIA
SIERZENSKI, MD, RONALD J	PHILADELPHIA
SIESHOLTZ, MD, THOMAS S	BUCKS
SIEWERS, MD, CHRISTIANE	ALLEGHENY
SIEWERS, MD, RALPH D	ALLEGHENY
SIGAFOOS, EXEC SEC, SALLY J	LANCASTER
SIGAL, MD, MICHAEL B	ALLEGHENY
SIGIDIN, MD, MARINA Y	BERKS
SIGLER, MD, MILES H	PHILADELPHIA
SIGMAN, MARK J	PHILADELPHIA
SIGMUND, MD, WILLIAM J	LANCASTER
SIGNORELLA, MD, ARTHUR P	ALLEGHENY
SIGUENZA, MD, ROBERT F	DAUPHIN
SIHELNIK, MD, STEPHEN A	BERKS
SIKER, MD, EPHRAIM S	ALLEGHENY
SIKER, ADM, KATHLEEN	ALLEGHENY
SILBERG, MD, ROBERT D	LYCOMING
SILBERMAN, MD, DAVID A	BUCKS
SILBERMAN, MD, HARVEY D	PHILADELPHIA
SILBERMAN, MD, IRA	PHILADELPHIA
SILBERMAN, MD, LESLIE J	ALLEGHENY
SILBERMAN, MD, ROBERT M	NORTHAMPTON
SILBERSTEIN, MD, MARSHA M	PHILADELPHIA
SILBERSTEIN, MD, STEPHEN D	PHILADELPHIA
SILBERT, MD, DAVID I	LANCASTER
SILER, MD, JANET N	PHILADELPHIA
SILIOUINI, MD, JOHN J	PHILADELPHIA
SILK, MD, RAYMOND E	PHILADELPHIA
SILLARS, MD, CHARLES H	MONTGOMERY
SILONE, DO, JAMES E	CHESTER
SILVA-LOPEZ, MD, EDIBALDO	MONTOUR
SILVAGGIO, MD, TERESA	ALLEGHENY
SILVAGGIO, MD, VINCENT J	ALLEGHENY
SILVER, AARON	PHILADELPHIA
SILVER, MD, BARRY A	MONTGOMERY
SILVER, MD, BERNICE S	PHILADELPHIA
SILVER, MD, BRUCE G	DELAWARE
SILVER, DO, DAVID M	PHILADELPHIA
SILVER, MD, FRANK	PHILADELPHIA
SILVER, MD, LAURENCE M	MONTGOMERY
SILVER, MD, LAWRENCE B	DAUPHIN
SILVER, DO, MARC R	PHILADELPHIA
SILVER, MD, SAUL J	ALLEGHENY
SILVER, MD, STEPHEN C	DELAWARE
SILVER, STEVEN E	PHILADELPHIA
SILVERBERG, MD, ALAN L	BUCKS
SILVERBERG, MD, BRUCE J	LEHIGH
SILVERBERG, MD, DANIEL M	LEHIGH
SILVERBERG, MD, JAY H	ALLEGHENY
SILVERBLATT, MD, BERNARD L	ALLEGHENY
SILVERIO, MD, JOHN	CHESTER
SILVERMAN, MD, ALAN R	ALLEGHENY
SILVERMAN, MD, EDWARD J	BERKS
SILVERMAN, DO, EDWARD M	PHILADELPHIA
SILVERMAN, MD, HOWARD A	LEHIGH
SILVERMAN, MD, JERRY D	ALLEGHENY
SILVERMAN, MD, JOSEPH S	BLAIR
SILVERMAN, MD, MENDEL	ALLEGHENY
SILVERMAN, MD, MORTON I	LEHIGH
SILVERMAN, MD, MORTON L	MONTGOMERY
SILVERMAN, MD, ROBERT E	MONTGOMERY
SILVERMAN, STEVEN J	PHILADELPHIA
SILVERMAN, MD, STUART L	ALLEGHENY
SILVERMAN, MD, WILLIAM S	PHILADELPHIA
SILVERS, MD, ABIGAIL A	MONTGOMERY
SILVERS, MD, ARTHUR H	DELAWARE
SILVERSTEIN, MD, CHARLES E	ALLEGHENY
SILVERSTEIN, MD, DANIEL K	LUZERNE
SILVERSTEIN, MD, LEONARD I	MONTGOMERY
SILVERSTEIN, DO, SCOTT D	LANCASTER
SILVERTON, MD, SUSAN F	MONTGOMERY
SILVIS, MD, HARRY J	WASHINGTON
SIM, MD, HYUN S	ARMSTRONG
SIMAN, MD, BERNARD	PHILADELPHIA
SIMBRA, MD, MARIA E	ALLEGHENY
SIMERMAN, MD, LEE PAUL	PHILADELPHIA
SIMKINS, MD, JO M	ALLEGHENY
SIMMONDS, MD, MARY A	DAUPHIN
SIMMONS, MD, CHESTON	CHESTER
SIMMONS, MICHAEL D	PHILADELPHIA
SIMMONS, MD, RICHARD L	ALLEGHENY
SIMON, JAKUB K	PHILADELPHIA
SIMON, MITCHELL	PHILADELPHIA
SIMON, MD, NICOLAS V	YORK
SIMON, MD, WILLIAM H	PHILADELPHIA
SIMONE, MD, SAMUEL T	ALLEGHENY
SIMONIAN, MD, THOMAS M	ERIE
SIMONS, MD, BERNIE M	ALLEGHENY
SIMONS, MD, CARL I	BUCKS
SIMONS, MD, JEFFREY S	BERKS
SIMONS, MD, LAWRENCE M	BEDFORD
SIMONS, MD, ROBERT M	MONTGOMERY
SIMONS, MD, WILLIAM M	MONROE
SIMONSEN, MD, RONALD W	WARREN
SIMORA, MD, FELIX S	ERIE
SIMPSON, MD, JOSEPH W	PHILADELPHIA
SIMPSON, MD, ROY W	LACKAWANNA
SINAIKO, MD, PETER A	BUCKS
SINCAVAGE, MD, JOSEPH T	DELAWARE
SINCLAIR, MD, CATHERINE P	WASHINGTON
SINCLAIR, MD, JOHN D	ALLEGHENY
SINCLAIR, MD, MICHAEL C	LEHIGH
SINCLAIR, MD, STEPHEN H	PHILADELPHIA
SINDER, MD, ANDREW F	ALLEGHENY
SINGAL, MD, BRENDA B	YORK
SINGAL, MD, RAJESH	YORK
SINGER, MD, BARRY L	MONTGOMERY
SINGER, MD, EDWARD S	PHILADELPHIA
SINGER, MD, FRED	PHILADELPHIA
SINGER, MD, IRVIN	PHILADELPHIA

SINGER, MD, JEROME	DELAWARE
SINGER, MD, JOSEPH D	MONTGOMERY
SINGER, MD, MARY E V	YORK
SINGER, MD, PAUL S	YORK
SINGER, MD, RAYMOND L	LEHIGH
SINGER, MD, WILLIAM H	LEHIGH
SINGH, MD, AJAY P	SOMERSET
SINGH, MD, AMARJEET R	BEAVER
SINGH, MD, ARVIND K	LACKAWANNA
SINGH, MD, ASIM R	ERIE
SINGH, MD, BIJAI B	INDIANA
SINGH, MD, BINOY K	PHILADELPHIA
SINGH, MD, DALJIT	ALLEGHENY
SINGH, MD, GEETA	ALLEGHENY
SINGH, MD, GURCHARAN	PHILADELPHIA
SINGH, MD, GURDIAL N	NORTHMBRLAND
SINGH, MD, GURMIT	ALLEGHENY
SINGH, HERB	PHILADELPHIA
SINGH, MD, RAJENDRA	SCHUYLKILL
SINGH, MD, SURENDER	LANCASTER
SINGH, MD, VIJAI P	FAYETTE
SINGHAL, MD, AJAY K	PHILADELPHIA
SINGHAL, SUNIL	PHILADELPHIA
SINGSTAD, MD, CHARLES P	MONTOUR
SINK, MD, JAMES D	PHILADELPHIA
SINKER, MD, DALE V	PHILADELPHIA
SINNER, SCOTT W	PHILADELPHIA
SINNOTT, DO, ROBERT J	BUCKS
SINOR, MD, BAKHTI	ALLEGHENY
SINZ, MD, ELIZABETH H	ALLEGHENY
SIPE, KELLY L	STUDENT
SIPE, MD, PAUL G	YORK
SIPES, MD, DUANE E	FRANKLIN
SIPES, MD, EARL K	LEHIGH
SIRIO, MD, CARL A	ALLEGHENY
SIRIPONG, MD, SILPACHAI	LAWRENCE
SIRKEN, DO, DAVID H	PHILADELPHIA
SIROTNAK JR, MD, JOHN J	LACKAWANNA
SIROTNAK III, MD, JOHN J	LACKAWANNA
SIROTTA, MD, PAUL S	LEHIGH
SIRVEN, MD, JOSEPH I	PHILADELPHIA
SISSON, MD, RALPH S	NORTHAMPTON
SITKOFF, DO, ANDREW D	CHESTER
SIU, KELLY K	PHILADELPHIA
SIVA, SADHISH K	PHILADELPHIA
SIVALINGAM, MD, ARUNAN	PHILADELPHIA
SIVALINGAM, MD, JOCELYN F	PHILADELPHIA
SIVENDRAN, MD, THARMALINGAM	ADAMS
SIVITZ, MD, MARTA E	PHILADELPHIA
SIVITZ, MD, MICHAEL C	MONTGOMERY
SIVULICH, MD, MICHAEL J	CAMBRIA
SIXBEY, THOMAS R	ALLEGHENY
SKALINA, MD, STEFAN M	DELAWARE
SKEEHAN, MD, THOMAS M	DAUPHIN
SKERL, MD, ANTON O	BLAIR
SKETTINO, MD, JOSEPH A	LACKAWANNA
SKINKER III, MD, BENJAMIN M	ALLEGHENY
SKINNER, MD, DOUGLAS V	ALLEGHENY
SKINNER III, MD, ROBERT W	LANCASTER
SKITZKI, JOSEPH J	STUDENT
SKLAR, ERIC B	PHILADELPHIA
SKLAROFF, MD, DAVID M	PHILADELPHIA
SKLAROFF, MD, ROBERT B	PHILADELPHIA
SKLIZOVIC, MD, DAVOR G	ALLEGHENY
SKOLNICK, MD, BRUCE A	PHILADELPHIA
SKOLNICK, MD, KENNETH B	BEAVER
SKONIECZKI III, MD, STAN R	YORK
SKORINKO, MD, KENNETH P	NORTHAMPTON
SKORPINSKI, MD, EDWARD W	BERKS
SKOTNICKI, DO, ROBERT A	DAUPHIN
SKOVIRA, MD, EDWARD M	LACKAWANNA
SKOVRON, MD, MICHAEL	ERIE
SKOWRONSKI, MD, THEODORE J	MONTGOMERY
SKRENTA, MD, RICHARD J	ALLEGHENY
SKRENTNY, MD, THOMAS T	BLAIR
SKURA, MD, DOUGLAS S	ALLEGHENY
SKUTCHES, MD, JOSEPH M	NORTHAMPTON
SKVERSKY, MD, NORMAN J	PHILADELPHIA
SKWEIR, MD, LEON A	LEHIGH
SLABIC, MD, PETER P	ERIE
SLABIC, MD, STAN F	ERIE
SLADE, MD, ROBERT N	NORTHAMPTON
SLAGLE, MD, EDWARD H	ALLEGHENY
SLAGLE, MD, RICHARD B	HUNTINGDON
SLANINA, MD, MICHAEL S	PHILADELPHIA
SLAP, MD, JOSEPH W	PHILADELPHIA
SLATER, MD, HARVEY	ALLEGHENY
SLATER, MD, ROBERT	DELAWARE
SLAVIK, GRETCHEN M	PHILADELPHIA
SLAVIN, MD, JAMES W	PHILADELPHIA
SLAVISH, MD, LYDIA G	CHESTER
SLAVOSKI, MD, LINDA A	LUZERNE
SLAYMAKER, ELIZABETH P	ALLEGHENY
SLAYTON, MD, ROBERT I	ALLEGHENY
SLAYTON, MD, VAL W	ALLEGHENY
SLEDZ, MD, ANN MARIE	NORTHAMPTON
SLEMENDA, MD, WILLIAM D	BEAVER
SLEZAK, MD, JOSEPH A	WESTMORELAND
SLICK, MD, GREGORY	BEDFORD
SLIMMER JR, MD, SAMUEL C	SCHUYLKILL
SLIWINSKI, MD, STANLEY J	BUCKS
SLJAPIC, MD, TATJANA	PHILADELPHIA
SLOAN, MD, CHARLES R	FAYETTE
SLOAN, MD, RICHARD W	YORK
SLOANE, MD, BRUCE B	PHILADELPHIA
SLOANE, MD, CHARLES E	WESTMORELAND
SLOCHOWER, MD, DENNIS	PHILADELPHIA
SLOMIANY, MD, WALTER P	WASHINGTON
SLOMPAK, MD, CAROL A	LEHIGH
SLOTTER, TRACY L	STUDENT
SLOVAK, MD, JOHN P	LANCASTER
SLUHOCKI, DO, MARK	LUZERNE
SLUSSER, MD, STEPHEN O	SCHUYLKILL
SMAHA, MD, LYNN A	BRADFORD
SMALL, MD, GEORGE A	ALLEGHENY
SMALL, MD, RICHARD E	YORK
SMALL, MD, ROY S	LANCASTER
SMALLEY, MD, ARTHUR J	YORK
SMART, MD, LAWSON C	CRAWFORD
SMART, MD, PAUL E	MERCER
SMEAL, DARREN M	STUDENT
SMEAL, MD, WILLIAM E	CAMBRIA
SMELTZER, MD, KENNETH L	DAUPHIN
SMETANKA, CYNTHIA A	PHILADELPHIA
SMIGOCKI JR, MD, GENE C	LANCASTER
SMILEY, MD, JOSEPH W	DELAWARE
SMINK, DOUGLAS S	PHILADELPHIA
SMINK JR, MD, ROBERT D	DELAWARE
SMITH, MD, A MITCHELL	PHILADELPHIA
SMITH, MD, ARTHUR E	PHILADELPHIA
SMITH, MD, ARTHUR K	PHILADELPHIA
SMITH JR, MD, B DAVISON	DELAWARE
SMITH, MD, BARTON L	BERKS
SMITH JR, MD, BENJAMIN V	ALLEGHENY
SMITH, MD, CATHERINE S	LACKAWANNA
SMITH, MD, CATHY S	DELAWARE
SMITH, MD, CHARLES E	ALLEGHENY
SMITH, MD, DAVID A	BUCKS
SMITH, MD, DAVID A	DAUPHIN
SMITH, MD, DAVID G	MONTGOMERY
SMITH, MD, DAVID L	BUCKS
SMITH, MD, DAVID R	MONTGOMERY
SMITH, MD, DENNIS R	UNION
SMITH, MD, DONALD H	NORTHAMPTON
SMITH, MD, EARL B	ALLEGHENY
SMITH JR, MD, EDGAR C	PHILADELPHIA
SMITH, MD, EDGAR C	DELAWARE
SMITH, MD, ELLEN G	DAUPHIN
SMITH, MD, EUGENE C	LANCASTER
SMITH, MD, GARY L	ALLEGHENY
SMITH, MD, GARY M	LUZERNE
SMITH JR, MD, GEORGE S	LEHIGH
SMITH, MD, GREGORY T	ALLEGHENY
SMITH JR, MD, H ALEX	LUZERNE
SMITH SR, MD, HENRY F	LUZERNE
SMITH, IAN A	PHILADELPHIA
SMITH, MD, IAN D	LANCASTER
SMITH, MD, IVAN S	MONTGOMERY
SMITH JR, MD, J STANLEY	DAUPHIN
SMITH, MD, JACK D	WESTMORELAND
SMITH, MD, JAMES K	ALLEGHENY
SMITH, MD, JAMES M	CUMBERLAND
SMITH JR, MD, JAMES W	BEAVER
SMITH, MD, JAMES W	YORK
SMITH, MD, JAN D	ALLEGHENY
SMITH, MD, JERE P	LEHIGH
SMITH, JOANNA M	STUDENT
SMITH, JOEL R	PHILADELPHIA
SMITH, MD, JOHN M	YORK
SMITH, MD, JOHN R	ALLEGHENY
SMITH, MD, JOHN W	ALLEGHENY
SMITH, MD, KAIGHN	PHILADELPHIA
SMITH, LAURA I	ALLEGHENY
SMITH, MD, LAURANCE D	MONTGOMERY
SMITH, MD, MARIA B	DELAWARE
SMITH, MARSHA S A	PHILADELPHIA
SMITH, MD, MONICA E	DELAWARE
SMITH JR, MD, MORGAN T	MONTGOMERY
SMITH, MD, MUHAMMAD S	PHILADELPHIA
SMITH JR, MD, PAUL H	DAUPHIN
SMITH JR, MD, PERRY C	WASHINGTON
SMITH, MD, PETER D	MONTOUR
SMITH, MD, RAYMOND L	BERKS
SMITH, MD, ROBERT C	ALLEGHENY
SMITH, MD, ROBERT G	WARREN
SMITH, MD, ROBERT W	MONTGOMERY
SMITH, MD, RONALD E	BERKS
SMITH JR, MD, ROSS H	ALLEGHENY
SMITH, RYAN P	PHILADELPHIA
SMITH, MD, SANDRA J	DAUPHIN
SMITH, MD, STEPHEN H	BUCKS
SMITH, MD, STEPHEN J	MONTGOMERY
SMITH, MD, STEVEN D	PHILADELPHIA
SMITH, MD, THOMAS C	LYCOMING
SMITH, MD, THOMAS W	JEFFERSON
SMITH, MD, TIMOTHY C	PHILADELPHIA
SMITH, MD, VICTORIA T	BLAIR
SMITH, MD, WARREN S	ALLEGHENY
SMITH, MD, WILLIAM D	DELAWARE
SMITH, MD, WILLIAM T	ALLEGHENY
SMITH-WHITE, MD, ROXANNE A	PHILADELPHIA
SMOLAR, MD, BEN R	ALLEGHENY
SMOLINSKI, DO, WILLIAM J	BRADFORD
SMOLKO, MD, JAMES M	YORK
SMOLKO, MD, JAMES R	YORK
SMOOKE, MD, MARK E	MIFFLIN/JUNIATA
SMOYER, MD, RONALD L	CAMBRIA
SMULLENS, MD, STANTON N	PHILADELPHIA
SMYTH, MD, LAWRENCE T	NORTHAMPTON
SNEDDEN, MD, HAL E	MONTGOMERY
SNEDDEN, MD, MICHAEL H	MONTGOMERY
SNEERINGER, DO, THOMAS D	CRAWFORD
SNEFF, MD, EUGENE M	BLAIR
SNIDER, MD, B LEONARD	ERIE
SNITZER, MD, ARNOLD J	ALLEGHENY
SNITZER, MD, LEWIS S	CAMBRIA
SNODGRASS JR, MD, W HOMER	ALLEGHENY
SNOVER, MD, SETH W	MONTOUR
SNOW, MD, LAURENCE H	PHILADELPHIA
SNOW, RENEE E	PHILADELPHIA
SNOW, MD, ROSS A	ERIE
SNOWMAN, MD, WHITNEY R	WESTMORELAND
SNYDER, DO, ALLAN R	BUCKS
SNYDER, MD, ALLEN P	ALLEGHENY
SNYDER, MD, BARRY J	BUCKS
SNYDER, MD, BARRY J	CLARION
SNYDER JR, MD, CHARLES F	NORTHAMPTON
SNYDER, MD, DAVID C	BEAVER
SNYDER, MD, DIEHL M	LEBANON
SNYDER, MD, EARL J	LEBANON
SNYDER, MD, HARRY D	MONTGOMERY
SNYDER, MD, HENRY R	YORK
SNYDER, MD, JAMES V	ALLEGHENY
SNYDER, MD, JEFFREY C	LEHIGH
SNYDER, DO, JERROLD M	BUCKS
SNYDER, LORRAINE C	PHILADELPHIA
SNYDER, MD, MARSHA W	NORTHAMPTON
SNYDER, MD, MARVIN C	CARBON
SNYDER, MD, RANDALL W	LACKAWANNA
SNYDER, MD, RICHARD L	LANCASTER
SNYDER, MD, RICHARD W	MONTGOMERY
SNYDER, MD, ROBERT D	CHESTER
SNYDER, MD, ROBERT L	NORTHAMPTON
SNYDER, MD, STANLEY	LEHIGH
SNYDER, MD, STUART	PHILADELPHIA
SNYDER, SUSAN L	PHILADELPHIA
SNYDER-PERLMUTTER, MD, LORI S	DELAWARE
SNYDERMAN, MD, CARL H	ALLEGHENY
SNYDERMAN, MD, RUBEN	ALLEGHENY
SNYDMAN, MD, LEONARD	PHILADELPHIA
SO, MD, BLESILDA S	POTTER
SO, MD, GEORGE L	POTTER
SOBEL, MD, ADAM C	PHILADELPHIA
SOBEL, MD, JOSEPH B	MONTGOMERY
SOBEL, MD, ROSE M	LEHIGH
SOBER, MD, DIANE M	ALLEGHENY
SOBIERAJ, MD, KRZYSZTO M	NORTHAMPTON
SOBIESKI, MD, JOSEPH T	CAMBRIA
SOFFER, MD, MARVIN	PHILADELPHIA
SOFFIETTI, MD, JOHN H	BUTLER
SOFFRONOFF, MD, PIERCE	ALLEGHENY
SOIFER, DO, NEAL E	LACKAWANNA
SOIKA, MD, CHRISTOPHER W	POTTER
SOISSON JR, MD, FERDINAND L	CAMBRIA
SOKACH, DO, MARY ELIZABETH	LUZERNE
SOKALCHUK, MD, ANDREW	PHILADELPHIA
SOKIL, MD, ALEXIS BOHDAN	PHILADELPHIA
SOKOL, MD, MICHAEL C	MONTGOMERY
SOKOLOSKI, PAUL W	PHILADELPHIA
SOLA, MD, JULIO I	CUMBERLAND
SOLAN, MD, JAMES A	WESTMORELAND
SOLAN, MD, MERRILL J	DELAWARE
SOLANKI, MD, INDUKUMAR M	PHILADELPHIA
SOLANO JR, MD, FRANCIS X	ALLEGHENY
SOLBERG, MD, BYRNE L	DELAWARE
SOLDO, MD, CATHERINE R	NORTHAMPTON
SOLI, MD, SOLEIMAN M	PHILADELPHIA
SOLIS, MD, J ANDREW	BUCKS
SOLIT, MD, ROBERT W	PHILADELPHIA
SOLL, MD, DAVID B	PHILADELPHIA
SOLL, MD, STEPHEN M	PHILADELPHIA
SOLLENBERGER, MD, LARRY L	DAUPHIN
SOLLENBERGER, MD, LAURA B	BLAIR
SOLLENBERGER, DO, STANTON E	FRANKLIN
SOLLER, MD, HERBERT I	DAUPHIN
SOLOMON, MD, CYNTHIA A	LUZERNE
SOLOMON, MD, DANIEL J	MONROE
SOLOMON, MD, ELIAS M	LANCASTER
SOLOMON, JASON S	PHILADELPHIA
SOLOMON, MD, SAMUEL J	YORK
SOLOT, DO, JERALD A	ALLEGHENY
SOLOTOFF, MD, STEPHEN A	MONTGOMERY
SOLOW, MD, EDWARD A	PHILADELPHIA
SOLOW, MD, IRWIN A	ALLEGHENY
SOLTER, MD, ALAN W	ALLEGHENY
SOMA, MD, JOSEPH J	LACKAWANNA
SOMASUNDARAM, MD, ANASUYA	NORTHAMPTON
SOMERS, MD, ERNEST E	FRANKLIN
SOMERS, MD, KEITH S	ALLEGHENY
SOMERS, MD, ROBERT G	PHILADELPHIA
SOMERS, MD, WILLIAM R	LYCOMING
SOMERSET, DO, WILLIAM J	ALLEGHENY
SOMMER, MD, DEBORAH L	ALLEGHENY
SOMMER, MD, JOHN T	DELAWARE
SOMMER, MD, VICKI M	BLAIR
SOMMERFELD, MD, JAMES P	LAWRENCE
SOMVANSHI, RAHUL A	PHILADELPHIA
SONBOLIAN, MD, NASSER	ALLEGHENY
SONDER, MD, HESTER M	PHILADELPHIA
SONDER, MD, MAX J	PHILADELPHIA
SONG, GLORIA U	PHILADELPHIA
SONG, MD, SANG W	BUCKS
SONG, MD, YOUNG J	WESTMORELAND
SONG, MD, YUNG-DOO	PHILADELPHIA
SONNE, MD, JOHN C	PHILADELPHIA
SONNEBORN, MD, DUANE G	PHILADELPHIA
SONSINI, MD, GREGG A	MONTGOMERY
SOPCHAK, MD, MICHAEL A	YORK
SOPHOCLES, MD, MARIA E	MONTGOMERY
SORARUF IV, MD, L PETER	CHESTER
SORBER, MD, WILLIAM A	POTTER
SORDONI, SUSAN F	PHILADELPHIA
SORENSEN, MD, ALFRED L	WASHINGTON
SORIANO, MD, CLAVER S	ALLEGHENY
SORIANO, MD, EDWARD T	PHILADELPHIA
SORIANO JR, MD, MANUEL G	ELK/CAMERO
SORICELLI, MD, RHONDA L	PHILADELPHI
SORICELLI, MD, RICHARD R	DELAWARE
SORKIN, MD, HARDY L	CHESTER
SOROKANICH JR, MD, STEPHEN	LACKAWANN/
SOROKIN, EVAN S	PHILADELPHI.
SORR, MD, EDWARD M	ALLEGHENY
SORRENTINO, DAVID F	PHILADELPHI.
SORTINO, MD, ANTONIO	ALLEGHENY
SOSIS, MD, ARTHUR C	LEHIGH
SOSNOVSKY, MD, ISABELLA	PHILADELPHI.
SOSS, JASON R	PHILADELPHI.
SOSS, DO, MURRAY C	PHILADELPHI.
SOTELO, MD, AUGUSTO	WESTMORELA
SOTEREANOS, MD, DEAN G	ALLEGHENY
SOTO, DO, MILAGROS	PHILADELPHI.
SOTO-HAMLIN, MD, ANGELA M	DAUPHIN
SOTOODEHFAR, MD, RAHIM	ALLEGHENY
SOTOS, MD, L NICHOLAS	ARMSTRONG
SOTOS, MD, PETER N	ARMSTRONG
SOTOS, MD, STEVEN N	ALLEGHENY
SOTUS, MD, PETER C	MERCER
SOUDER, MD, C LAWRENCE	LEHIGH
SOUDER, MD, FRANCIS R	BUCKS
SOUDER, MD, RONALD L	BUCKS
SOUDERS, MD, THOMAS B	BERKS
SOUILLIARD, MD, DONALD H	BUCKS
SOUKAS, MD, PETER A	ALLEGHENY
SOUNDARARAJAN, MD, RANGANATHA	LYCOMING
SOUTHERTON, SUSAN L	STUDENT
SOVETSKY, DO, CHARLES L	DELAWARE
SOWERBY JR, MD, GEORGE W	PHILADELPHI/
SPADARO, MD, DONNA P	VENANGO
SPAEDER, MD, JEFFREY A	ALLEGHENY
SPAETH, MD, GEORGE L	PHILADELPHI/
SPAGNOLI, MD, MARIE V	ADAMS
SPAHN, DO, KREIG A	CRAWFORD
SPANARD, MD, RUSSELL A	ALLEGHENY
SPANOGIANS, MD, ANGELO J	WASHINGTON
SPARICH JR, DO, SALVATORE P	LUZERNE
SPARKMAN, JEFFREY M	PHILADELPHI/
SPARKS, NIGEL W	PHILADELPHI/
SPAULDING, MD, MICHAEL R	ALLEGHENY
SPEAR, MD, BARBARA A	BUCKS
SPEARMAN, MD, MICHAEL P	ALLEGHENY
SPEARS, MD, LAURA S	YORK
SPEARS, MD, PAUL F	YORK
SPEASE, DO, CARL R	MIFFLIN/JUNIA
SPECTOR, MD, GUS	CHESTER
SPEEDY, MD, HARRY W	WESTMORELA
SPEERS, MD, HERBERT K	BUCKS
SPEEZ, MD, NANCY	INDIANA
SPEICHER, MD, JULIE M	LACKAWANNA
SPEICHER, MATTHEW A	PHILADELPHI/
SPEICHINGER, MD, JAMES P	LYCOMING
SPELLMAN, MD, WILLIAM H	MONTGOMER
SPENCE, DO, MICHAEL W	MONROE
SPENCER, MD, DONALD L	CHESTER
SPENCER, MD, H NEWTON	DELAWARE
SPENCER, MD, JAMES H	LAWRENCE
SPENCER, MD, JEANNE P	CAMBRIA
SPERATI, C JOHN	STUDENT
SPERBER, BRIAN R	PHILADELPHI/
SPERLING, MD, DAVID M	ALLEGHENY
SPERLING, MD, HERBERT V	ALLEGHENY
SPERO, MD, JOEL A	ALLEGHENY
SPIEGEL, MD, EDWARD P	BUCKS
SPIEGEL, MD, JOSEPH R	PHILADELPHI/
SPIELBERG, MD, STEPHEN P	MONTGOMER
SPIELMAN, MD, SCOTT R	PHILADELPHI/
SPIERS, MD, ELIZABETH M	CHESTER
SPIGNER, MD, DONALD W	DAUPHIN
SPIKER, MD, DUANE G	ALLEGHENY
SPINA, MD, CARMEN M	BUTLER
SPINA JR, MD, JOSEPH	DELAWARE
SPINA, MD, NANCY R	BUTLER
SPINGOLA, MD, CHARLES E	BUTLER
SPINGOLA, DEAN B	ALLEGHENY
SPINNEY, MD, CARMEN E	LYCOMING
SPINO, MD, PASCAL D	WESTMORELA
SPINUZZA, MD, THOMAS J	FAYETTE
SPIRITOS, MD, MICHAEL D	MONTGOMER
SPITLER III, MD, WILLIAM M	LANCASTER
SPITZ, MD, EUGENE B	PHILADELPHI/
SPITZ, MD, LAWRENCE K	PHILADELPHI/
SPITZER, DO, IRA E	BUCKS
SPITZER, MD, LAURENCE J	PHILADELPHI/
SPITZER, MD, STANLEY	PHILADELPHI/
SPIVACK, MD, JACK	BUCKS
SPLAIN, DO, DENNIS J	LEHIGH
SPOCK, MD, NICHOLAS	NORTHMBRLA
SPOEHR, MD, LUTHER W	ALLEGHENY
SPOLL, DO, EDWARD A	NORTHAMPTO
SPONSLER, REBECCA L	ALLEGHENY
SPONSLER, MD, TODD A	CLINTON
SPORN, CAROLYN J	PHILADELPHIA
SPOTTS, MD, DOUGLAS A	DAUPHIN
SPOTTS, MD, RICKE L	LEBANON
SPRAGUE, MD, DOUGLAS	JEFFERSON
SPRANDIO, MD, JOHN D	PHILADELPHIA
SPRATT, MD, CHARLES E	MONTGOMERY
SPRING, MD, DEBORAH A	LUZERNE
SPRINGER, MD, JAY M	BUCKS
SPRINGER III, MD, ROBERT M	LANCASTER
SPURRIER, MD, DAVID J	CUMBERLAND
SPYCHALSKI, JAMES N	PHILADELPHIA
SPYROPOULOS, DO, GEORGE N	CHESTER

QUADRITO JR, MD, JAMES F	MONTGOMERY
RI-THARAN, MD, FLORENCE J	PHILADELPHIA
RIDHARA, MD, C R	PHILADELPHIA
RIDHARAN, MD, MALINI	LACKAWANNA
RIHARSHA, MD, PATALAM S	COLUMBIA
RINIVASA, MD, NANGALI S	ALLEGHENY
RINIVASAGAM, MD, NARASIMMAN	ALLEGHENY
RINIVASAN, RAMESH	PHILADELPHIA
RINIVASAN, MD, VENKATRAMAN	ALLEGHENY
RIVASTAVA, MD, POONAM	NORTHMBRLAND
RODES, MD, CHARLES H	ALLEGHENY
ROUJI, MD, SAMIR J	DAUPHIN
ROUR, MD, JAMES W	YORK
T ANDRE, MD, MARY L	ALLEGHENY
T PETER, MD, STEVEN L	PHILADELPHIA
TAAS JR, MD, WILLIAM E	PHILADELPHIA
TABILE, MD, JEROME G	NORTHAMPTON
TABLER, MD, CRAIG L	LYCOMING
TACHER, MD, ERIC D	GREENE
TACK, MD, WILLIAM T	PHILADELPHIA
TAEBLER, MD, ROBIN J	BERKS
TAFFEN, MD, ROBERT N	WESTMORELAND
TAFFORD, MD, CALVIN R	DELAWARE
TAFFORD, MD, MARSHALL W	ALLEGHENY
TAFFORD, MD, REGIS W	ALLEGHENY
TAHLFELD, MD, KURT R	ALLEGHENY
TAHLMAN, MD, FREDERICK B	CLARION
TAHLMAN, MD, ROY A	DELAWARE
TAHLNECKER, MD, STEPHEN	DELAWARE
TAINBACK, MD, WILLIAM C	MONTGOMERY
TALTER, MD, RALPH J	ALLEGHENY
TALTERI, DO, MICHAEL F	INDIANA
TAMAN, MD, HARRY	ALLEGHENY
TAMATAKOS, MD, MICHAEL J	LEHIGH
TAMM, MD, BARRY D	ERIE
TANCOMBE, MD, WESLEY R	NORTHAMPTON
TANEK, MD, MARJORIE A	PHILADELPHIA
TANEK, MD, ROBERT	PHILADELPHIA
TANGER, MD, ROBERT H	ALLEGHENY
TANISLAW, MD, SCOTT R	MONTOUR
TANKIEWICZ, MD, DWARD R	DELAWARE
TANKIEWICZ, MD, USSELL J	UNION
TANKO, MD, KENNETH M	ALLEGHENY
TANKOVIC, MD, LJUBISA	DAUPHIN
TANLEY, MD, CHRISTINE L	MONTGOMERY
TANLEY, MD, ERNEST J	ALLEGHENY
TANLEY, MD, JOHN R	PHILADELPHIA
TANLEY, MD, MICHAEL I	DELAWARE
TANSBURY, MD, NEAL A	LEHIGH
TANTON, MD, ELIZABETH L	LEHIGH
TANTON JR, MD, JAMES N	ALLEGHENY
TANTON JR, MD, JOHN J	PHILADELPHIA
TAPOR, MD, DAVID J	ALLEGHENY
TAPP, MD, HARRIET L	MONTGOMERY
TAR, MD, ANDREW M	MONTGOMERY
TARER, MD, LARRIMORE J	DELAWARE
TARK, MD, BRUCE I	CHESTER
TARKEY, MD, RALPH H	MONTOUR
TARR, MD, ROBERT	ALLEGHENY
TARRELS, MD, MICHAEL E	BUCKS
TARRELS, MD, SIDNEY H	PHILADELPHIA
TARUNKO, MD, BASILIO	ALLEGHENY
TARZ, MD, TERENCE W	ALLEGHENY
TARZL, MD, THOMAS E	ALLEGHENY
TASIK JR, MD, JOHN J	LEHIGH
TAUB, MD, ALICE W	PHILADELPHIA
TAUFFER, BRIAN L	STUDENT
TAUFFER, MD, HAROLD E	LANCASTER
TAUFFER, MD, JAMES D	LEBANON
TAUFFER, MD, PAUL R	YORK
TAUFFER, MD, RICHARD A	NORTHAMPTON
TAUFFER, MD, STANLEY S	NORTHAMPTON
TAVRIDES, MD, ALEXANDER	ALLEGHENY
TAVRIDES, MD, MARCIA M	ALLEGHENY
TCHSCHULTE JR, MD, DONALD W	UNION
TCKEL, MD, DONALD C	UNION
TEHLER, DO, KIRK W	ERIE
TEL, MD, HOWARD H	PHILADELPHIA
TELE, MD, JOHN E	CARBON
TELE, MD, JOHN F	MERCER
TELE, MD, LOGAN H	ALLEGHENY
TELMAN, DO, MICHAEL T	YORK
TEN, MD, OLIVER T	ALLEGHENY
TERMAN, MD, PAUL H	PHILADELPHIA
TFANELLI, MD, JAMES L	LACKAWANNA
TFANELLI, MD, JOANN G	ALLEGHENY
TFANICK, DO, PATTI A	CAMBRIA
TFANIK, MD, DAVID	CAMBRIA
TFANOVSKI, MD, NICK	ERIE
TFANYSZYN, MD, MARY A	PHILADELPHIA
TFENELLI, DO, GEORGE E	FRANKLIN
TFFENSEN, MD, DAVID O	WESTMORELAND
TGURA, MD, BARNEY A	LUZERNE
THIKER, MD, DANIEL D	PHILADELPHIA
THIN, MD, ALAN H	CAMBRIA
THIN, MD, ANTHONY	PHILADELPHIA
THIN, MD, ARTHUR V	LEHIGH
THIN, MD, BRADLEY D	ALLEGHENY
THIN JR, MD, DONALD B	DELAWARE
THIN, MD, ELEANOR R	DAUPHIN
THIN, MD, FRANKLIN M	PHILADELPHIA
THIN, MD, GEORGE N	PHILADELPHIA
THIN, MD, HYMEN D	PHILADELPHIA
THIN, MD, IRVIN	PHILADELPHIA
STEIN, DO, JACK M	PHILADELPHIA
STEIN, MD, ROBERT S	NORTHAMPTON
STEIN, MD, THOMAS M	ALLEGHENY
STEIN, MD, WALTER	BERKS
STEINBERG, MD, ABRAAM	ALLEGHENY
STEINBERG, DO, DAVID I	ALLEGHENY
STEINBERG, MD, DEAN A	PHILADELPHIA
STEINBERG, MD, MARVIN E	PHILADELPHIA
STEINBERG, MD, MICHAEL L	ALLEGHENY
STEINBERG, MD, NATHAN	PHILADELPHIA
STEINBOOK, MD, MELVIN	NORTHAMPTON
STEINBRINK, MD, WILLIAM H	ERIE
STEINDEL, MD, CARL R	LACKAWANNA
STEINFELD, MD, RICHARD I	MERCER
STEINFIELD, MD, PAUL H	PHILADELPHIA
STEINGARD, MD, JOSEPH J	PHILADELPHIA
STEINMAN, MD, ARNOLD M	ALLEGHENY
STEINMAN, MD, ROBERT C	LANCASTER
STEINMETZ III, MD, CHARLES G	PHILADELPHIA
STEINMEYER JR, MD, HARRY H	MONTGOMERY
STEINOUR, MD, THOMAS A	FRANKLIN
STEKERT, MD, RUTH	BUCKS
STELLA, MD, HECTOR J	DELAWARE
STELLA, DO, JOSEPH J	MONTGOMERY
STELMACH, MD, JOHN P	BERKS
STELMACH, MD, PAUL	BERKS
STELMACH, MD, PETER	BERKS
STELMACH, MD, W PETER	BERKS
STELZER, MD, FREDERIC A	LEHIGH
STEM JR, MD, THEODORE B	WESTMORELAND
STEMM, MD, JOSEPH J	MONTOUR
STEN, MD, JON D	NORTHMBRLAND
STENBERG, MD, ROBERT G	CAMBRIA
STENE, MD, JOHN K	DAUPHIN
STENGEL, MD, ROBERT J	LANCASTER
STEPAK, MICHAEL	PHILADELPHIA
STEPANKOVA, MD, ZUZANA	ALLEGHENY
STEPHAN, MD, PETER D	ALLEGHENY
STEPHENS JR, MD, HARRY W	LEHIGH
STEPHENSON, MD, KEITH R	ERIE
STEPHENSON, MD, LAURA L	CENTRE
STEPHENSON, MD, ORLANDO K	PERRY
STEPPACHER, MD, LESTER G	PHILADELPHIA
STEPT, MD, LARRY L	ALLEGHENY
STEPT, MD, LEONARD A	ALLEGHENY
STEPT, MD, RAYMOND	ALLEGHENY
STEPT, MD, WILLIAM J	ALLEGHENY
STERLING, MD, NANCY I	DAUPHIN
STERN, ALAN G	PHILADELPHIA
STERN, MD, LILLIAN H	PHILADELPHIA
STERN, MD, ROBERT M	ALLEGHENY
STERNBURG, MD, JON K	WAYNE/PIKE
STERNER, MD, DAVID C	CENTRE
STERNLIEB, MD, JONATHAN M	MONTGOMERY
STERNLIEB, MD, SANFORD B	LUZERNE
STEVEN, MD, JAMES M	PHILADELPHIA
STEVENS, JAY D	ALLEGHENY
STEVENS, DO, PHILIP J	DELAWARE
STEVENSON, MD, PETER T	ALLEGHENY
STEVENSON, MD, RICHARD D	MONTGOMERY
STEVER, DO, MICHAEL R	INDIANA
STEWARD, MD, JOANNE A	LEHIGH
STEWART, MD, DOUGLAS P	WESTMORELAND
STEWART, MD, ELLEN C	ALLEGHENY
STEWART III, DO, JOSEPH H	FRANKLIN
STEWART, MD, MERVIN S	ALLEGHENY
STEWART, MD, MICHAEL J	PHILADELPHIA
STEWART, MD, MICHAEL P	LACKAWANNA
STEWART, PATRICIA G	PHILADELPHIA
STEWART, MD, RICHARD P	DAUPHIN
STEWART, MD, TERRI L	ALLEGHENY
STEWART, MD, WILLIAM D	ALLEGHENY
STICK, MD, WESLEY D	YORK
STIEBER, MD, SCOTT F	LANCASTER
STIEG, MD, PHILIP D	LEBANON
STIEGEL, MD, ROBERT M	BEAVER
STIERSTORFER, MD, MAX J	LEHIGH
STIFFEL, MD, ARTHUR	PHILADELPHIA
STILE, MD, SABATO A	WESTMORELAND
STILL, JENNIFER N	PHILADELPHIA
STILLE, MD, CHRISTOPHER J	LEHIGH
STILLER, MD, RONALD A	ALLEGHENY
STINE JR, MD, LESTER E	ALLEGHENY
STINELY, MD, REGIS W	WASHINGTON
STINEMAN, MD, MARGARET G	PHILADELPHIA
STISH JR, MD, ANTHONY G	LUZERNE
STISH, MD, EUGENE R	LUZERNE
STITT, MD, DONALD G	MERCER
STOCKER, MD, KEVIN D	WASHINGTON
STOFMAN, MD, GUY M	ALLEGHENY
STOKAR, MD, LAWRENCE M	ALLEGHENY
STOKEN, MD, DREW J	CUMBERLAND
STOKER, MD, JOHN W	BLAIR
STOKES, MD, LOUIS C	CHESTER
STOKES, MD, R FRASER	FAYETTE
STOKES, MD, RANJAN	PHILADELPHIA
STOKES, MD, WAYNE L	CENTRE
STOLAR, MD, NEAL M	PHILADELPHIA
STOLLER, MD, RONALD G	ALLEGHENY
STOLLER, DO, ROY B	DELAWARE
STOLTZFUS, MD, ELAM R	UNION
STOLZ, MD, JOHN C	BERKS
STOLZ, MD, JONATHAN L	BERKS
STOLZ, MD, PAUL K	BERKS
STOLZ, DO, RALPH E	LEHIGH
STOLZER, MD, BERTRAND L	ALLEGHENY
STONE JR, MD, CHARLES S	ALLEGHENY
STONE, MD, DAVID A	CAMBRIA
STONE, MD, DAVID A	ALLEGHENY
STONE, DO, DONALD J	COLUMBIA
STONE, MD, ROBERT K	MONTGOMERY
STONE, MD, WALKER H	LYCOMING
STONER, MD, JOHN C	DAUPHIN
STONER, MD, JOHN G	YORK
STONER, MD, ROBERT E	LANCASTER
STONESIFER, DO, TIMOTHY B	FRANKLIN
STONITSCH, MD, FRANK C	ERIE
STOREY, MD, MARK A	ALLEGHENY
STORM, MD, CHARLES T	DELAWARE
STORNIOLO, MD, COSIMO N	YORK
STORY, MD, NANCY S	LYCOMING
STOUDT, MD, K DONALD	MERCER
STOUDT, DO, KATHY J	BERKS
STOUDT, DO, MICHELLE L	PHILADELPHIA
STOUFFER JR, MD, VANCE R	YORK
STOUT, CHARLES W	PHILADELPHIA
STOUT, JOYCE E	PHILADELPHIA
STOUT, MD, RICHARD R	ALLEGHENY
STOUT, MD, WILLIAM J	LANCASTER
STOVER, MD, DONALD L	CAMBRIA
STOWELL, MD, JOSEPH M	BLAIR
STOZEK, MICHELLE A	PHILADELPHIA
STRACCI, DO, PETER F	ALLEGHENY
STRAKA, MD, JOHN A	ALLEGHENY
STRALEY, MD, RICHARD K	LYCOMING
STRAMAT, MD, JOHN M	ALLEGHENY
STRANG, MD, CLYDE A	YORK
STRANG, MD, DAVID J	LUZERNE
STRANG, MD, JOHN E	MONTGOMERY
STRANGARITY, MD, JOSEPH W	LANCASTER
STRASSMAN, MD, RIMA L	LEHIGH
STRATCHKO, DO, RICHARD A	LANCASTER
STRATIS, MD, JOHN P	DAUPHIN
STRATTON, MD, HENRY A	PHILADELPHIA
STRATTON, MD, ROBERT D	ERIE
STRAUSBAUGH, MD, JANET T	YORK
STRAUSBAUGH, MD, RICHARD	YORK
STRAUSE, ALANA L	BERKS
STRAUSE JR, MD, HAROLD L	BERKS
STRAUSS, MD, JAY E	NORTHAMPTON
STRAUSS, MD, RICHARD E	BUCKS
STRAUSS, MD, ROBERT D	LEHIGH
STRAVINO, MD, VINCENT D	NORTHAMPTON
STRAYHORN, MD, JOSEPH M	ALLEGHENY
STREET, MD, THOMAS F	LUZERNE
STREISFELD, MD, DAVID L	LEBANON
STREMPLE, MD, JOHN F	ALLEGHENY
STRENGE, MD, HENRY J	PHILADELPHIA
STRENIO, MD, JONATHAN S	ALLEGHENY
STREUBERT, MD, GEORGE E	NORTHAMPTON
STRIAR, MD, JEFFREY H	MONTGOMERY
STRICKLER, MD, JANE A M	CENTRE
STRILKA, RICHARD J	STUDENT
STRIMLAN, MD, C VAUGHN	ALLEGHENY
STRITE JR, MD, JAMES A	FRANKLIN
STROCK, MD, BRADFORD K	DAUPHIN
STROCKBINE, MD, MELVIN F	YORK
STRONG, MD, GEORGE H	PHILADELPHIA
STRONG III, MD, MICHAEL D	PHILADELPHIA
STRONG, MD, THERESSA B	ALLEGHENY
STRONY JR, MD, RONALD S	MONTOUR
STROWHOUER, DO, WILLIAM J	DELAWARE
STROZ, MD, MARGARET M	CHESTER
STRUB, MD, CHERILYN W	BRADFORD
STRUNK, MD, THOMAS J	CAMBRIA
STRUNK, MD, WILLIAM M	NORTHAMPTON
STRYKER, MD, ALLAN K	LYCOMING
STRYKER, MD, JOHN A	DAUPHIN
STRZELECKI, MD, ZIGMUND F	BUCKS
STUART, MD, JOHN C	ALLEGHENY
STUART, MD, ROBERT B	ERIE
STUART, MD, THOMAS J	LANCASTER
STUART, MD, WAYNE C	BUCKS
STUBA, MD, STELLA	MONTGOMERY
STUCCIO, MD, DOMINICK A	LUZERNE
STUCCIO, MD, JOSEPH J	LUZERNE
STUDDIFORD, MD, JAMES S	PHILADELPHIA
STUDER, MATTHEW A	PHILADELPHIA
STUDER, MD, SEAN M	PHILADELPHIA
STUHLMILLER, DAVID F	PHILADELPHIA
STULL, MD, MARK W	LANCASTER
STUPI, MD, ANGELA M	ALLEGHENY
STUPNIKER, MD, SONIA	PHILADELPHIA
STURM JR, MD, CHARLES F	ALLEGHENY
STURM, MD, PATRICK W	BEAVER
STURMAN, MD, MARTIN F	MONTGOMERY
STURTZ, MD, KRAIG W	DAUPHIN
STUTMAN, MD, FRED A	PHILADELPHIA
STYLER, MD, MICHAEL J	PHILADELPHIA
STYPKO, MD, ANDRZEJ P	BERKS
STYPULA, MD, RICHARD W	MERCER
SU, MD, LANG-PAO	LACKAWANNA
SU, MD, SEAN	DAUPHIN
SU, MD, SHYH-MIN	ALLEGHENY
SUAN, MD, ERIC P	DAUPHIN
SUAREZ, MD, RAMON U	LEBANON
SUATONI JR, MD, FRANK J	ALLEGHENY
SUBACH, MD, BRIAN R	ALLEGHENY
SUBBIAH, MD, THEUARAYA N	BUTLER
SUBRAMANIAN, MD, SHYAMSUNDER	PHILADELPHIA
SUBRAMANY, MD, NARAYANASWAMY	ELK/CAMERON
SUERO, MD, RENE OSCAR	PHILADELPHIA
SUFI, RAMINDRAJIT S	PHILADELPHIA
SUGAR, MD, MIKLOS	DELAWARE
SUGARMAN, MD, SAMUEL	PHILADELPHIA
SUGIMOTO, GARY D	PHILADELPHIA
SUGIURA, MD, SUMIKO M	PHILADELPHIA
SUK, MD, JIN H	VENANGO
SUKANICH, MD, KRIENGSAK	ALLEGHENY
SUKAROCHANA, MD, KAMTHORN	ALLEGHENY
SUKERKAR, MD, NITEEN N	FRANKLIN
SUKYS, MD, NANCY A	ALLEGHENY
SULECKI, MD, MATTHEW G	WESTMORELAND
SULLIVAN, MD, CATHERINE B	PHILADELPHIA
SULLIVAN, MD, CHARLES C	PHILADELPHIA
SULLIVAN, CHRISTOPHER D	PHILADELPHIA
SULLIVAN, DAVID M	PHILADELPHIA
SULLIVAN, MD, EDWARD M	DELAWARE
SULLIVAN, DO, JAMES J	YORK
SULLIVAN, MD, LAWRENCE X	ALLEGHENY
SULLIVAN JR, MD, LAWRENCE X	ALLEGHENY
SULLIVAN, MD, ROBERT D	BLAIR
SULLIVAN, MD, WILLIAM D	CRAWFORD
SULLIVAN, MD, WILLIAM H	PHILADELPHIA
SULLUM, MD, JONATHAN C	LACKAWANNA
SULTZ, DO, MARVIN E	PHILADELPHIA
SUMKIN, DO, JULES H	ALLEGHENY
SUMMERS, MD, KERMIT L	LANCASTER
SUMMERTON, MD, SUSAN L	PHILADELPHIA
SUN, ANDREW N	PHILADELPHIA
SUN, ANTHONY Y	PHILADELPHIA
SUN, MD, KENNETH P	NORTHAMPTON
SUN, MD, WILLIAM Z	PHILADELPHIA
SUND, NEWMAN J	PHILADELPHIA
SUNDARARAJAN, MD, RAJALAKSHMY	ALLEGHENY
SUNDARARAMAN, VIDYA	ALLEGHENY
SUNDAY, MD, MICHAEL L	LACKAWANNA
SUNDERMAN, MD, F WILLIAM	PHILADELPHIA
SUNDHEIM, MD, JAMES L	LACKAWANNA
SUNDT, MD, LINDA M	DELAWARE
SUNG, MD, CHUN M	ALLEGHENY
SUNG, MD, DUK I	ALLEGHENY
SUNG, MD, LEE H	WESTMORELAND
SUNG, MD, PAUL P	LAWRENCE
SUNSERI, MD, MARIA J	ALLEGHENY
SUP, STEPHEN J	PHILADELPHIA
SUPER, MD, LEONID E	PHILADELPHIA
SUPERDOCK, MD, KEITH R	DELAWARE
SUPINSKI, MD, ROBERT S	POTTER
SUPPA, MD, OSVALDO S	ERIE
SUPPLE, MD, EDWARD W	LANCASTER
SUPROCK, MD, MARK D	ERIE
SURACI, MD, ALDO J	COLUMBIA
SURDY, JILL D	PHILADELPHIA
SURKIN, MD, MARC I	DELAWARE
SUSANG-TALAMO, MD, BARBARA A	ALLEGHENY
SUSANN, MD, PHILIP W	ERIE
SUSSMAN, MD, DAVID	LEHIGH
SUSSMAN, MD, SYLVIA	LEHIGH
SUTCLIFFE, PETER D	PHILADELPHIA
SUTER, MD, HARRY J	LYCOMING
SUTER, MD, STANLEY C	LEBANON
SUTHERLAND, MD, ROBERT D	BERKS
SUTKOWSKI, MD, PRZEMYSLAW J	ALLEGHENY
SUTLIFF, MD, FREDERICK P	MONTGOMERY
SUTNICK, MD, ALTON I	PHILADELPHIA
SUTTER, DO, FRANCIS P	PHILADELPHIA
SUTTON, MD, A KEITH	HUNTINGDON
SUTTON, MD, CHARLES A	SOMERSET
SUTTON JR, MD, EDWARD L	BUTLER
SUTTON JR, MD, JOHN C	BEAVER
SUTTON, MD, JOHN J	WARREN
SUVARNAKAR, MD, JAWAHAR N	JEFFERSON
SUWAN, MD, NIPAPAN	ARMSTRONG
SUWAN, MD, SAKDIDEJ	ARMSTRONG
SUWAN, SARUN	PHILADELPHIA
SUYAMA, JOE	ALLEGHENY
SVIGALS, MD, PAUL J	PHILADELPHIA
SWAAB, MD, RONALD L	PHILADELPHIA
SWACKHAMMER, MD, RANDY L	WESTMORELAND
SWAIN, MD, STEPHEN S	SCHUYLKILL
SWAMIDOSS, MD, STEPHENSON S	DAUPHIN
SWAMY, MD, MALLIKARJUNA S	ALLEGHENY
SWAN, MD, BARBARA E	ALLEGHENY
SWAN, MD, DAVID M	ALLEGHENY
SWANK, MD, MARK D	NORTHAMPTON
SWANSIGER, MD, ROBERT J	CAMBRIA
SWANSON, MD, JOEL W	ALLEGHENY
SWANSON, MD, MICHAEL D	ALLEGHENY
SWARM, DAWN L	PHILADELPHIA
SWARTZ, MD, EDWARD F	FRANKLIN
SWARTZ, MD, JOEL D	PHILADELPHIA
SWARTZ, MD, MARK A	FRANKLIN
SWARTZ, MD, NANCY G	PHILADELPHIA
SWARTZ, MD, STAN H	LYCOMING
SWARTZ, MD, WILLIAM M	ALLEGHENY
SWAYSER, DO, WILLIAM R	LEHIGH
SWEENEY, DO, LANCE C	YORK
SWEER, MD, LEON W	CUMBERLAND
SWEGAL, MD, OTTO F	ALLEGHENY
SWEIGARD, MD, KEITH W	MONTGOMERY
SWEINBERG, MD, SHARON K	PHILADELPHIA
SWENSEN, MD, HAROLD E	ALLEGHENY
SWERDLOW, ROBERT L	PHILADELPHIA
SWETERLITSCH, MD, LOUIS H	NORTHAMPTON
SWICK II, MD, J HOWARD	BEAVER
SWIDWA, MD, DENISE M	ALLEGHENY

SWIERCZEWSKI, MD, EDWARD V	WESTMORELAND
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SWIFT, MD, SARAH E	PHILADELPHIA
SWIHART, MD, JEAN O	MONTGOMERY
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SWITZER, MD, GARY L	VENANGO
SYBING, MD, EUGENIO A	MERCER
SYBING, MD, MELITA M	MERCER
SYED, SAIF U	PHILADELPHIA
SYED, MD, TASNEEM A Z	WASHINGTON
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SYLVESTRI, MD, GEORGE M	DAUPHIN
SYMES, MD, PHILIP H	ERIE
SYMS, MD, CHARLES A	PHILADELPHIA
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SZABO, MD, EDWARD T	WESTMORELAND
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SZABO, MD, PATRICIA E	DELAWARE
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SZAFRANSKI, MD, JOHN A	ALLEGHENY
SZALADOS, MD, JAMES E	PHILADELPHIA
SZARKO, MD, CAROL J	BERKS
SZARKO, MD, FRANK J	BERKS
SZARKO, MD, RICHARD J	LANCASTER
SZAYNA, MD, STANLEY	PHILADELPHIA
SZELES, MD, CHRISTOPHER B	PHILADELPHIA
SZOKE, MD, EDWARD E	ADAMS
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SZUSTAK, DO, JOSEPH J	LUZERNE
SZUTOWICZ, DO, MICHAEL P	LANCASTER
SZWAST, ANITA L	ALLEGHENY
SZYDLOWSKI, MD, GARY W	ALLEGHENY
SZYDLOWSKI, MD, THADDEUS R	LEBANON

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TABUENA, MD, AMELIA L	MONTGOMERY
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TACHDJIAN, MD, VAHAKEN	PHILADELPHIA
TACHOVSKY, MD, THOMAS J	NORTHAMPTON
TADDONIO, MD, RICHARD B	BUCKS
TADDONIO, MD, WILLIAM S	CHESTER
TADJALLI, MD, HELEN E	YORK
TADLEY, DO, GERALD	PHILADELPHIA
TAFFE, ELISA	ALLEGHENY
TAFFLIN, DO, DENNIS H	BUCKS
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TAGGART, MD, JAMES D	CUMBERLAND
TAGGART, MD, NINA M	LUZERNE
TAGGART, MD, TINA S	LUZERNE
TAGHIZADEH, FARHAN	STUDENT
TAGHIZADEH, MD, FIROOZ	FAYETTE
TAHTINEN, SHERRI A	PHILADELPHIA
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TAITELBAUM, MD, BEN	ALLEGHENY
TAKACH, MD, STEPHEN J	INDIANA
TAKEDA, MD, MISAO	PHILADELPHIA
TALAGA, MD, RONALD N	WAYNE/PIKE
TALANGBAYAN, MD, FRANCIS V	PHILADELPHIA
TALARICO, DO, JOSEPH F	ERIE
TALATI, MD, DINESHKUMAR C	LUZERNE
TALBOTT, MD, JOHN B	ALLEGHENY
TALLERICO, MD, SAMUEL J	ALLEGHENY
TALLMAN, MD, EDWIN H	BERKS
TALOTTA, SEBASTIAN N	PHILADELPHIA
TAMA, MD, LAWRENCE	BRADFORD
TAMAKI, MD, H TOM	MONTGOMERY
TAN, MD, ANTHONY H	ALLEGHENY
TAN, MD, ANTONIUS H	LEHIGH
TAN, MD, BRADLEY A	ALLEGHENY
TAN, MD, EDWIN L	CAMBRIA
TAN, MD, ISABEL G	MERCER
TAN, MD, JACQUELINE G	BERKS
TAN, MD, LIAN K P O	CARBON
TAN, MD, MYRNA M	PHILADELPHIA
TAN JR, MD, RAMON N	CAMBRIA
TAN, MD, WILFREDO S	ERIE
TAN, MD, YOKE Y	DAUPHIN
TANANIS, MD, LEONARD J	SCHUYLKILL
TANDON, TARUN	STUDENT
TANG, GRACE	STUDENT
TANG, JOANNA	PHILADELPHIA
TANNEHILL, MD, NORMAN B	ALLEGHENY
TANNING, MD, HOWARD M	ALLEGHENY
TANRIBILIR, MD, ABDUL K	COLUMBIA
TANTUM, MD, KERMIT R	DAUPHIN
TANYOL, MD, HASIB	MONTGOMERY
TANZER, MD, PETER P	ALLEGHENY
TAORMINA, MD, DARRIN A	ALLEGHENY
TAPYRIK, MD, NICHOLAS	BEAVER
TAR, MD, LESLIE	CRAWFORD
TARAS, MD, JOHN S	PHILADELPHIA
TARASZEWSKI, MD, ROBERT	MONTOUR
TARR, CHAD D	PHILADELPHIA
TART JR, MD, BRASTON I	YORK
TASE, MD, DOUGLAS S	BERKS
TASMAN, MD, WILLIAM S	PHILADELPHIA
TATA, MD, RAMACHANDRA	ALLEGHENY
TATARKO, MD, MICHAEL	CAMBRIA
TATE, MD, FREDERICK J	LEHIGH
TATEM III, MD, HENRY R	BUCKS
TATU, MD, WILLIAM F	MONROE
TATUM, MD, JAMES K	BEAVER
TAUBER, MD, JOSEPH B	ALLEGHENY
TAUBERG, MD, HERBERT R	ALLEGHENY
TAUBERG, MD, STUART G	ALLEGHENY
TAUS, DO, JOHN K	LEHIGH
TAUSCH, MD, GILBERT S	MONTGOMERY
TAUTJO, MD, EDWARD G L	DELAWARE
TAVANA, MD, MANOUCHER	ERIE
TAVANI, DO, DEEBEANNE M	PHILADELPHIA
TAVARES, MD, JOAO O	ERIE
TAVARES, MD, JOSEPH F	NORTHMBRLAND
TAVARIA, MD, SOLI	SCHUYLKILL
TAX, MD, RICHARD L	BUCKS
TAXIN, MD, RICHARD N	DELAWARE
TAYLOR, MD, BRIAN T	FAYETTE
TAYLOR, DANETTE R	PHILADELPHIA
TAYLOR, MD, DEBRA D	CUMBERLAND
TAYLOR, DO, JACQUELINE J	YORK
TAYLOR, MD, JAMES A	MONROE
TAYLOR, MD, JAMES E	PHILADELPHIA
TAYLOR III, MD, JAMES S	DAUPHIN
TAYLOR, JASON R	PHILADELPHIA
TAYLOR, MD, MARCIA R	MONTGOMERY
TAYLOR, MD, MARK A	BLAIR
TAYLOR, MD, MEGAN B	MONTGOMERY
TAYLOR, MD, PHILIP C	PHILADELPHIA
TAYLOR, MD, SHARON L	ALLEGHENY
TAYLOR, MD, SUSAN C	PHILADELPHIA
TAYLOR, MD, THOMAS J	FRANKLIN
TAYLOR-TYREE, MD, GILL M	ADAMS
TCHONG, MD, KUO-LIANG	DELAWARE
TE, MD, TOMAS T	BUCKS
TEANO, MD, DAN A	DELAWARE
TECCE, MD, MARC A	PHILADELPHIA
TEDESCO, DO, J MICHAEL	LUZERNE
TEDESCO, DO, JOHN A	ERIE
TEDESCO, MD, ORLANDO P	DELAWARE
TEEHAN, MD, BRENDAN P	MONTGOMERY
TEEPLE JR, MD, EDWARD	ALLEGHENY
TEET, MD, DANIEL A	WESTMORELAND
TEETER, MD, JAMES H	FRANKLIN
TEGELER, MD, JAMES A	YORK
TEGTMEIER, MD, TODD A	LYCOMING
TEH, MD, PEK C	LAWRENCE
TEICH, MD, STEPHEN M	MONTGOMERY
TEICHMAN, MD, FRED	UNION
TEITELBAUM, MD, CARL	LUZERNE
TEJPAR, MD, MOHAMED K	LAWRENCE
TELLSCHOW, MD, STEVEN R	PHILADELPHIA
TEMELES, MD, LAWRENCE	PHILADELPHIA
TEMELES, MD, ROY S	ALLEGHENY
TEMPLE, MD, ANTHONY R	CHESTER
TEMPLETON, MD, BRYCE	PHILADELPHIA
TEMPLETON JR, MD, JOHN M	PHILADELPHIA
TEMPLETON III, MD, JOHN Y	PHILADELPHIA
TEMPLETON, MD, JOSEPHINE J	PHILADELPHIA
TENAGLIA, MD, NICHOLAS C	MONTGOMERY
TENDLER, MD, STEVEN W	MONTGOMERY
TENENQUSER, MD, BARRY	ALLEGHENY
TENER, TRILBY J	PHILADELPHIA
TENERIELLO, MD, MICHAEL G	ALLEGHENY
TENEWITZ, TAMMI C	PHILADELPHIA
TENICELA, MD, RUBEN	ALLEGHENY
TENNIE, MD, JAY M	YORK
TENSUAN JR, MD, LEONARDO S	SOMERSET
TEODORO, MD, JOSE V	CAMBRIA
TEPLICK, MD, J GEORGE	PHILADELPHIA
TEPLIS, MD, ALAN C	DAUPHIN
TEPPER, MD, GISELLY	ALLEGHENY
TEPPER, MD, MAURICE C	PHILADELPHIA
TEPPER, MD, RICHARD L	PHILADELPHIA
TEREDESAI, MD, PRADIP R	ALLEGHENY
TERHAAR, DO, PETER J	COLUMBIA
TERMINI, MD, JOSEPH T	LEHIGH
TERNER, MD, IRWIN S	ALLEGHENY
TERNES, MD, ROBERT J	FRANKLIN
TERRY, MD, CHARLES M	DELAWARE
TERRY, MD, JOHN M	TIOGA
TERSHAK, MD, DANIEL R	PHILADELPHIA
TERZIAN, MD, ALLEN E	DELAWARE
TESSARO, MD, ANNE N	ALLEGHENY
TESSLER, MD, A ROBERT	PHILADELPHIA
TESTA, MD, JOSEPH A	WESTMORELAND
TESTA, DO, MARK A	PHILADELPHIA
TESTER, MD, WILLIAM J	PHILADELPHIA
TETRICK, MD, ELBERT L	ALLEGHENY
TEUFEL, MD, SEVERIN	PHILADELPHIA
TEY, MD, PETER H	CARBON
THACHET, MD, CYRIAC T	PHILADELPHIA
THAETE, MD, F LELAND	ALLEGHENY
THAI, MD, KEIT V	PHILADELPHIA
THAKARAR, MD, PUSHPA	CHESTER
THAKER, MD, UPENDRA N	ELK/CAMERON
THAL, MD, IRA M	CHESTER
THALER, MD, ERICA R	PHILADELPHIA
THAMES, DO, RICHARD	JEFFERSON
THANE, MD, T TOE	FRANKLIN
THANKI, MD, ASHOKKUMAR S	BUCKS
THASE, MD, MICHAEL E	ALLEGHENY
THATCHER, MD, JEFFREY D	BUCKS
THEAKSTON, MD, ROBERT W	WASHINGTON
THEIS, MD, STEVEN W	ALLEGHENY
THEL JR, MD, HENRY C	BEAVER
THEMAN, MD, TERRILL E	NORTHAMPTON
THEODORAN, DO, CHRIS G	LANCASTER
THEORET, MARC R	STUDENT
THETGYI, MD, KATHERINE	PHILADELPHIA
THEURKAUF JR, MD, EDWARD A	CHESTER
THODER, MD, JOSEPH J	PHILADELPHIA
THOMAS, MD, ALEX T	LEHIGH
THOMAS, MD, BRUCE L	HUNTINGDON
THOMAS, MD, CARMEN C	PHILADELPHIA
THOMAS, DO, CHARLES E	YORK
THOMAS, MD, CHESTER G	DAUPHIN
THOMAS, MD, CHRISTINE R	ALLEGHENY
THOMAS, MD, CHRISTOPHER W	CRAWFORD
THOMAS, MD, DAVID S	LACKAWANNA
THOMAS JR, MD, DAVID W	CLINTON
THOMAS, MD, EMILIA V	MONTGOMERY
THOMAS, MD, ERIC D	LANCASTER
THOMAS, MD, EVAN J	PHILADELPHIA
THOMAS, MD, GAILYN B	DELAWARE
THOMAS, MD, GARRY J	MONTGOMERY
THOMAS, DO, GARY S	CAMBRIA
THOMAS, MD, GEORGE P	CARBON
THOMAS, MD, HARRY L	PHILADELPHIA
THOMAS JR, MD, HOWARD P	BUCKS
THOMAS JR, MD, JAMES A	DELAWARE
THOMAS, MD, JAMES H	WESTMORELAND
THOMAS JR, MD, JAMES J	ERIE
THOMAS, MD, JOHN J	PHILADELPHIA
THOMAS, MD, JOHN W	ALLEGHENY
THOMAS, MD, JOSEPH M	ERIE
THOMAS, KATHY J	PHILADELPHIA
THOMAS, ORLENE R	STUDENT
THOMAS, MD, RALPH E	LYCOMING
THOMAS, MD, ROBERT D	ALLEGHENY
THOMAS, MD, RONALD L	ALLEGHENY
THOMAS, MD, STEPHEN M	ALLEGHENY
THOMAS, MD, TERRENCE J	SOMERSET
THOMAS, MD, VICTOR J	ALLEGHENY
THOMAS, MD, WILLIAM E	MERCER
THOMAS-HAMMERT, MD, LISA C	ALLEGHENY
THOME, DO, DONALD H	MIFFLIN/JUNIATA
THOMPSON, MD, BRADFORD R	BEAVER
THOMPSON, MD, C FRED	NORTHAMPTON
THOMPSON, MD, CARSON J	LACKAWANNA
THOMPSON, MD, CORALEE G	PHILADELPHIA
THOMPSON, MD, DAN R	ALLEGHENY
THOMPSON, MD, DAVID I	CUMBERLAND
THOMPSON, MD, GREGORY M	CHESTER
THOMPSON, MD, HERBERT	ALLEGHENY
THOMPSON, HOLLY J	STUDENT
THOMPSON, MD, JAMES W	MONTGOMERY
THOMPSON, DO, JEFFREY N	ALLEGHENY
THOMPSON, MD, JOHN W	JEFFERSON
THOMPSON III, MD, LAWRENCE K	CUMBERLAND
THOMPSON, MD, LINDA G	BEAVER
THOMPSON, MD, MARK E	ALLEGHENY
THOMPSON, MD, PETER J	VENANGO
THOMPSON, MD, ROBERT J	LEHIGH
THOMPSON, MD, ROBERT L	CUMBERLAND
THOMPSON, MD, ROBERT L	ALLEGHENY
THOMPSON II, MD, TROY L	PHILADELPHIA
THOMPSON, MD, WILLIAM W	ELK/CAMERON
THONET, MD, MARCEL A	PHILADELPHIA
THORNOUIST, MD, STEVEN C	PHILADELPHIA
THORNSLEY, MD, SUSAN L	DAUPHIN
THORNTON III, MD, JAMES J	DELAWARE
THORNTON, MD, JOSEPH K	FRANKLIN
THORON, MD, LOUISA	PHILADELPHIA
THORP, MD, T RAMSEY	PHILADELPHIA
THORSEN JR, MD, WILLIAM B	YORK
THREEWITT, TANYA	PHILADELPHIA
THRESHER JR, MD, OLIVER S	CHESTER
THURMAN, MD, JOHN N	DELAWARE
TIBBELS JR, MD, EWING W	CLEARFIELD
TIBBENS, MD, GEORGE F	WASHINGTON
TIBBITTS, MD, JAMES A	LEBANON
TIBERIO, MD, RICHARD A	FAYETTE
TIBURCIO JR, MD, ALBINO F	BUTLER
TICK, MD, ROBERT C	BLAIR
TICZON, MD, ANDRES R	ALLEGHENY
TIECHE, MD, STEVEN C	MCKEAN
TIEDEKEN, MD, PATRICK T	LANCASTER
TIEFF, DO, MICHAEL W	MONROE
TIETBOHL, MD, RALPH H	BERKS
TIETJEN, MD, GEORGE W	WAYNE/PIKE
TIFFANY, MD, JOHN R	NORTHAMPTON
TIGER, MD, MELVYN E	PHILADELPHIA
TIGNOR, MD, RICHARD F	LYCOMING
TILTON, DO, BRUCE R	CHESTER
TILVA, MD, PRAFUL K	NORTHMBRLAND
TIMEK, MD, PATRICIA A	CAMBRIA
TIMENS, MD, LAWRENCE J	CAMBRIA
TIMMINS III, MD, PATRICK F	ALLEGHENY
TIMOTHY, MD, SHEILA H	FAYETTE
TINDALL, MD, HERBERT L	LANCASTER
TINDALL, MD, JANICE C	LANCASTER
TING, MD, ROSALIND Y	PHILADELPHIA
TINIANOW, MD, LLOYD N	LEHIGH
TINNEY JR, MD, WILLIAM S	LANCASTER
TINSLEY, MD, WENDY W	BUCKS
TIONGSON JR, MD, JOSE G	DELAWARE
TIPPERMAN, MD, RICHARD	PHILADELPHIA
TIPPING, MD, JAMES S	ALLEGHENY
TIPTON, DO, MARY E	BLAIR
TIPTON, MD, RAYMOND L	VENANGO
TIRADO, MD, PABLO H	ALLEGHENY
TIRNEY, MD, SEAN P	ALLEGHENY
TIRUCHELVAM, MD, VASUDEVAN	YORK
TIRUMALASETTY, MD, KUBERAN	CLARION
TISHERMAN, MD, SAMUEL A	ALLEGHENY
TISHERMAN, MD, SAMUEL E	ALLEGHENY
TISHKOFF, MD, NEIL W	ALLEGHENY
TISSENBAUM, MD, ALLAN	SCHUYLKILL
TITCHWORTH, MD, ROY L	ALLEGHENY
TITI, MD, MARK J	LANCASTER
TIU, MD, JOHN L	LEHIGH
TIU, MD, LALAINE L	LUZERNE
TIYYAGURA, SATISH R	PHILADELPHIA
TKATCH, MD, LISA S	DAUPHIN
TOBIA, MD, ENIO W	DELAWARE
TOBIAS, MD, GORDON L	MONTGOMERY
TOBIAS, MD, RICHARD B	LYCOMING
TOBIASZ, MD, CHRISTOPHER	LYCOMING
TOCA JR, MD, ANGEL R	LAWRENCE
TODARO, MD, SAMUEL R	LACKAWANNA
TODHUNTER, MD, WILLIAM J	LYCOMING
TODOROVSKA, MD, ZAGORKA	PHILADELPHIA
TOFF, DO, KENNETH J	LEHIGH
TOKAREK, MD, ROBERT M	PHILADELPHIA
TOKARS, MD, ROGER P	ALLEGHENY
TOLAN, MD, JEFFREY R	DAUPHIN
TOLAND, MD, JOSEPH C	PHILADELPHIA
TOLAND III, MD, JOSEPH J	PHILADELPHIA
TOLAT, MD, PRATIMA R	PHILADELPHIA
TOLEDANO, MD, CONRADO P	ERIE
TOLEDO, MD, FRANCISCO L	PHILADELPHIA
TOLEDO, MD, QUIRINO G	LUZERNE
TOLENTINO, MD, JULIAN C	BUTLER
TOLENTINO, MD, PABLITO L	BUCKS
TOLIS, MD, BASILE D	BLAIR
TOLLERUD, MD, DAVID J	ALLEGHENY
TOLLETT, MD, CHARLES A	PHILADELPHIA
TOLMAN, MD, LEON M	ARMSTRONG
TOM, MD, CAROL M	MONTGOMERY
TOM, MD, LAWRENCE WC	PHILADELPHIA
TOM, MD, TODD N	CLARION
TOMA, MD, MICHAEL J	PHILADELPHIA
TOMACK, MD, LAWRENCE S	LYCOMING
TOMAINO, MD, MATTHEW M	ALLEGHENY
TOMASELLI, MD, DAVID L	ALLEGHENY
TOMASELLO, MD, DONALD N	PHILADELPHIA
TOMASI, MD, SAMUEL J	BEAVER
TOMAZIC, DO, DAVID R	LACKAWANNA
TOMEDI, MD, JOHN R	LUZERNE
TOMEO, MD, MICHAEL	MONTGOMERY
TOMESCU, DANA	PHILADELPHIA
TOMEZSKO, MD, JANET E	LEHIGH
TOMHAVE, MD, ROBERT H	CAMBRIA
TOMLEY, MD, JOHN E	ALLEGHENY
TOMLIN, MD, JOSEPH G	SCHUYLKILL
TOMLINSON, MD, JOHN W	BUCKS
TOMLINSON, MD, JOHN W	DELAWARE
TONDREAU, MD, RODERICK L	PHILADELPHIA
TONEY, MD, DAVID M	WESTMORELANI
TONEY, MD, MELINDA O	NORTHAMPTON
TONG, MD, DER-LONG	ALLEGHENY
TONKONOW, MD, BARRY L	BUCKS
TONSEY, MD, HABIB	PHILADELPHIA
TOOR, MD, SHAISTA N	ALLEGHENY
TOORKEY, MD, BEHNAZ C	PHILADELPHIA
TOOZE, MD, FRANK M	ERIE
TOPERZER, MD, BETTY C	ERIE
TOPOLSKY, MD, DAVID LANE	PHILADELPHIA
TOPORCER, MD, MARY B	BUCKS
TORCHIA, MD, JOSEPH A	DAUPHIN
TORCHIA, MD, MARY J	ALLEGHENY
TORET, MD, MICHEL P	WESTMORELANI
TORF, MD, ALANE B	BUCKS
TORI, MD, JOSEPH N	DELAWARE
TORIO, MD, REYNALDO M	WESTMORELANI
TORNETTA, MD, FRANK J	MONTGOMERY
TOROK, MD, FRANK S	ALLEGHENY
TORONY-OKUN, MD, JEANNE A	LUZERNE
TORP, MD, LISA K	DAUPHIN
TORR, MD, RALPH W	BUTLER
TORRENCE, MD, MICHAEL B	DELAWARE
TORRES, MD, CARLOS P	ALLEGHENY
TORRES, MD, FLORA M	BEDFORD
TORRES, MD, JULIO E	NORTHAMPTON
TORRES, MD, MARGARITA	PHILADELPHIA
TORRES, MD, ROBIN G	BEDFORD
TORRETI, MD, MARYELLEN A	PHILADELPHIA
TORRI, MD, GIOVANNI	BERKS
TOSHNIWAL, MD, PRADIP K	NORTHAMPTON
TOSHNIWAL, MD, RENU	NORTHAMPTON
TOSO, MD, GIANFRANCO F	BERKS
TOURTELLOTTE, MD, CHARLES D	PHILADELPHIA
TOUSI, MD, ABBAS H	BEDFORD
TOVEY, MD, JAMES E	MONROE
TOWERS, MD, JEFFREY D	ALLEGHENY
TOWNEND, MD, STEPHEN C	CHESTER
TOWNSEND, MD, JAY A	CUMBERLAND
TOWNSEND, MD, MARK E	ERIE
TRABER, MD, PETER G	PHILADELPHIA
TRABULSI, MD, L RICHARD	DELAWARE
TRACHTENBERG, MD, LEE A	ALLEGHENY
TRACHTENBERG, MD, WILLIAM M	LEHIGH
TRACHTMAN, MD, WILLIAM M	MERCER
TRACY, MD, GERALD P	LACKAWANNA
TRAGER, MD, STUART L	PHILADELPHIA
TRAGESER, MD, TIMOTHY C	ERIE
TRAIMAN, MD, RICHARD G	CHESTER
TRAIN, MD, HENRY D	DAUPHIN
TRAINER, MD, PAUL J	ALLEGHENY
TRAJTENBERG, MD, GEORGE A	CHESTER
TRAN, KHOA D	PHILADELPHIA
TRAN, MD, NEIL N	MONTGOMERY
TRAN, TIMOTHY C	PHILADELPHIA

RAN, MD, TRAN N	CUMBERLAND
RANCHITELLA, MD, VINCENT J	YORK
RANOVICH, MD, MICHAEL A	ALLEGHENY
RAUM, MD, RONALD E	PHILADELPHIA
RAUPMAN, MD, ARNOLD F	NORTHAMPTON
RAUTLEIN, MD, JOSEPH J	DAUPHIN
RAUTWEIN, MD, ROBERT C	LYCOMING
RAVERS, MD, DANIEL J	WESTMORELAND
RECHA, MD, GREGORY T	BEAVER
RECROCE, CRISTIN M	PHILADELPHIA
REGER, MD, ALBERT	ALLEGHENY
REIMAN, MD, PHILIP R	BUCKS
RELLA, MD, JENNIFER M	DAUPHIN
RELLIS, MD, DAN R	ALLEGHENY
RELLIS, MD, EMIL S	ALLEGHENY
REMBLAY, MD, ERNEST A	DELAWARE
REMBLAY, MD, GEOFFREY P	DELAWARE
RENTON, DO, WALTER D	SOMERSET
RETTER, DO, MARGARET S	LEHIGH
REVASKIS, MD, ALLAN E	LEHIGH
REVEN, DO, JOHN M	LUZERNE
REVI, EXEC DIR, JOHN	PHILADELPHIA
REVLYN, MD, DEAN W	DELAWARE
REVORROW, MD, THOMAS C	INDIANA
REXLER, MD, ETHAN L	BERKS
REZZA, MD, SCOTT A	CHESTER
RIANA COOPER, MD, LISETTE	PHILADELPHIA
RIANO, MD, GENE J	DAUPHIN
RIANO-RODGERS, MD, VARLA	PHILADELPHIA
RIANTAFYLLOU, MD, STEVEN J	YORK
RIBBLE, MD, JANA K	NORTHAMPTON
RIBIT JR, MD, CHARLES B	PHILADELPHIA
RICHTINGER, MD, MARTIN D	MONTGOMERY
RIMMER JR, MD, JOHN H	YORK
RIMPI, MD, HOWARD D	LEHIGH
RINH, MD, CHUONG N	PHILADELPHIA
RINH, MD, CHUONG V	MONTGOMERY
RIPATHY, MD, NEERAJ	BUCKS
RIPI, MD, JOSEPH E	ADAMS
RIPOLI, MD, CHARLES J	WASHINGTON
RIPOLI, MD, LOUIS C	WASHINGTON
RISAL, MD, VIJAY K	ALLEGHENY
RITSCHLER, MD, JOSEPH P	BEAVER
RIULZI, MD, DARRELL J	ALLEGHENY
RIVEDI, MD, GOPALKRISHNA M	MIFFLIN/JUNIATA
RIVUS, MD, ROBERT H	ALLEGHENY
ROCKI-VIDELL, DO, CYLA	PHILADELPHIA
ROIANOS, MD, CHRISTOPHER A	ALLEGHENY
ROLLINGER, MD, ROBERT J	PHILADELPHIA
ROMBETTA, MD, MARK G	ALLEGHENY
ROMPETER, MD, JOSEPH I	ALLEGHENY
RONCELLITI, MD, A WAYNE	MONTGOMERY
RONCELLITI, MD, ALFRED E	MONTGOMERY
RONCELLITI, MD, MARIO V	PHILADELPHIA
RONETTI, DO, MICHAEL J	ERIE
RONETTI, DO, PAMELA S	ERIE
ROSTLE, MD, DAVID C	LEBANON
ROSTLE, MD, DOUGLAS R	LEHIGH
ROTTMAN, MD, JENNIFER E	MONTGOMERY
ROTZKY, MD, MARGRET S	DELAWARE
ROUT, MD, JOHN A	WESTMORELAND
ROUTMAN, MICHELE R	PHILADELPHIA
RUDXEL, MD, RICHARD S	LEHIGH
RUDYAN, MD, BARRY E	INDIANA
RUEX JR, MD, RAYMOND C	BERKS
RUITT, MD, GEORGE W	CHESTER
RUJILLO, MD, RENE	WYOMING
RUJONG, MD, NICHOLAS H	PHILADELPHIA
RUSKY, MD, JEANETTE I	CENTRE
RYBUS JR, MD, ADAM G	BLAIR
RYON, BRIAN C	PHILADELPHIA
SAI, MD, EDWARD M	INDIANA
SAI, MD, JER-YUAN	GREENE
SAI, MD, MING C	BLAIR
SAI, MD, YU J	MONTGOMERY
SAMBASSIS, MD, NICHOLAS A	WASHINGTON
SAO-WU, MD, GLADYS S	DAUPHIN
SE, MD, ROSE L	PHILADELPHIA
SENG, MD, FRANCIS H	ERIE
SENG, HENRY C	PHILADELPHIA
SENG, ROBERT R	PHILADELPHIA
SOU, MD, WALTER H	MONTGOMERY
SOUTSOPLIDES, MD, GEORGE C	LUZERNE
RAYMOND H	PHILADELPHIA
SAN, MD, BAO-KUEN	PHILADELPHIA
SCH, MD, ARTHUR F	DELAWARE
SCHINDA, MD, JALIT	ALLEGHENY
SCKER JR, SONNY W	PHILADELPHIA
SFAHA, MD, HANI J	LYCOMING
SFIASH, MD, WILLIAM A	LEHIGH
SANOWICZ, MD, STANISLAW A	CAMBRIA
SE, MD, GREGORY C	BERKS
SCHINSKY, MD, MARK	DAUPHIN
SI, RAJ	PHILADELPHIA
SISZEWSKI, MD, ROBERT M	ADAMS
SL, MD, JOHN W	YORK
SLAI, MD, JOHN	DELAWARE
SLOCK, MD, WILLIAM C	ALLEGHENY
SLY, MD, VINCENT J	WAYNE/PIKE
SLAIAN, MD, ARAM	DELAWARE
SICK, MD, STEPHEN E	BEAVER
SHY, KATHRYN A	STUDENT
SINO, DO, ALBERT J	ERIE
TUPCHONG, MD, LESLIE	DELAWARE
TURBESSI, MD, ALBERT J	WARREN
TURBESSI, MD, EILEEN M	WESTMORELAND
TURCAN, DO, ELAINE C	LUZERNE
TURCHETTI, MD, EUGENE A	LACKAWANNA
TURCHI, RENEE M	PHILADELPHIA
TURCO, MD, MARK A	BUCKS
TUREL JR, MD, ANTHONY P	MONTOUR
TURISSINI, MD, THOMAS J	LUZERNE
TURNAMIAN, MD, RICHARD J	LUZERNE
TURNBULL, MD, ROBERTO E	INDIANA
TURNER, MD, CLINTON A	PHILADELPHIA
TURNER JR, MD, J ELLIS	DELAWARE
TURNER III, MD, JOHN F	UNION
TURNER, MD, JOSEPH	ALLEGHENY
TURNER, MD, KEITH S	NORTHAMPTON
TURNER, MD, MORRIS E	ALLEGHENY
TURNER, MD, OLIVER E	ALLEGHENY
TURSKY, MD, ROSEMARIE J	DAUPHIN
TURTZ, MD, ALAN R	PHILADELPHIA
TURTZO, MD, DOUGLAS F	NORTHAMPTON
TURULA, MD, JON B	LANCASTER
TUSHIM, MD, JOSEPH N	BLAIR
TUTTLE, MD, ALFRED	ALLEGHENY
TUTTLE, MD, WILLIAM B	ALLEGHENY
TWAL, MD, SHAFIC Y	INDIANA
TWARDZIK, DAVID E	PHILADELPHIA
TWER, MD, ALAN J	MONTGOMERY
TWERSKI, MD, ABRAHAM J	ALLEGHENY
TWIGGAR II, MD, EDWARD V	NORTHMBRLAND
TYLER, MD, JOHN R	LANCASTER
TYMA, MD, CATHY S	ALLEGHENY
TYMA, MD, THOMAS A	ALLEGHENY
TYMOCZKO, MD, ROBERT G	WESTMORELAND
TYMON, MD, TIMOTHY P	LANCASTER
TYNDALL, MD, CHRISTINE S	ALLEGHENY
TYSON, MD, R ROBERT	PHILADELPHIA
TZARNAS, MD, CHRIS D	PHILADELPHIA

U

UBER, MD, THOMAS R	LAWRENCE
UBERTI, MD, ANTHONY F	MERCER
UBERTI, DO, FREDERICK G	MERCER
UBERTI-BENZ, MD, MARIE O	MONTGOMERY
UDARBE, MD, GUILLERMO G	ELK/CAMERON
UDEKWU, MD, CATHERINE N	ALLEGHENY
UDELL, MD, LOUIS	PHILADELPHIA
UDOSHI, MD, MALLAPA B	LUZERNE
UFBERG, MD, MICHAEL H	LEHIGH
UGARTE, MD, MARCOS A	YORK
UHLMAN, MD, ERIC J	YORK
UHLMAN, MD, RICHARD C	CHESTER
UKNIS, MD, AUDREY B	PHILADELPHIA
UKWU, MD, HENRIETTA N	PHILADELPHIA
ULASEWICZ, MD, CATHERINE C	BUCKS
ULASEWICZ, MD, JOSEPH T	MONTGOMERY
ULICHNEY, MD, ANDREW B	PHILADELPHIA
ULICNY, MD, THOMAS L	ALLEGHENY
ULIZIO, MD, ANTHONY R	ALLEGHENY
ULMER, LORIE R	PHILADELPHIA
ULRICH, MD, JACK M	ALLEGHENY
ULRICH, MD, SAMUEL D	DAUPHIN
ULRICH-LIEBERMAN, MD, ARIANE	PHILADELPHIA
ULTMANN, MD, MICHELLE C	ALLEGHENY
UMALI, MD, IDONA C	LUZERNE
UMAR, MD, KENAN	MONTGOMERY
UMEH, MD, ONUORAH I	PHILADELPHIA
UMERAH, MD, NNAEMEKA M	PHILADELPHIA
UNAL, MD, ABDURRAHMAN	DAUPHIN
UNDERHILL, MD, WILLIAM L	ERIE
UNDERWOOD, MD, MARA Z	MONTGOMERY
UNGER, MD, ANDREW	NORTHAMPTON
UNWALA, MD, ASHFAQUE A	PHILADELPHIA
UNWIN, MD, WILLIAM M	YORK
UNYON, MD, CESAR A	PHILADELPHIA
UPDEGRAFF, MD, WILLIAM C	ALLEGHENY
UPDEGROVE, MD, JOHN H	NORTHAMPTON
UPDEGROVE, MD, ROBERT A	LYCOMING
UPDIKE JR, MD, FURMAN T	YORK
UPPAL, MD, PARVEEN	DELAWARE
URAM, MD, HERBERT	ALLEGHENY
URBACH, MD, FREDERICK	MONTGOMERY
URBAN, MD, CLIFFORD H	CHESTER
URBAN, MD, DONALD G	CUMBERLAND
URBAN, MD, RENA L	ALLEGHENY
URBAN, MD, ROBERT R	WESTMORELAND
URBANIK, MD, EDWARD F	ALLEGHENY
URBANO, MD, ANTHONY M	NORTHAMPTON
URICCHIO, MD, FRANCIS J	PHILADELPHIA
URICCHIO, MD, JOSEPH F	PHILADELPHIA
UROSKIE, JONATHAN A	PHILADELPHIA
UROSKIE, MD, THEODORE W	LACKAWANNA
URREA, MD, OSCAR	WASHINGTON
URRUTIA, MD, VICTOR C	PHILADELPHIA
USATCH, BEN R	PHILADELPHIA
USELMAN, MD, JAMES H	ALLEGHENY
USHINSKI, MD, STANLEY C	LUZERNE
UTBERG, MD, JOHN R	ALLEGHENY
UY, HALBERT L	ALLEGHENY
UY, MD, HENRY T	WASHINGTON
UY, MD, NONITA T	ALLEGHENY
UYESAKA, JON R	PHILADELPHIA

V

VACCARO III, MD, ALEXANDER R	PHILADELPHIA
VACCARO, MD, PETER	MCKEAN
VACCARO, MD, V MICHAEL	PHILADELPHIA
VACHARAT, MD, NIBONDH	PHILADELPHIA
VACHHANI, MD, MANSUKHLAL P	NORTHAMPTON
VACHRANUKUNKIET, MD, THEERASAKID	MONTGOMERY
VAFEAS, MD, JOYCE A	LANCASTER
VAGANOS, MD, NICHOLAS A	CHESTER
VAGANOS, MD, STEVE A	MONTGOMERY
VAGLEY, MD, RICHARD T	ALLEGHENY
VAGLIA, CHRISTOPHER P	PHILADELPHIA
VAHANVATY, MD, RAMLAH M	MONROE
VAHEDI, MD, HOUSHANG M	MONTGOMERY
VAIDYA, MD, SHAILENDRA	PHILADELPHIA
VAKHARIA, MD, PRATIBHA V	MIFFLIN/JUNIATA
VAKHARIA, MD, VIJAY H	MIFFLIN/JUNIATA
VAKIL, MD, HASSAN C	DELAWARE
VAKILI, BABAK	PHILADELPHIA
VALCARCEL, MD, SOFRONIO J	ALLEGHENY
VALDES, MD, CONRADO A	ELK/CAMERON
VALDIVIA, MD, DUILIO E	MIFFLIN/JUNIATA
VALENA, MD, ELENA V	MERCER
VALENCIA, MD, CELEDONIO C	BERKS
VALENTEEN, MD, J WALTER	DELAWARE
VALENTINE, MD, ELIZABETH G	DAUPHIN
VALENTINE, MD, JEROME D	PHILADELPHIA
VALENTINO, DO, STEVEN J	MONTGOMERY
VALERIANO, MD, JAMES P	ALLEGHENY
VALIGORSKY II, MD, PAUL J	CLEARFIELD
VALIGORSKY, MD, PAUL J	ELK/CAMERON
VALKO, MD, ANNEMARIE S	ALLEGHENY
VALKO, MD, GEORGE P	PHILADELPHIA
VALLABH, MD, SAGAR V	MERCER
VALLEJO, MD, JOSE A	PHILADELPHIA
VALLEJO, MD, MANUEL C	WASHINGTON
VALLEJO JR, MD, MANUEL C	WASHINGTON
VALLIAPPAN, MD, SWAMINATHAN	ALLEGHENY
VALLOW, MD, MORTON J	PHILADELPHIA
VAN ANTWERP, MD, MARK A	POTTER
VAN DE BEEK, MD, M LOUIS	PHILADELPHIA
VAN DECKER, MD, WILLIAM A	PHILADELPHIA
VAN DUZER, SCOTT T	PHILADELPHIA
VAN HOVE, MD, SHAWN P	ERIE
VAN NESS, SUZANNE M	STUDENT
VAN POZNAK, MD, CATHERINE H	PHILADELPHIA
VAN PUTTEN, ERIKA S	STUDENT
VAN RIPER, MD, DANIEL F	PHILADELPHIA
VAN VOORHEES, MD, ABBY S	MONTGOMERY
VAN ZWIETEN, KRISTA A	ALLEGHENY
VANBUSKIRK, MD, CHARLES	YORK
VANDAMIA, MD, DONALD N	ERIE
VANDEGRIFT, TARA N	PHILADELPHIA
VANDENBERG, MD, MARK T	CARBON
VANDERBEEK, MD, RICHARD R	BUCKS
VANDERLIN, MD, ROBERT L	LYCOMING
VANDERVEER, MD, JOSEPH B	MONTGOMERY
VANDERVEER, MD, LINDSLEY D	NORTHAMPTON
VANDRAK, DO, ROBERT S	LAWRENCE
VANDYK, MD, KLAAS	WESTMORELAND
VANEK, MD, JOSEF J	FAYETTE
VANETT, MD, BRUCE B	DELAWARE
VANGAALEN, MD, ADRIAAN J	NORTHAMPTON
VANGIESEN, MD, PETER J	YORK
VANGORE, MD, SURYA K	PHILADELPHIA
VANNATTA, MD, FRED C	WAYNE/PIKE
VANSANT, MD, ALAN E	YORK
VANSCOTT, MD, EUGENE J	MONTGOMERY
VANSTRIEN, MD, ADRIAN R	WASHINGTON
VANVOORST, DO, TAMI S	PHILADELPHIA
VANVORIS, MD, LEE P	ERIE
VARACALLO, MD, ALBERT L	JEFFERSON
VARADA, MD, ANNAPOORNA	PHILADELPHIA
VARADA, MD, K P BABU	MONTGOMERY
VARANO, MD, LOTTIE A	LANCASTER
VARDARO, MD, LINA G	PHILADELPHIA
VARE, MD, VICTOR B	MONTGOMERY
VARGA, MD, JEFFREY M	ALLEGHENY
VARGAS, MD, HERSCHEL D	LEHIGH
VARGOT, SUZANNE L	ALLEGHENY
VARKER, MD, CAROLYN B	PHILADELPHIA
VARLEY, MD, WILLIAM A	ALLEGHENY
VARLEY, MD, WILLIAM J	ALLEGHENY
VARMA, MD, NEENA	DAUPHIN
VARMA, MD, RAJIV R	ALLEGHENY
VASANTHAKUMAR, MD, SINNATHURAI	PHILADELPHIA
VASILY, MD, DAVID B	NORTHAMPTON
VASSALLO, DO, FRANK A	PHILADELPHIA
VASSALLO JR, MD, RALPH R	PHILADELPHIA
VASSALLO, MD, RICHARD W	PHILADELPHIA
VASSALLUZZO, MD, JULIO E	BUCKS
VASSALLUZZO, DO, PETER D	PHILADELPHIA
VASUDEVAN, MD, GOPALAN	WESTMORELAND
VASUDEVAN, MD, RAGHAVAN	LYCOMING
VAUGHAN, KEVIN G	ALLEGHENY
VAUGHAN, MD, PAUL M	ALLEGHENY
VAUGHN, ANDREW F	PHILADELPHIA
VAUGHN JR, MD, ARTHUR R	PHILADELPHIA
VAUGHN, MD, STEPHEN A	DAUPHIN
VAYONIS, MD, ANDREW G	ALLEGHENY
VAZALES, MD, BRAD E	LANCASTER
VAZQUEZ, MD, JORGE L	WASHINGTON
VAZQUEZ-ARAN, MD, ANNETTE	MONROE
VEACH, MD, CATHY M	WASHINGTON
VEGA, MD, ROGELIO E	ARMSTRONG
VEGARI, MD, MATT M	MONROE
VEGLIA, MD, ANTHONY P	LUZERNE
VEGLIA, MD, KATHLEEN S	LUZERNE
VEKARIA, MD, KISHOR-KUMAR S	LACKAWANNA
VELAS, MD, CARLOS M	NORTHAMPTON
VELAYO, MD, DANTE P	UNION
VELAZQUEZ, MD, LYZETTE E	MONTOUR
VELEZ, JONATHAN A	PHILADELPHIA
VELEZ, MD, RAFAEL I	WESTMORELAND
VEMULAPALLI, MD, KUTUMBARAO	ERIE
VEMULAPALLI, MD, LAKSHMI R	ERIE
VENGROVE, DO, MARC A	NORTHAMPTON
VENIER, MD, LEON H	BERKS
VENIT, MD, BETHANY A	LUZERNE
VENTRE, MD, SUSAN	LACKAWANNA
VENTURA, MD, CECILIA R	LACKAWANNA
VENTURA, MD, SAMUEL R	LACKAWANNA
VENUTO, MD, GARY P	PHILADELPHIA
VEPURI, MD, VARALAXMI	BUCKS
VERDI, MD, CAROL A	PHILADELPHIA
VERDI, VINCENT J	PHILADELPHIA
VERGARE, MD, MICHAEL J	PHILADELPHIA
VERGARI, MD, JOHN A	PHILADELPHIA
VERGIS, MD, JAMES G	BUCKS
VERMA, MD, MAHESHWER B	NORTHAMPTON
VERMA, MD, RAKESH C	BLAIR
VERMEIRE, MD, DAVID A	MERCER
VERNICK, MD, JEROME J	PHILADELPHIA
VERNINO, DO, RICHARD JAMES	ALLEGHENY
VERNON JR, MD, THOMAS M	PHILADELPHIA
VERRECCHIO, JONATHAN J	PHILADELPHIA
VERSAGE, MD, JOSEPH L	NORTHAMPTON
VERSTRAETEN, MD, THIERRY C	ALLEGHENY
VERTOSICK JR, MD, FRANK T	ALLEGHENY
VERVERELI, MD, PRODROMOS A	LEHIGH
VERY, MD, RONALD M	ALLEGHENY
VERZELLA, MD, JEFFREY N	LYCOMING
VESIO, MD, KENNETH D	ALLEGHENY
VESTAL, MD, JAMES C	CHESTER
VEY, MD, EDWIN K	ALLEGHENY
VICKERY, JOHN P	PHILADELPHIA
VICKERY, MD, JON L	DAUPHIN
VICTOR, MD, STEPHEN J	MONTGOMERY
VIDOT, MILAGROS M	PHILADELPHIA
VIDOVICH, MD, DANKO V	ALLEGHENY
VIECHNICKI, MD, M BRUCE	LEHIGH
VIEHOFF, MD, REINHARD P B	MONTOUR
VIERA, MD, ANGEL	ALLEGHENY
VIERRA, MARK A	STUDENT
VIEUX, ULRICK	PHILADELPHIA
VIGDAROVICH, MD, VLADIMIR	NORTHMBRLAND
VIGILANTE, MD, MICHAEL	LEHIGH
VIGLIONE, MD, JOSEPH P	MONROE
VIGNERI, DO, PHILLIP M	LEHIGH
VIJAY MOHAN, MD, GOVINDARAJ	INDIANA
VIJAYKUMAR, MD, PUVALAI M	ALLEGHENY
VILLA, MD, FRANCISCO B	POTTER
VILLA, MD, GABRIELE L	BUCKS
VILLACRUSIS, MD, OSCAR C	LUZERNE
VILLANYI, MD, PAMELA J	MONROE
VILLANYI, MD, STEPHEN T	MONROE
VILLARE, MD, ANTHONY W	PHILADELPHIA
VILLARREAL, MD, CARLOS X	SCHUYLKILL
VILLARS, MD, FREDERICK	BERKS
VILLASENOR, PAUL P	PHILADELPHIA
VILLASIN, MD, JOSEPH V	LACKAWANNA
VILLAVICENCIO-NOCHE, MD, LYDIA L	FAYETTE
VILLEGAS, MD, ANTONIO C	MONTGOMERY
VILLEGAS, MD, EMILIO	WESTMORELAND
VILLELLA, MD, EDWARD R	ALLEGHENY
VILUSHIS, DO, GEORGE J	ERIE
VIN, MD, PRAKASH K	WESTMORELAND
VINARSKI, MD, IRINA	ALLEGHENY
VINCENT, MD, JOSEPH E	LEHIGH
VINOGRADOV, MD, SOFIA S	PHILADELPHIA
VINSON, MD, CAREY T	ALLEGHENY
VIOLA, MD, IRENE C	PHILADELPHIA
VIOLA, MD, JOHN E	YORK
VIOLAGO, MD, EDUARDO S	DAUPHIN
VIOLETTE, ROBERT D	ERIE
VIOAR, MD, SYED H	MONTGOMERY
VIRAY, MD, NICK	LAWRENCE
VIRGILE, MD, ROGER S H	VENANGO
VISCUSI, MD, DONALD J	ERIE
VISNESKI, DO, PAUL E	LANCASTER
VISOT, MD, LUIS R	SCHUYLKILL
VISPERAS, MD, EMILIANA P	NORTHAMPTON
VISPERAS, MD, MARIO F	CARBON
VISWANATHAN, AKILA N	ALLEGHENY
VISWANATHAN, MD, BYRAVAN	ADAMS
VISWANATHAN, SUBHASH R	PHILADELPHIA
VITALE, PATTY A	PHILADELPHIA
VITANZA, DO, SEBASTIAN A	ERIE
VITTONE, MD, CHRISTIAN M	WESTMORELAND
VITTONE, MD, DANIEL C	WESTMORELAND
VITTONE, MD, RONALD B	WESTMORELAND
VITTONE, MD, ROSEMARY	ALLEGHENY
VIVERETTE JR, MD, J FRANK	WESTMORELAND
VIVIAN, MD, GAIL M	CHESTER
VIVINO, MD, FREDERICK B	PHILADELPHIA
VIZER, MD, MARK B	BUCKS
VIZZONI, JOSEPH A	PHILADELPHIA
VLADIMER, MD, GERALD M	CHESTER
VLAGOPOULOS, PANAGITIS T	PHILADELPHIA
VLAHOS, DO, PATRICK J	ALLEGHENY
VLESSING, MD, EVA	BUCKS
VOCI, MD, GERARDO	PHILADELPHIA
VOGAN, MD, CLIFFORD R	ARMSTRONG
VOGAN, MD, WILLIAM R	MERCER
VOGEL, MD, ERIC W	MONTGOMERY

VOGEL JR, MD, JULIUS A	BEAVER
VOGEL, KRISTINA M	PHILADELPHIA
VOGELEY, MD, EVA A	ALLEGHENY
VOGT, MD, MERLE A	DELAWARE
VOGUS, MD, JAMES B	WARREN
VOLIN, MD, JAN J	MONTGOMERY
VOLK, MD, STEPHEN A	LEHIGH
VOLKAR, MD, JUDITH K	CAMBRIA
VOLKIN, MD, LEONARD B	ALLEGHENY
VOLKIN, MD, ROBERT L	ALLEGHENY
VOLLMAR II, MD, WILLIAM R	LANCASTER
VOLLMER, MD, VIVICA D	LANCASTER
VOLOSKY, MD, ROBERT L	ALLEGHENY
VOLPE, MD, ROCCO J	MIFFLIN/JUNIATA
VON SOHSTEN, MD, ROBERTO L	PHILADELPHIA
VONAH, WILLIAM R	PHILADELPHIA
VONG, MD, GAREN T	BERKS
VOORA, MD, SAMBASIVARAO	ERIE
VORA, MD, PRAFULLCHANDRA	GREENE
VORASINGHA, MD, THONGCHAI	PHILADELPHIA
VORE, MD, STEVEN B	CENTRE
VOSSENBERG, MD, FRANS J	MONTGOMERY
VOUTSINAS, MD, LOUISA V	LUZERNE
VOYCE, MD, STEPHEN J	LACKAWANNA
VOYSTOCK JR, MD, JOSEPH F	SCHUYLKILL
VOYTKO, DIANE	PHILADELPHIA
VOYTKO, MD, RICHARD E	CAMBRIA
VRABEC, MD, TAMARA R	PHILADELPHIA
VREELAND, MD, JAMES H	BEDFORD
VUCHINICH III, MD, THEODORE	ALLEGHENY
VUJEVICH, MD, MARION M	ALLEGHENY
VUKMER, MD, GEORGE J	VENANGO
VUKMER JR, MD, GEORGE J	CRAWFORD

W

WACHS, MD, HIRSH	ALLEGHENY
WADDLE, DO, KEITH A	HUNTINGDON
WADE, MD, FRANKLIN G	LYCOMING
WADE, MD, GEORGE R	CHESTER
WADHWA, MD, KAMAL P	LAWRENCE
WADHWA, MD, RAJINDAR K	ALLEGHENY
WADHWANI, MD, BHAGWAN J	WASHINGTON
WAGENFUHR, MD, TIMM	CHESTER
WAGENHEIM, MD, HARRY H	PHILADELPHIA
WAGENHEIM, MD, HELEN S	PHILADELPHIA
WAGGONER JR, L DOUGLAS	PHILADELPHIA
WAGMAN, MD, ALBERT D	PHILADELPHIA
WAGNER, BRIDGET K	PHILADELPHIA
WAGNER, MD, CHARLES I	MONTGOMERY
WAGNER JR, MD, FREDERICK B	PHILADELPHIA
WAGNER, MD, J KENT L	LEBANON
WAGNER, MD, JERE L	NORTHMBRLAND
WAGNER, MD, JOHN B	BERKS
WAGNER, MD, JULIE A	YORK
WAGNER, KRISTIN E	PHILADELPHIA
WAGNER, MD, KRISTINA M	DAUPHIN
WAGNER, MD, LOUIS J	LACKAWANNA
WAGNER JR, MD, RICHARD S	LANCASTER
WAGNER, MD, ROBERT E	ELK/CAMERON
WAGNER, SCOTT D	ALLEGHENY
WAGNER, STEVEN C	PHILADELPHIA
WAGNER, MD, W JOHN	LYCOMING
WAHBA, MD, HANEY N	WESTMORELAND
WAHHAB, MD, ABDUL	SCHUYLKILL
WAHL, MD, JEFFREY M	CHESTER
WAHL, MD, LORETTA J	ALLEGHENY
WAHRMAN, MD, JULIE E	BUCKS
WAIBEL, MD, JOHN T	BLAIR
WAITZ, MD, DEBORAH A	CLEARFIELD
WAKELEY, MATTHEW A	PHILADELPHIA
WAKSTEIN, DO, ANDREW M	BUCKS
WALBERG, MD, HARRY W	ALLEGHENY
WALCZAK, MD, ANNE F	ERIE
WALCZAK, MD, KATHERINE L	ALLEGHENY
WALD, MD, NIEL	ALLEGHENY
WALDEN, MD, THOMAS B	NORTHAMPTON
WALDHAUSEN, MD, JOHN A	DAUPHIN
WALDMAN, MD, CLIFFORD R	ALLEGHENY
WALDMAN, MD, JOSEPH	PHILADELPHIA
WALDMAN, MD, SCOTT A	PHILADELPHIA
WALDMAN, MD, TERRY L	PHILADELPHIA
WALDO, MD, RALPH F	INDIANA
WALDOR, MD, PHILIP A	CHESTER
WALHEIM, MD, JON P	BUCKS
WALICHUCK, MD, JOHN G	DELAWARE
WALINSKY, MD, PAUL	PHILADELPHIA
WALKER, MD, ANNE M	MONTGOMERY
WALKER, MD, BARRY R	PHILADELPHIA
WALKER, MD, BRIAN K	CENTRE
WALKER, MD, GREGORY E	ALLEGHENY
WALKER, MD, HERBERT I	PHILADELPHIA
WALKER, MD, JAMES F	ERIE
WALKER, MD, JAMES L	DAUPHIN
WALKER, JOEL W	PHILADELPHIA
WALKER, MD, JON G	LANCASTER
WALKER, MD, KIMBERLY C	PHILADELPHIA
WALKER JR, MD, LEROY L	PHILADELPHIA
WALKER, MD, M LORENZO	PHILADELPHIA
WALKER, MD, MARGARET E	PHILADELPHIA
WALKER, MD, MARY A	ALLEGHENY
WALKER, MD, REBECCA S	SCHUYLKILL
WALKER, MD, STANLEY R	NORTHAMPTON
WALKER, MD, STEPHEN R	DELAWARE
WALKOWSKI JR, MD, EDWARD J	LACKAWANNA
WALL, MD, JAMES R	LEHIGH
WALL, MD, JOHN N	ALLEGHENY
WALL, MD, NORMAN M	SCHUYLKILL
WALL, MD, ROD A	CAMBRIA
WALLACE, MD, IRA B	PHILADELPHIA
WALLACE JR, MD, JOSEPH	DELAWARE
WALLACE, MD, LUISA P	ALLEGHENY
WALLACE, MARC A	ERIE
WALLACE, MD, RICHARD P	PHILADELPHIA
WALLACH, MD, LAWRENCE	DELAWARE
WALLEN, MD, ROBERT C	MONROE
WALLENDJACK, MD, JOHN C	DAUPHIN
WALLER, MD, JOAN C	DELAWARE
WALLER, MD, LOUIS C	ALLEGHENY
WALLER, MD, LOUIS C	LACKAWANNA
WALLERSTEIN, MD, EDWARD M	ERIE
WALLEY III, MD, ROBERT E	ALLEGHENY
WALLIA, MD, RAJNI	ALLEGHENY
WALLICK, MD, PETER G	FRANKLIN
WALLIN, MD, THOMAS E	DAUPHIN
WALLISCH, MD, MICHAEL D	POTTER
WALLNER, DO, PAUL E	PHILADELPHIA
WALLS, DO, THERESA A	LANCASTER
WALMER, MD, JOHN D	LEBANON
WALN, CURTIS L	PHILADELPHIA
WALSH, MD, ARTHUR C	ALLEGHENY
WALSH, MD, DEIRDRE V	MONTGOMERY
WALSH, MD, DOUGLAS M	DAUPHIN
WALSH, MD, JAMES C	LUZERNE
WALSH, MD, JOHN J	ALLEGHENY
WALSH, DO, JOHN R	DELAWARE
WALSH, KEVIN M	PHILADELPHIA
WALSH, MD, SHARON D	INDIANA
WALSH, MD, TIMOTHY P	FRANKLIN
WALTER, MD, BARBARA J	CHESTER
WALTER, BENJAMIN L	PHILADELPHIA
WALTER, MD, C LEE	ALLEGHENY
WALTER, MD, DANIEL B	PHILADELPHIA
WALTER, MD, DAVID L	VENANGO
WALTER, MD, RICHARD D	LYCOMING
WALTER, MD, WILLIAM J	ALLEGHENY
WALTERS, LISA A	STUDENT
WALTERS, MD, WILLIAM S	WARREN
WALTHER, MD, BRENDA L	WASHINGTON
WALTHOUR, C SCOTT	STUDENT
WALTMAN, MD, CLAIRE	YORK
WALTZ, MD, PAUL K	DAUPHIN
WALTZER, MD, FREDERICK N	MONTGOMERY
WALUSIMBI, MD, MBAGA	YORK
WAMPLER, MD, DAVID L	CUMBERLAND
WAMPLER, MD, M JOHN	YORK
WANAMAKER, MD, JOHN L	BRADFORD
WANCZYK, MD, CASIMIR J	BERKS
WANG, MD, BARBARA K	WESTMORELAND
WANG, MD, CHEE-KUNG	NORTHAMPTON
WANG, KATHY E	PHILADELPHIA
WANG, MD, KER-SHI	SCHUYLKILL
WANG, MD, SHEN-CHI	MERCER
WANG, MD, YAO C	LACKAWANNA
WANGLEE, DO, DEBORAH W	ALLEGHENY
WANNER, MD, JEFFREY L	PHILADELPHIA
WAPENSKI, MD, JOSEPH A	ALLEGHENY
WAPNER, MD, JOHN M	LEHIGH
WAPNER, MD, KEITH L	PHILADELPHIA
WARD, MD, BARBARA H	ALLEGHENY
WARD, MD, EDGAR H	ERIE
WARD, MD, EDWARD J	DELAWARE
WARD, MD, H RICHARD	UNION
WARD, KENDRA M	PHILADELPHIA
WARD, LAURA K	ALLEGHENY
WARD, MD, MARY J	COLUMBIA
WARD JR, MD, MAURICE J	CHESTER
WARD, MD, MICHAEL J A	CHESTER
WARD, MD, SAMUEL P	DAUPHIN
WARD, MD, STEPHEN D	MONTGOMERY
WARD JR, MD, THOMAS D	WESTMORELAND
WARD, MD, TIMOTHY J	ERIE
WARD, MD, W TIMOTHY	ALLEGHENY
WARDE, MD, DONAL A	ALLEGHENY
WARE, MD, WILLIAM B	BEAVER
WAREN, JILL M	PHILADELPHIA
WARFEL, MD, BENJAMIN S	LANCASTER
WARFIELD, MD, ANNA S	DELAWARE
WARGO, JENNIFER A	PHILADELPHIA
WARGO, MD, PETER J	ALLEGHENY
WARHAFTIG, JEREMY P	ALLEGHENY
WARHOL, MD, MICHAEL J	PHILADELPHIA
WARIKOO, MD, SHIBAN K	CAMBRIA
WARK, MD, JAMES E	PHILADELPHIA
WARNER, MD, HOWARD F	PHILADELPHIA
WARNER, DO, MARIE J	ADAMS
WARNER, MD, NORMAN M	CHESTER
WARNER, MD, ROBERT E	ALLEGHENY
WARNER, MD, ROBERT H	ALLEGHENY
WARNING II, MD, WILLIAM J	DELAWARE
WARONKER, AMY S	PHILADELPHIA
WARONKER, DO, MICHAEL A	PHILADELPHIA
WARREN, MD, JONATHAN	ALLEGHENY
WARREN, MD, JONATHAN	NORTHAMPTON
WARREN, MD, KENNETH C	MONTGOMERY
WARREN, MD, WILLIAM L	CHESTER
WARRENDER, MD, WILLIAM F	BUCKS
WARSAW, DO, DAVID	NORTHAMPTON
WARTELLA JR, MD, STEPHEN	LUZERNE
WASHBURN, MD, VIRGINIA E	ALLEGHENY
WASILEWSKI JR, MD, CHARLES L	LYCOMING
WASKO, MD, MARGERY L	DAUPHIN
WASKO, MD, ROBERT	LEHIGH
WASNICK, MD, WILLIAM	LUZERNE
WASSERMAN, MD, HENRY	LEBANON
WASSERMAN, MD, KENNETH E	PHILADELPHIA
WASSIL JR, MD, JOHN G	MERCER
WASSON, MD, JAMES C	LEHIGH
WATERS, MD, MARK H	ALLEGHENY
WATERS, MD, MICHAEL N	ALLEGHENY
WATKIN JR, MD, WALTER B	DAUPHIN
WATKINS, MD, GEORGE M	NORTHAMPTON
WATKINS, MD, GLORIA J	WESTMORELAND
WATKINS, MD, WALTER D	ALLEGHENY
WATKINS, WILLIAM L	PHILADELPHIA
WATSON, MD, CHARLES G	ALLEGHENY
WATSON, MD, JAMES G	MONTGOMERY
WATSON, MATTHEW J	PHILADELPHIA
WATSON, MD, MICHAEL R	LYCOMING
WATSON III, MD, ROBERT A	MONTGOMERY
WATSON, MD, THOMAS G	SCHUYLKILL
WATSON, MD, THOMAS M	CRAWFORD
WATSON, MD, WILLIAM GRAY	ALLEGHENY
WATSON-GRAY, MD, KATHIE L	ALLEGHENY
WATTERS, MD, EDMOND C	ALLEGHENY
WATTERSON, MD, SAMUEL G	SOMERSET
WAWROSE, MD, FREDERICK E	HUNTINGDON
WAWRZYNSKI II, MD, PAUL E	LAWRENCE
WAX, DO, CRAIG M	NORTHAMPTON
WAXMAN, MD, HERBERT S	PHILADELPHIA
WAY, MD, GEORGE E	CAMBRIA
WAY JR, DO, JAMES F	LYCOMING
WAYLONIS, MD, J ROBERT	ALLEGHENY
WEADER, MD, WILLIAM M	NORTHMBRLAND
WEAN, MD, LAWRENCE P	DELAWARE
WEANER, DO, SCOTT M	BUCKS
WEASEN, MD, STEVEN R	BUCKS
WEATHERBY III, MD, ELLSWORTH	BUCKS
WEAVER, MD, AARON R	LANCASTER
WEAVER, MD, AMY LU	CENTRE
WEAVER, MD, DON K	LYCOMING
WEAVER, MD, FRANK M	YORK
WEAVER, DO, GLENN E	LUZERNE
WEAVER, MD, JAMES D	ERIE
WEAVER, DO, JEFFREY G	ALLEGHENY
WEAVER, MD, KENT E	BERKS
WEAVER, MD, LUNDA E	BLAIR
WEAVER, MD, M FAY	BERKS
WEAVER, MARGARET E	PHILADELPHIA
WEAVER, MD, MICHAEL A	DAUPHIN
WEAVER, MICHAEL W	PHILADELPHIA
WEAVER, MD, MILES L	ALLEGHENY
WEAVER, DO, RICHMAN G	YORK
WEBB, MD, ELIZABETH S	MONTGOMERY
WEBBER, MD, CAROL P	MONTGOMERY
WEBBER, MD, JOHN B	PHILADELPHIA
WEBER, MD, DANIEL I	DAUPHIN
WEBER, MD, DAVID R	ALLEGHENY
WEBER, MD, GEORGE L	DELAWARE
WEBER, MD, JOHN E	ALLEGHENY
WEBER, MD, JOHN I	PHILADELPHIA
WEBER, MD, LAWRENCE	ALLEGHENY
WEBER, MD, MARGARET ELLEN	PHILADELPHIA
WEBER, MD, OTTO R	MONROE
WEBER, MD, RICHARD H	LANCASTER
WEBER, MD, STANLEY	ALLEGHENY
WEBER, MD, STEPHEN F	LYCOMING
WEBER, MD, STEVEN J	BUCKS
WEBER, MD, WILLIAM C	NORTHAMPTON
WEBSTER, MD, JOHN H	ALLEGHENY
WEBSTER, MD, LANE	TIOGA
WEBSTER, MD, MARSHALL W	ALLEGHENY
WECHSLER, MD, LAWRENCE R	ALLEGHENY
WECHSLER, MD, RICHARD J	PHILADELPHIA
WECHSLER, MD, RICHARD L	ALLEGHENY
WECHT, MD, CYRIL H	ALLEGHENY
WEDEEN, MD, ROBERT S	CHESTER
WEDELL, MARY T	PHILADELPHIA
WEDEMEYER, MD, ANNE L	ALLEGHENY
WEDEMEYER, MD, PHILLIPS P	ALLEGHENY
WEE, MD, ENG C	MERCER
WEED, MD, ALLEN S	MONTGOMERY
WEED, MD, MICHAEL K	LANCASTER
WEENIG, ROGER H	PHILADELPHIA
WEESE, MD, JAMES L	PHILADELPHIA
WEHBE, MD, MARWAN A	MONTGOMERY
WEHMAN, MD, HENRY J	DAUPHIN
WEHR, MATTHEW D	STUDENT
WEHRER, MD, JULIE A	ERIE
WEI, MD, LAWRENCE C	POTTER
WEI, MD, LAWRENCE M	ALLEGHENY
WEIAND, DO, RAYMOND L	LEHIGH
WEIBEL, MD, DAVID C	UNION
WEIBEL, MD, ROBERT E	DELAWARE
WEIBEL, MD, SANDRA B	PHILADELPHIA
WEIBEL, MD, TIMOTHY J	ERIE
WEIDA, MD, THOMAS J	LANCASTER
WEIDENHAMER, MD, MONICA L	ALLEGHENY
WEIDMAN, EXEC DIR, BRUCE R	BERKS
WEIDMAN, MD, DAVID A	ALLEGHENY
WEIDNER, MD, GREGG G	ALLEGHENY
WEIDNER, MD, PAUL L	BUCKS
WEIDNER, MD, SANDRA L	BERKS
WEIGEL, MD, A LINN	ALLEGHENY
WEIGEL, MD, JESSE A	DAUPHIN
WEIGEL JR, MD, JOHN E	ALLEGHENY
WEIGEL, MD, JOSEPH H	BEAVER
WEIGHTMAN, MD, JOSEPH	UNION
WEIGLER, MD, RICHARD R	ALLEGHENY
WEIKERS, MD, NORBERT J	ALLEGHENY
WEIL, MD, ROBERT F	DAUPHIN
WEIL, MD, SUSAN M	DELAWARE
WEIMER, MD, GREGORY R	CENTRE
WEIN, MD, ALAN J	PHILADELPHIA
WEINBAUM, MD, DAVID L	ALLEGHENY
WEINBERG, MD, CARROLL A	DELAWARE
WEINBERG, MD, JOEL H	ALLEGHENY
WEINBERG, MD, MICHAEL G	WESTMORELAND
WEINBERG, MD, RICHARD A	DELAWARE
WEINBERGER, MD, IRVING G	ALLEGHENY
WEINBERGER, JEREMY S	PHILADELPHIA
WEINBERGER, MD, MONTE B	ALLEGHENY
WEINBLATT, MD, FRED M	CHESTER
WEINBLATT, MD, HOWARD A	PHILADELPHIA
WEINER, MD, BRUCE	MONTGOMERY
WEINER, MD, GERALD H	LAWRENCE
WEINER, MD, HAROLD M	MONTGOMERY
WEINER, DO, IRA H	DELAWARE
WEINER, MD, JACK	PHILADELPHIA
WEINER, MD, LEON J	PHILADELPHIA
WEINER, MD, MARC H	LANCASTER
WEINER, MD, ROBERT A	MERCER
WEINGARTEN, MD, MICHAEL S	PHILADELPHIA
WEINGOLD, MD, DAVID H	LANCASTER
WEINMAN, MD, HERBERT M	LUZERNE
WEINSTEIN, MD, BARBARA J	ALLEGHENY
WEINSTEIN, MD, DAVID P	WESTMORELAND
WEINSTEIN, MD, GARY S	ALLEGHENY
WEINSTEIN, MD, GERALD S	ALLEGHENY
WEINSTEIN, MD, GREGORY S	PHILADELPHIA
WEINSTEIN, JOANNA L	PHILADELPHIA
WEINSTEIN, MD, LISA F	PHILADELPHIA
WEINSTEIN, MD, ROBERT S	PHILADELPHIA
WEINSTOCK, MD, JEROME L	MONTGOMERY
WEINSTOCK, MD, ROBERT M	PHILADELPHIA
WEINTRAUB, MD, HARVEY	LACKAWANNA
WEINTRAUB, MD, JEFFREY T	PHILADELPHIA
WEINTRAUB, MD, RUSSELL	MCKEAN
WEIS, MD, JAMES C	LEHIGH
WEIS, MD, PAUL R	LEHIGH
WEISBERG, MD, EDWARD S	ALLEGHENY
WEISBERG, MD, JEROME S	BERKS
WEISBERG, MD, PAUL B	PHILADELPHIA
WEISBERG, MD, ROBERT A	BUCKS
WEISENFLUH, MD, MARK G	ERIE
WEISER, MD, MADELEINE C	MONTGOMERY
WEISER, MD, PAUL J	BUCKS
WEISKOPF, MD, JAY R	ALLEGHENY
WEISMAN, MD, HARLAN F	CHESTER
WEISMAN, MD, RICHARD A	ALLEGHENY
WEISMER, MD, RICHARD M	LANCASTER
WEISNER, MD, MICHAEL J	UNION
WEISS, MD, ALAN R	MONTGOMERY
WEISS, MD, ALBERT A	PHILADELPHIA
WEISS, MD, BURTON	PHILADELPHIA
WEISS, MD, CARL B	MONROE
WEISS JR, MD, CARL B	NORTHAMPTON
WEISS, MD, EDWARD D	PHILADELPHIA
WEISS, MD, ELISSA	ALLEGHENY
WEISS, MD, FRED H	MONTGOMERY
WEISS, MD, GEORGE H	MONTGOMERY
WEISS, MD, JAMES	ALLEGHENY
WEISS, JEFFREY G	PHILADELPHIA
WEISS, MD, JEFFREY P	LACKAWANNA
WEISS, MD, JEFFREY P	PHILADELPHIA
WEISS, MD, JORDAN B	PHILADELPHIA
WEISS, DO, KENNETH S	MONTGOMERY
WEISS, MD, LAURENCE B	PHILADELPHIA
WEISS, MD, MALCOLM S	ALLEGHENY
WEISS, MARISSA B	PHILADELPHIA
WEISS, MD, MICHAEL W	ALLEGHENY
WEISS, MD, NED M	MONTGOMERY
WEISS, MD, RICHARD D	MONTGOMERY
WEISS, MD, ROBERT F	ALLEGHENY
WEISS, MD, ROBERT J	WARREN
WEISS, DO, ROBERT J	LEHIGH
WEISS, MD, ROBERT	PHILADELPHIA
WEISS, MD, ROBERTA A	MONTGOMERY
WEISS, DO, ROGER T	FRANKLIN
WEISS, MD, SIDNEY	PHILADELPHIA
WEISS, MD, STEPHEN M	DAUPHIN
WEISS, MD, STEVEN J	PHILADELPHIA
WEISS, MD, WILLIAM B	LUZERNE
WEISS, MD, WILLIAM	PHILADELPHIA
WEISSBACH, MD, NANCY E	ERIE
WEISSMAN, MD, JOEL M	PHILADELPHIA
WEISSMAN, MD, MARCUS I	PHILADELPHIA
WEITZEL, MD, WILLIAM K	ALLEGHENY
WEIZMAN, MICHAEL S	PHILADELPHIA
WELBY, MD, TIMOTHY D	LACKAWANNA
WELCH, MD, J PATRICK	LEBANON
WELCH, JOHN B	PHILADELPHIA
WELCH, MD, MARK J	MCKEAN
WELCH, DO, WENDE A	ALLEGHENY
WELCH, MD, WILLIAM C	ALLEGHENY
WELDON, MD, JOHN F	WASHINGTON
WELDON, MD, JOHN P	ALLEGHENY
WELDON, DO, PATRICK O	ALLEGHENY
WELKIE, MD, JOHN F	LEHIGH
WELLENBACH, MD, BURTON L	PHILADELPHIA
WELLES, MD, RICHARD V	ERIE
WELLS, MD, E BUIST	ERIE
WELLS, MD, GREGG B	PHILADELPHIA
WELSCH, MD, FRANK A	BUCKS
WELSH, FRANK J	PHILADELPHIA
WELSH, MD, JAMES F	BERKS
WELSH, MD, SCOTT R	PHILADELPHIA
WEMPLE, MD, JAN B	NORTHAMPTON
WENDEL, MD, MICHAEL J	LYCOMING
WENDELL JR, MD, JAMES I	MONTGOMERY
WENDER, MD, RICHARD C	PHILADELPHIA
WENDLING, MD, WOODROW W	PHILADELPHIA
WENG, MD, SAM S	NORTHAMPTON
WENGER, MD, ALLEN S	DAUPHIN

WENGER, MD, JAY A	BUCKS
WENGER, MD, MARLIN E	LANCASTER
WENGER, MD, NORMAN E	LACKAWANNA
WENGER, MD, SIDNEY U	PHILADELPHIA
WENGERT JR, MD, PAUL A	DAUPHIN
WENGROVITZ, MD, PAUL H	CENTRE
WENIGER, MD, FREDERICK C	ALLEGHENY
WENIGER, FREDERICK G	ALLEGHENY
WENNER, DO, DAVID R	DAUPHIN
WENNER JR, DO, EARL J	YORK
WENNER, MD, ROBERT B	LUZERNE
WENTZ, CHRISTOPHER M	ALLEGHENY
WENTZ, MD, CLARKSON	CHESTER
WENTZ, MD, HENRY S	LANCASTER
WENTZLER, MD, J DONALD	UNION
WERLEY, MD, CHARLES W	NORTHAMPTON
WERLEY, MD, JOHN D	NORTHAMPTON
WERNER, MD, A WILLIAM	ELK/CAMERON
WERNER, MD, ALAN M	ALLEGHENY
WERNER, MD, DAVID B	CENTRE
WERNER, MD, DONALD J	LACKAWANNA
WERNER JR, MD, JOSEPH H	BUCKS
WERNER, MD, JOYCE Z	CAMBRIA
WERRIN, MD, MARGUERITE W	CHESTER
WERRIN, MD, RONALD J	CHESTER
WERTH, MD, VICTORIA P	MONTGOMERY
WERTHAN, MD, MERYLEE E	PHILADELPHIA
WERTHEIMER, MD, JOHN H	PHILADELPHIA
WERTHEIMER, MD, MARC J	DELAWARE
WERTIME, MD, CLARA G	DAUPHIN
WERTZ, DO, JAMES T	LEHIGH
WERTZ, MD, RICHARD A	BLAIR
WESSEL, MD, ISADORE J	PHILADELPHIA
WESSNER-DUNLAP, DO, SUSAN L	MERCER
WEST, MD, EDWARD	CENTRE
WEST, MD, ROBERT B	MIFFLIN/JUNIATA
WEST, MD, WILLIAM B	HUNTINGDON
WEST SR, MD, WILLIAM J	CUMBERLAND
WEST JR, MD, WILLIAM J	BERKS
WESTBY, MD, G RANDOLPH	DELAWARE
WESTCOTT, MD, RICHARD J	BERKS
WESTFIELD, WENDY K	PHILADELPHIA
WESTHEIM, MD, ALAN I	MONROE
WESTON, MD, JOHN M	UNION
WESTON, MD, WAYNE L	LACKAWANNA
WETMORE, MD, RALPH F	PHILADELPHIA
WETMORE, MD, STANLEY M	DAUPHIN
WETSCHLER, MD, STANLEY S	ALLEGHENY
WETTLAUFER, MD, MARILYN R	PHILADELPHIA
WETTON, MD, RITA	ALLEGHENY
WETZEL, DO, GEHRED D	WYOMING
WEXLER, MD, HARRY	PHILADELPHIA
WEXLIN, MD, DONALD J	MONTGOMERY
WEYGANDT, MD, PAUL L	CAMBRIA
WEYN, MD, ADRIAN S	DELAWARE
WEYRICH, MD, TIMOTHY P	WASHINGTON
WHALEN, DO, ANNE B	PHILADELPHIA
WHALEN, MD, EDWARD W	PHILADELPHIA
WHALEN, MD, RICHARD B	VENANGO
WHALEN, MD, THOMAS J	WASHINGTON
WHARTON, MD, KEITH H	ALLEGHENY
WHARTON, MD, STANLEY W	ERIE
WHEATLY, MD, WILLIAM K	LANCASTER
WHEELER, MD, GLEN N	LEBANON
WHEELER, MD, JENETTE H	MONTGOMERY
WHEELER, MD, JOHN S	LEHIGH
WHEELING, MD, GEORGE H	CAMBRIA
WHEELING, MD, THERESA A	ERIE
WHELAN, MD, STEPHEN T	DELAWARE
WHILDIN, MD, JAMES G	NORTHAMPTON
WHINNEY, CHRISTOPHER M	PHILADELPHIA
WHIPPLE, MD, DOROTHY S	PHILADELPHIA
WHITAKER, MD, H CRAIG	DELAWARE
WHITAKER, MD, LINTON A	PHILADELPHIA
WHITAKER, MARK E	STUDENT
WHITAKER, MD, PAUL J	NORTHAMPTON
WHITCOMB, MD, CLARENCE A	PHILADELPHIA
WHITCOMB, MD, LUTHER M	CUMBERLAND
WHITE, ANDREW A	PHILADELPHIA
WHITE, EXEC SEC, ANNE L	FAYETTE
WHITE, MD, CAROL J	GREENE
WHITE, MD, CHERYL JO	MONTGOMERY
WHITE, MD, DANETTE	PHILADELPHIA
WHITE, MD, DAVID A	WASHINGTON
WHITE JR, MD, DAVID G	YORK
WHITE, MD, ELIZABETH C	MONTGOMERY
WHITE, MD, GEORGE S	CENTRE
WHITE, MD, JACK C	CHESTER
WHITE, MD, JOSEPH G	CHESTER
WHITE, MD, KATHLENE	MONTGOMERY
WHITE, MD, MICHAEL J	ALLEGHENY
WHITE, MD, PETER F	CRAWFORD
WHITE, MD, RICHARD K	LEHIGH
WHITE, MD, ROBERT A	DELAWARE
WHITE JR, MD, ROBERT H	LANCASTER
WHITE, MD, ROBERT P	NORTHAMPTON
WHITE, MD, SEAN P	NORTHAMPTON
WHITE, MD, WAYNE D	DAUPHIN
WHITE, MD, WESLEY R	LACKAWANNA
WHITE, MD, WILLIAM L	ALLEGHENY
WHITELEY, MD, JOHN P	YORK
WHITENACK, MD, STEPHEN H	PHILADELPHIA
WHITESIDE, MD, DEBORAH A	ALLEGHENY
WHITING, MD, DONALD M	ALLEGHENY
WHITING, MD, R KEITH	LEBANON
WHITMAN, MD, MARK A	BUCKS
WHITMAN, MD, ROBERT S	ALLEGHENY
WHITMER, MD, JEFFREY T	BUCKS
WHITMORE, MD, MASON	DELAWARE
WHITNEY, MD, JONATHAN P	DAUPHIN
WHITNEY, MD, MARK B	DAUPHIN
WHITSON, MD, DAVID W	LEHIGH
WHITTAKER, MD, RICHARD P	MONTGOMERY
WHITTLE, MD, DONNA I	ALLEGHENY
WHOLEY, MD, MARK H	ALLEGHENY
WHORRAL, MD, GREG S	WESTMORELAND
WHU, MD, MAYBELLE S	ALLEGHENY
WHYTE, MD, JOHN	PHILADELPHIA
WIBLE, MD, CLAIRE E	YORK
WIBLE, MD, LEROY C	ALLEGHENY
WICAL, SHELDEN C	ERIE
WICKRAMASINGHE, MD, EARDLY K	ERIE
WIDDOWSON, MD, HAROLD R	DELAWARE
WIDELITZ, MD, MARTIN M	PHILADELPHIA
WIDER, MD, SAUL	PHILADELPHIA
WIDGE, MD, TOERUNA S	LEHIGH
WIDGER, MD, JOHN E	COLUMBIA
WIDLAN, MD, SHELDON	WESTMORELAND
WIECHMANN, MD, ROBERT J	ALLEGHENY
WIECKS, MD, MICHAEL J	DAUPHIN
WIECZOREK, BRIAN J	STUDENT
WIEDER JR, MD, HENRY S	PHILADELPHIA
WIEGAND, MD, DAVID A	DAUPHIN
WIELAND, MD, WINFRIED G	LANCASTER
WIEMANN, MD, GEORGE F	BUCKS
WIENER, MD, EUGENE S	ALLEGHENY
WIENER, MD, JACOB S	PHILADELPHIA
WIENER, DO, STEPHEN D	MONTGOMERY
WIENER, MD, STEPHEN G	BERKS
WIESNER, MD, IRVING S	DELAWARE
WIEST, MD, HIRAM L	DAUPHIN
WIGERT, MD, WALTER S	TIOGA
WIGLE, MD, ARNOLD R	WESTMORELAND
WIJESINGHE, HIRAN S	PHILADELPHIA
WIKERT, MD, GARY A	BEDFORD
WIKLER, MD, LOUIS A	PHILADELPHIA
WIKOFF, MD, EDWARD K	PHILADELPHIA
WILBERGER JR, MD, JAMES E	ALLEGHENY
WILBUR, MD, SABRINA L	PHILADELPHIA
WILCOX, MD, GEOFFREY H	ALLEGHENY
WILCOX, MD, JULIA W	ALLEGHENY
WILCOX, MD, KENNETH R	LACKAWANNA
WILCOX, MD, MARK S	ALLEGHENY
WILCOX JR, MD, WINTHROP P	LANCASTER
WILCZANSKI, MD, PETER L	ERIE
WILD JR, MD, ROBERT M	CENTRE
WILDBLOOD, MD, HARRY M	YORK
WILDER, MD, BRUCE L	ALLEGHENY
WILDERMAN, MD, BARRY S	BUCKS
WILDRICK, MD, KENNETH H	NORTHAMPTON
WILEN, MD, HOWARD O	ALLEGHENY
WILEY, MD, BERT C	BLAIR
WILEY, DO, DAVID E	LANCASTER
WILEY, FRANKLIN W	PHILADELPHIA
WILF, MD, HAROLD	PHILADELPHIA
WILFRED, MD, ELIZA N	PHILADELPHIA
WILHELM, MD, BARBARA E	FAYETTE
WILHELM, MD, WILLIAM C	ERIE
WILKERSON, MD, CARLOS J	PHILADELPHIA
WILKERSON, MD, LORNA A	ALLEGHENY
WILKES, DO, KATHY L	DELAWARE
WILKINS, MD, BYRON D	LEHIGH
WILKINSON, MD, HAROLD A	DELAWARE
WILKINSON, MD, JOHN H	ALLEGHENY
WILKINSON, MD, ROSELISE H	DELAWARE
WILKS, MD, DAVID H	ALLEGHENY
WILLARD III, MD, WILLIS W	CUMBERLAND
WILLCOX JR, MD, THOMAS O	PHILADELPHIA
WILLENBORG, MD, ANNE	CENTRE
WILLIAM, MD, PUNITHA S	LANCASTER
WILLIAMS, MD, ANDRE' O	CHESTER
WILLIAMS, BERNESTA C	STUDENT
WILLIAMS, MD, BRENDA A	ALLEGHENY
WILLIAMS, MD, BRIAN A	ALLEGHENY
WILLIAMS, MD, BURTON L	DELAWARE
WILLIAMS, DO, DAVID T	CAMBRIA
WILLIAMS, MD, ELIZABETH A	PHILADELPHIA
WILLIAMS, MD, F MARIAN	PHILADELPHIA
WILLIAMS, MD, GLENN R	YORK
WILLIAMS, MD, GREGORY S	CHESTER
WILLIAMS, MD, HENRY N	LANCASTER
WILLIAMS, MD, HERMAN J	BERKS
WILLIAMS III, MD, IRVING	UNION
WILLIAMS, MD, JAMES R	PHILADELPHIA
WILLIAMS, MD, JAY JAMES	PHILADELPHIA
WILLIAMS, JEFFREY L	PHILADELPHIA
WILLIAMS, MD, JESSICA Y	YORK
WILLIAMS, MD, JOHN J	BERKS
WILLIAMS, MD, JOHN M	NORTHAMPTON
WILLIAMS, MD, JOHN T	PHILADELPHIA
WILLIAMS, MD, KEITH N	ALLEGHENY
WILLIAMS, MD, KIRKLEY R	PHILADELPHIA
WILLIAMS, MD, LYNN R	LAWRENCE
WILLIAMS, DO, MARK S	WESTMORELAND
WILLIAMS, MD, MELVIN C	INDIANA
WILLIAMS, MD, MICHAEL A	PHILADELPHIA
WILLIAMS, MD, MICHAEL J	PHILADELPHIA
WILLIAMS, MD, NORMAN S	ALLEGHENY
WILLIAMS, DO, PAUL D	DAUPHIN
WILLIAMS JR, MD, PHILIP D	ALLEGHENY
WILLIAMS, MD, R HALLOCK	MONTGOMERY
WILLIAMS, MD, RICHARD A	ERIE
WILLIAMS, MD, RICHARD G	CLEARFIELD
WILLIAMS, MD, SHELLEY D	ALLEGHENY
WILLIAMS, MD, STEPHEN K	MONTGOMERY
WILLIAMS, MD, SUSAN L	DELAWARE
WILLIAMS JR, MD, THOMAS L	NORTHAMPTON
WILLIAMS, MD, VERNEETA L	LANCASTER
WILLIAMS, MD, VIRGINIA M	DAUPHIN
WILLIAMSON, MD, CLARKE E	PHILADELPHIA
WILLIAMSON, MD, EDWARD L	WESTMORELAND
WILLIAMSON, MD, MARK E	ALLEGHENY
WILLIAMSON, MD, NEIHL J	LYCOMING
WILLIG, MD, DORIS	PHILADELPHIA
WILLIHNGANZ, MD, WALTER D	BUCKS
WILLNER, MD, DAVID L	CHESTER
WILLNER, MD, JAY	LUZERNE
WILLS, MD, MICHAEL H	LANCASTER
WILLWERTH, MD, GERALD E	FRANKLIN
WILMOT, PETER C	ERIE
WILSON, MD, ADAM S	WESTMORELAND
WILSON JR, MD, CHARLES R	ALLEGHENY
WILSON, MD, DAVID G	YORK
WILSON, MD, DAVID O	ALLEGHENY
WILSON, MD, DONALD F	CHESTER
WILSON, MD, DOROTHY G	NORTHMBRLAND
WILSON, MD, DOUGLAS G	ALLEGHENY
WILSON, DO, FREDERICK R	MERCER
WILSON, MD, FREDERICK S	MONTGOMERY
WILSON, MD, GEORGE M	PHILADELPHIA
WILSON, MD, GEORGE W	ALLEGHENY
WILSON, MD, JAMES A	LANCASTER
WILSON, JEFFREY M	PHILADELPHIA
WILSON, MD, JOHN F	PHILADELPHIA
WILSON, MD, JOHN S	WESTMORELAND
WILSON, MD, JOHN S	ALLEGHENY
WILSON, MD, LANCE B	BUCKS
WILSON, LAURALEE	STUDENT
WILSON, MD, LINDA C	CHESTER
WILSON, MD, LOU ELLEN M	PHILADELPHIA
WILSON, MD, MARTIN C	PHILADELPHIA
WILSON, MD, RAY A	YORK
WILSON, MD, RICHARD A	ARMSTRONG
WILSON, MD, RICHARD C	LEHIGH
WILSON, MD, RICHARD P	PHILADELPHIA
WILSON, DO, ROBERT E	ALLEGHENY
WILSON JR, MD, ROBERT N	MONTGOMERY
WILSON, SHUREA A	ALLEGHENY
WILSON, MD, STEPHEN A	ALLEGHENY
WILSON, MD, THOMAS W	LAWRENCE
WILSON, MD, W LAWRENCE	ALLEGHENY
WILSON, WALTER G	DAUPHIN
WILSON, MD, WILLIAM W	MONTGOMERY
WILT, MD, KENNETH E	YORK
WILTON, MD, SUSAN R	MONTGOMERY
WINAND, MD, ANDREW T	YORK
WINAND, DAVID A	PHILADELPHIA
WINEBERG, MD, JENNIFER R	MONTGOMERY
WINEGRAD, MD, ALBERT I	MONTGOMERY
WINER, MD, STEPHEN F	LEBANON
WING, MD, EDWARD J	ALLEGHENY
WINGARD, MD, LARRY B	ARMSTRONG
WINGATE, MD, GARY F	CHESTER
WINGERD, MD, ROBERT A	FRANKLIN
WINGERT JR, MD, CHARLES H	CENTRE
WINGERT JR, MD, J PAUL	BLAIR
WINKLER JR, MD, LOUIS H	NORTHAMPTON
WINKLER, MD, MARTIN	ALLEGHENY
WINN JR, MD, CHARLES L	BUCKS
WINN, MD, RANDALL S	BERKS
WINN, ROBERT J	PHILADELPHIA
WINSLOW, MD, ROY E	FRANKLIN
WINSON, MD, SAMUEL G	PHILADELPHIA
WINSTON, MD, JOSEPH M	BERKS
WINSTON, MD, NORMAN J	BERKS
WINSTON, MD, RALPH B	BRADFORD
WINT, MD, ROGER M	PHILADELPHIA
WINTER, MD, CHARLES R	LANCASTER
WINTER, MD, FRED S	MONTGOMERY
WINTER II, MD, JOHN C	LYCOMING
WINTER, MD, PETER M	ALLEGHENY
WINTERS, DO, ELIZABETH A M	BUCKS
WIRTH, MD, TIMOTHY M	BERKS
WIRTS JR, MD, C WILMER	PHILADELPHIA
WISDO, DO, JAMES J	LUZERNE
WISE, MD, RICHARD J	LUZERNE
WISE, WENDY J	PHILADELPHIA
WISEMAN, DO, DOUGLAS C	NORTHAMPTON
WISLER, DARYL J	PHILADELPHIA
WISMAN, MD, CRAIG B	DAUPHIN
WISNIEWSKI, MD, PETER M	LUZERNE
WISSINGER, MD, H ANDREW	ALLEGHENY
WISSLER, MD, ROBERT U	LANCASTER
WITHAM, MD, REBECCA S	DELAWARE
WITHERSPOON, MD, ROBERT G	WESTMORELAND
WITHINGTON, MD, AMELIA M	PHILADELPHIA
WITKES, DO, DAVID M	CAMBRIA
WITKIEWICZ-BOWSER, DO, JOYCE A	ARMSTRONG
WITKOWSKI, MD, JOSEPH A	PHILADELPHIA
WITKOWSKI, MD, MARK T	BLAIR
WITKOWSKI, MD, THOMAS A	PHILADELPHIA
WITLIN, DO, ANDREA G	ALLEGHENY
WITMER, MD, DONALD B	LANCASTER
WITMER, MD, ROBERT H	LANCASTER
WITOWSKI, MD, JOHN J	LACKAWANNA
WITROCK, JENNIFER A	PHILADELPHIA
WITT, MD, PAUL J	LUZERNE
WITTELS, MD, EMANUEL	BERKS
WITTELS, MD, HEIDI L	PHILADELPHIA
WITTERHOLT, MD, KENNETH A	CHESTER
WITTHOFF JR, MD, ELMER M	LYCOMING
WITTIG, MD, ROBERT L	ALLEGHENY
WITTINK, MARSHA N	PHILADELPHIA
WITTMANN, MD, THOMAS A	ERIE
WIZDA, MD, MARIANNE	WASHINGTON
WODLINGER, MD, PAUL M	WASHINGTON
WODZINSKI, MD, STEVEN F	WESTMORELAND
WOELFEL, MD, GEORGE F	ALLEGHENY
WOERTHWEIN, MD, KENNETH F	YORK
WOHL, MD, MILTON A	PHILADELPHIA
WOHL-KRISTO, MD, CATHERINE V	DELAWARE
WOHLTMANN, MD, CHRISTOPHER D	BRADFORD
WOJCIAK, DO, RAYMOND J	ALLEGHENY
WOJCIK, BARBARA A	PHILADELPHIA
WOLANIN, MD, JANUSZ	LUZERNE
WOLBACH JR, MD, ALBERT B	LANCASTER
WOLDORF, MD, NORMAN M	DAUPHIN
WOLDOW, MD, ANDREW B	MONTGOMERY
WOLDOW, MD, ASHER	PHILADELPHIA
WOLF, MD, CHARLES R	CHESTER
WOLF, ELIZABETH A	PHILADELPHIA
WOLF, MD, FRANKLIN M	BERKS
WOLF, MD, LAURENCE R	MONTGOMERY
WOLF, MD, LEWIS R	PHILADELPHIA
WOLF, MD, MELVYN A	MONTGOMERY
WOLF, MD, ROBERT E	DAUPHIN
WOLF, MD, SANDRA M	PHILADELPHIA
WOLF, MD, STEWART G	NORTHAMPTON
WOLFE, MD, DANIEL E	LYCOMING
WOLFE, MD, DWIGHT D	LANCASTER
WOLFE, MD, JUDITH A	CAMBRIA
WOLFE, MD, KENNETH H	DELAWARE
WOLFE, MD, PATRICK W	CAMBRIA
WOLFERT, MD, IRWIN H	MONTGOMERY
WOLFERTH JR, MD, CHARLES C	PHILADELPHIA
WOLFF, MD, DANIEL C	SUSQUEHANNA
WOLFF, MD, JEFFREY M	WESTMORELAND
WOLFGANG, MD, GARY L	MONTOUR
WOLFGANG, JILL A	STUDENT
WOLFINGER, MD, WALTER L	FRANKLIN
WOLFORD, MD, JACK A	ALLEGHENY
WOLFORD, DO, MICHAEL G	MERCER
WOLFSON, MD, BERNARD	ALLEGHENY
WOLFSON, MD, ERIC H	LUZERNE
WOLFSON, MD, ROBERT J	PHILADELPHIA
WOLFSON JR, MD, SIDNEY K	ALLEGHENY
WOLFSON, MD, STEVEN J	LYCOMING
WOLGEMUTH JR, MD, JOHN M	LANCASTER
WOLGIN, MD, WILLIAM	PHILADELPHIA
WOLK, MD, LARRY A	PHILADELPHIA
WOLK, MD, MELVYN H	LACKAWANNA
WOLK, MD, MICHAEL D	LACKAWANNA
WOLK, MD, STEPHEN M	LUZERNE
WOLLMAN, MD, HARRY	PHILADELPHIA
WOLMARK, MD, NORMAN	ALLEGHENY
WOLYNN, MD, TODD H	ALLEGHENY
WOLZ, MD, DEAN E	ALLEGHENY
WON, ALISSA	STUDENT
WON, MD, KWAN H	DAUPHIN
WON, MD, OKHEE	LACKAWANNA
WONG, MD, ALBERT	SOMERSET
WONG, CARRIE C	PHILADELPHIA
WONG, MD, HENRY C	MONROE
WONG, MD, HON YUEN	CLARION
WONG, MD, JAMES	BERKS
WONG, KATHLEEN A	PHILADELPHIA
WONG, MD, KIRK L	PHILADELPHIA
WONG, MD, LING G	CENTRE
WONG, MD, MING-DER	YORK
WONG, MD, STEPHEN W	PHILADELPHIA
WONG, TERRELEA K	STUDENT
WONG, MD, TIEN PEI	MONTGOMERY
WONGPAKDEE, MD, SOBSAN	POTTER
WONSETTLER, MD, DONALD E	MERCER
WOO, BENEDICT C	ALLEGHENY
WOO, EDWARD Y	PHILADELPHIA
WOO, MD, JON E	ALLEGHENY
WOO, MD, MARIANO	YORK
WOOD, MD, DAVID W	MONTGOMERY
WOOD, MD, DIANE S	YORK
WOOD, MD, DOUGLAS R	YORK
WOOD, MD, ERNEST M	LANCASTER
WOOD, MD, HOWARD P	MONTGOMERY
WOOD, MD, JOHN M	ALLEGHENY
WOOD, MD, MADELINE S	DELAWARE
WOOD, MD, MARGARET D	PHILADELPHIA
WOOD, MD, RANDOLPH B	ALLEGHENY
WOODIEL, MD, JAMES C	LUZERNE
WOODINGS, MD, SAMUEL G	MERCER
WOODMAN, MD, THOMAS J	BUCKS
WOODRUFF JR, MD, D STRATTON	MONTGOMERY
WOODS, MD, ANNE M	YORK
WOODS, MD, KELLY W	PHILADELPHIA
WOODS, MD, TIMOTHY A	PHILADELPHIA
WOODSIDE, MD, JOHN A	YORK
WOODWARD, MD, EDWARD G	DAUPHIN
WOODWARD, MD, JOHN P	PHILADELPHIA
WOODWARD, KENNETH A	ALLEGHENY
WOOLF, SHANE K	STUDENT
WOOMERT, MD, CATHLEEN A	MONTOUR
WOOTEN, MD, SALLY M	MIFFLIN/JUNIATA
WORKS, MD, KIRK L	MERCER
WORLEY, MD, CARL M	ALLEGHENY
WORLEY, MD, SETH J	LANCASTER
WORNAS, MD, CHRISTIAN G	BERKS
WOROBEC, MD, RUSSELL N	LYCOMING
WORRALL, MD, V THOMAS	ALLEGHENY
WORRILOW, MD, CHARLES C	PHILADELPHIA
WORRILOW, MD, SUZANNE H	LEBANON
WORSHTIL, MD, MARK E	WASHINGTON
WORTHINGTON, MD, JOHN J	MONTGOMERY
WORTZEL, MD, RICHARD D	BUCKS
WORTZEL, MD, SANDRA H	BUCKS
WOTRING, MD, JOHN M	BERKS
WOYNAROWSKI, MD, DAVID M	BERKS
WOYNAROWSKI, MD, JOHN A	BERKS

WOZNIAK, MD, RICHARD S	CAMBRIA
WREN, FRANCIS J	PHILADELPHIA
WRENN, MD, EDWARD H	ALLEGHENY
WRIGHT JR, MD, ALFRED E	FAYETTE
WRIGHT, ANGELA C	PHILADELPHIA
WRIGHT, MD, BRUCE A	ALLEGHENY
WRIGHT, MD, DAVID G	ALLEGHENY
WRIGHT, GEOFFREY A	PHILADELPHIA
WRIGHT JR, MD, GEORGE J	ALLEGHENY
WRIGHT, MD, JAMES H	BUCKS
WRIGHT JR, MD, JOHN C Y	BEAVER
WRIGHT, MD, L ALAN	ALLEGHENY
WRIGHT, MD, LANCE S	PHILADELPHIA
WRIGHT, MD, RAYFORD E	CAMBRIA
WRIGHT, MD, RICHARD E	ALLEGHENY
WRIGHT, MD, ROBERT E	LACKAWANNA
WRIGHT, MD, SCOTT H	PHILADELPHIA
WRIGHT, MD, THOMAS S	MONTGOMERY
WRIGHT, MD, WILLIAM C	COLUMBIA
WRIGHT, MD, WILLIAM R	LAWRENCE
WRIGLEY, MD, MICHAEL S	MONTGOMERY
WROBLEWSKI, MD, GENEVIEVE A	LUZERNE
WU, MD, CHAU H	ELK/CAMERON
WU, JULIE	PHILADELPHIA
WU, MD, JUN-YI	LACKAWANNA
WU, MICHAEL C	PHILADELPHIA
WU, MD, TSUNG-TEH	ALLEGHENY
WU, MD, WAYNE C	ALLEGHENY
WUEBBOLT, MD, GORDON E	VENANGO
WUERZ, MD, RICHARD C	DAUPHIN
WUKICH, MD, DANE K	NORTHAMPTON
WUMMER, MD, BRIAN A	BERKS
WUSHENSKY, MD, CURTIS A	CHESTER
WUSTROW, MD, H JUERGEN	BLAIR
WYLIE, MD, MARY E	ALLEGHENY
WYNERT, MD, WILLIAM R	CAMBRIA
WYNKOOP, MD, WALTER A	PHILADELPHIA
WYNNE, MD, BRIAN R	PHILADELPHIA
WYSHOCK, MD, EDWARD G	LYCOMING
WYSOKI, MD, MICHAEL G	PHILADELPHIA
WYSZOMIERSKI, MD, DAVID A	WESTMORELAND

X

XANTHOPOULOS, DO, JAMES E	MIFFLIN/JUNIATA
XAVIER, MD, CHERIAN P	PHILADELPHIA
XU, ANLIN	ALLEGHENY

Y

YACONO, MD, JOHN V	ALLEGHENY
YAEGER, MD, THOMAS A	BRADFORD
YAGER, DO, MARIA C	LUZERNE
YAGER JR, DO, ROBERT G	LUZERNE
YAGGER, DO, SCOTT A	VENANGO
YAGNIK, MD, REKHA P	DELAWARE
YAKISH, MD, JACK E	ERIE
YAKISH, MD, SAMUEL D	BEAVER
YAMAGUCHI, JON S	PHILADELPHIA
YAMULLA, MD, ROBERT S	LUZERNE
YAMULLA, MD, STANLEY J	LUZERNE
YANCHUS, MD, ROBERT M	ALLEGHENY
YANG, MD, JAE-TAEK	ARMSTRONG
YANG, MD, JAU-HSIN	ALLEGHENY
YANG, MICHELE	ALLEGHENY
YANG, MD, SHUIN-LIN	PHILADELPHIA
YANG, MD, UN TAEK	MONTGOMERY
YANG, MD, WEN-SHIONG	LEHIGH
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Volume 99
Number 9

PENNSYLVANIA MEDICINE®

Septe
1996

14 Computers in Medicine

Pennsylvania Physicians Plan for Telemedicine

Learn how your State Society is planning for a future when advanced telemedicine applications enter the medical mainstream.

10 On the Hill

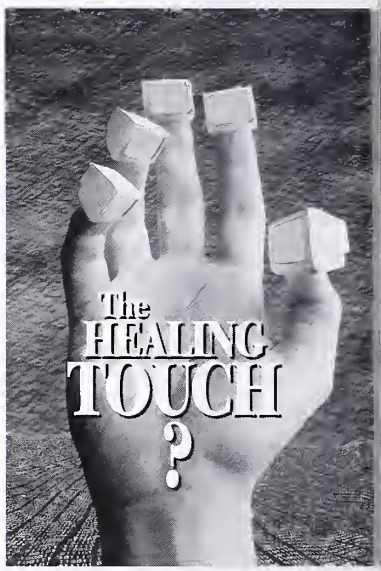
Legislative Seasons... What Lies Ahead

Take a look into the State Society's Crystal Ball at the future of tort reform and other legislative issues.

28 Women in Medicine

Keeping Pace with Medicine's Changes

Meet two of Pennsylvania's leading women physicians—the chair of the Society's new Commission on Women in Medicine, and a Selinsgrove physician who continues to fight the cycle of domestic violence.



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Tony Stone Imag

Our New Look
page 4

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Issues of Interest

20 Pennsylvania Health on the Net?
Researchers propose an innovative health network for the state

24 Practice Management
Understanding workers' comp reimbursement in Pennsylvania

32 Group Practice Snapshot
A new series profiling group practices in Pennsylvania

36 Physicians' Update
News of organized medicine, the CAT Fund, grants

38 Drug Education
The latest information about drug utilization

40 Integration Insider
Continued analysis of the emerging health care marketplace

Voices in Medicine

4 Editor's Viewpoint
We've got a new look!

6 Letters to the Editor
Patient autonomy is the bottom line

Late News at Press Time

A hybrid of what readers formerly knew as "Executive Report" and "Medigram," this special insert offers the latest news and information from the world of medicine.

Departments

44 People in Medicine
46 Obituaries
48 Medical Stats
50 Classified Advertising
51 Advertisers' Index
52 Calendar

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EDITOR'S VIEWPOINT

We've Got a New Look

We haven't made a lot of fuss about it, but our flagship magazine, PENNSYLVANIA MEDICINE, has been redesigned and reformulated in an effort to make it more user-friendly to our readers.

Dr. Mills

This September 1996 issue is the inauguration of a new design. Direction for the changes you see came from you—our readers—through months of research via surveys, focus groups, and discussion with leaders, members, and staff. The technical aspects were executed by the magazine's staff, working with a professional magazine design consulting firm.

We realize, however, that change is a continual process. We say "inauguration" of the design because, as in the beginning of any new process, we fully expect to make continual modifications as readers respond and comment. In fact, one major goal of the redesign is to make the publication more flexible and better able to adapt to change.

The nameplate on the cover of PENNSYLVANIA MEDICINE was one of the more controversial elements and is the result of some compromise. "Pennsylvania" is a long word, and it just does not fit well on a cover when matched with the word "Medicine." However, in an attempt to maintain our long-standing name recognition and copyrighted title, we agreed upon a more contemporary, bolder design that will stand out well against any cover illustration or photograph.

Some have already noticed the new address label box on the lower left of the cover—and yes, it is a bit awkward—but it's an important change that allows us to step into computerized, bar-coded labeling which saves the Society postage costs.

You'll find an expanded table of contents, as suggested by many of our readers, on pages 2-3. Article topics and the cover illustration are repeated, and bold headings are used for additional emphasis. This should reduce "thumbing" for what's in each issue.

With new structure comes new names. Look for:

- "Voices in Medicine"—opinions, essays, and letters to the editor (pages 4 and 6);
- "Physicians' Update"—brief, concise news on a wide range of topics important to the everyday practice of medicine (page 36);
- "Late News at Press Time"—exactly as it says, vital news flashes that reach us just as we go to press, and which reach you as quickly as we can print them (inserted after page 18 on a colored, heavier paper);
- "People in Medicine"—honors and obituaries (pages 44 and 46);
- "Drug Education"—from the Society's Center for Professional Drug Education and Information (page 38);
- "Integration Insider"—latest mergers, acquisitions, integration, managed care news (page 40).

"We want to hear from you."

We'll be focusing each issue on a cover story—an in-depth feature (page 14) or profile that is especially vital to changes in the practice of medicine. Look for in-depth articles on other complex issues as well—in this issue, see the "Legislative Update" (page 10) and "Practice Management" (page 24).

People are always interested in reading about other people—and especially people in the same profession. We'll have lots of profiles—of Pennsylvania physicians, practices, and leaders (pages 28, 30, and 32).

Feedback from you, our members and readers, is extremely important not only to this publication, but especially to your State Society. Beginning this month, look for a fax-back form each issue, called "Reaction Time" (inserted before page 35). The form is there to remind you that we want to hear from you, and it may also be use to request Society services, publications, and materials.

Finally, we're beginning a monthly calendar of State Society, specialty, an county meetings, seminars, and event We all need to plan ahead for time away from our practices, families, anc other priorities. It has always been ve frustrating to me not to have dates of significant meetings/events far enougl in advance to make plans to attend.

Society priorities

Speaking of planning ahead, since the October issue of PENNSYLVANIA MEDICINE will not reach many of you before the annual meeting of the Stat Society's House of Delegates meeting I thought I should make readers aware in this colum of the Society's proposed pr orities for 1997.

The MDP Panel has pro vided their recommendatio to the board, and the board discussed and modified the during July. These recommendations will be presente for consideration to the House in October:

- Regaining Physician Control in a Managed Care Environment
- Tort Reform
- Young Physician Involvement
- Legislative/Regulatory/Legal Effectiveness Demonstration Project
- Society Relationship with Specia ty Organizations

Delegates will receive considerabl background information on the recon mendations prior to their October meeting.

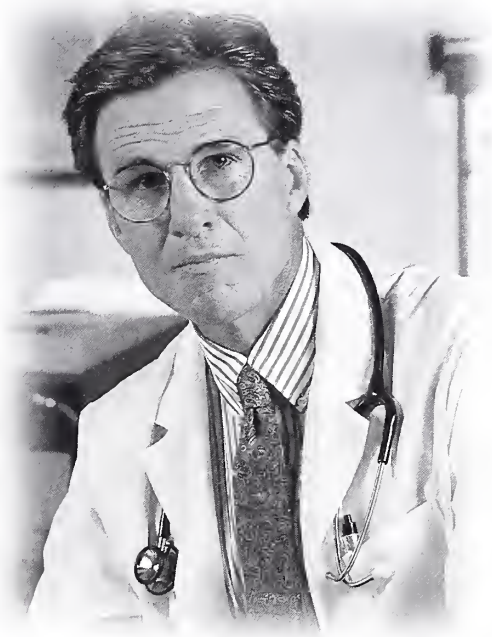
At the July board retreat we also concentrated efforts on analyzing the processes necessary to accomplish worthwhile change: criteria for priori selection, policy setting, key organizational trends, grappling with tradition and "sacred cows," and, finally, analyz ing a functional organization which is *focused*, *flexible*, *fast*, and *friendly*.

We hope the new design of our publication exemplifies these things.

ANOTHER PMSLIC PROFILE

"The courtroom

is no place to practice medicine. A couple of years ago one of my patients sued me for failing to diagnose her breast cancer. Her argument was emotional — even compelling. I felt myself being drawn into an argument of what was right and what was wrong. We could have lost that case. But we held our ground, presented the facts... and our defense prevailed. I can't tell you how important it was to hear a verdict in my favor. It's reassuring to know that PMSLIC is an insurance company that believes in defending good medicine. PMSLIC supported me with a team of doctors and insurance professionals. As doctors, we all get solicitations from companies promising to save thousands in premiums. But now I know why they say "you get what you pay for." I'll never take another chance with my practice, or my peace of mind. I'll always be insured by PMSLIC."



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Continued from page 4

To put it bluntly, we need to remember that the makeup and operation of the Pennsylvania Medical Society in 1996 is wholly different from the original society organized in 1848.

John W. Mills, MD
Medical Editor

LETTERS TO THE EDITOR

Patient Autonomy Is the Bottom Line

In his June editorial, Dr. John W. Mills said, "If we physicians really met our patients' needs, there would be no place for Dr. Kevorkian and his support for Nazi-like medical experiments on prisoners." This is a deplorable analogy.

Dr. Jack Kevorkian's activities in assisted suicide are in no way comparable to the cruelties of Nazi physicians. He has served a need of patients who seek him out of their own free will because life was no longer bearable, he spends time with them, and he has compassion. By no stretch of the imagination can his ministrations be considered experiments or the patients be thought of as prisoners.

Dr. Mills finds it easy to distinguish between the motives of Dr. Timothy Quill and those of Dr. Kevorkian, but both have engaged in assisted suicide. I cannot discern any differences between them except that Dr. Kevorkian gets more publicity. Dr. Mills should note that the public, in the form of three different juries, has acquitted Dr. Kevorkian of any wrong doing. There is a message in this for physicians.

Recent surveys have revealed that some nurses and some physicians have engaged in assisted suicide and even euthanasia. Dr. Mills called them killers and applied the now-hackneyed term, "slippery slope," to Oregon's physician-assisted suicide law. This is unjustifiably strong language for a complex emotion-laden issue.

A letter from Dr. Kevin G. Ryan of Woodland, California, in the June 3, 1996, issue of *American Medical News*, criticized the AMA's position on physician-assisted suicide because it is based on two myths. The first comes from the Hippocratic Oath (now outdated): *primum non nocere*. This principle is inconsistent with current medical and surgical practice because most diagnostic and therapeutic maneuvers carry a risk of harm. The proper principle today is to weigh benefit against risk in the judgment of what is good for the patient.

Second, the idea that we can meet all patients' needs in the dying process, short of resorting to assisted suicide or euthanasia, is not universally true. Hospice is not the answer in all cases, nor are palliative measures the answer to a life completely devoid of any quality.

Dr. Ryan said, "With specific reference to physician-assisted suicide, the ethical role of the physician is, as always, to lend his expertise to allow the rational patient to control his own destiny. It is to minimize pain and provide clearness and dignity in the process of selecting one's time of death."

In the case of incompetent patients, physicians must pay attention to advance directives and to the prior wishes transmitted to family members. In 1992, David Orenlicher, MD, JD, AMA ethics and health policy counsel, published a paper entitled, "The Illusion of Patient Choice in End-of-Life Decisions" (*JAMA* 267:2101-04) and said there is increasing evidence that physician values override patient values in a substantial percentage of cases. He said, "In short, it appears that the patients' preferences were respected as long as the physicians thought that the patients' choices resulted in the best decisions. While some of this may be due to poor communication, some may be due to physician arrogance and paternalism."

Times are changing. Organized medicine must change with them, learn to listen to patients, and also listen to members who disagree with the positions that spokespersons for organized medicine take on various issues. Referendums on controversial issues might be very revealing to those who run our societies and perhaps stem the decline in membership.

William Weiss, MD
Philadelphia

Response: Thank you for your letter. It was poor sentence structure to link Dr. Kevorkian's assisted-suicide method with his avowed support and approval of Nazi medical experiments on human prisoners. I meant no such analogy.

Dr. Quill wrote a very serious account of his assisted-suicide episode, while Dr. Kevorkian says little except that patients seek him out.

The term "slippery slope" was quoted from nationally known ethicist Emily Friedman. I feel it's a very accurate term for these very complex ethical issues. Add to this the fact that half of all assisted suicides in the Netherlands are not requested by the patient!

I could not agree more with you concerning the arrogance and paternalism of some physicians—and that times are changing ever so rapidly that it behooves us to "stay the course" so that we steer clear of dangerous shoals. Referendums are only as accurate as a percentage of those who may vote—quite a low figure in our country and our professional societies.

John W. Mills, MD
Medical Editor

Talk to Us!

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

Please send letters to:
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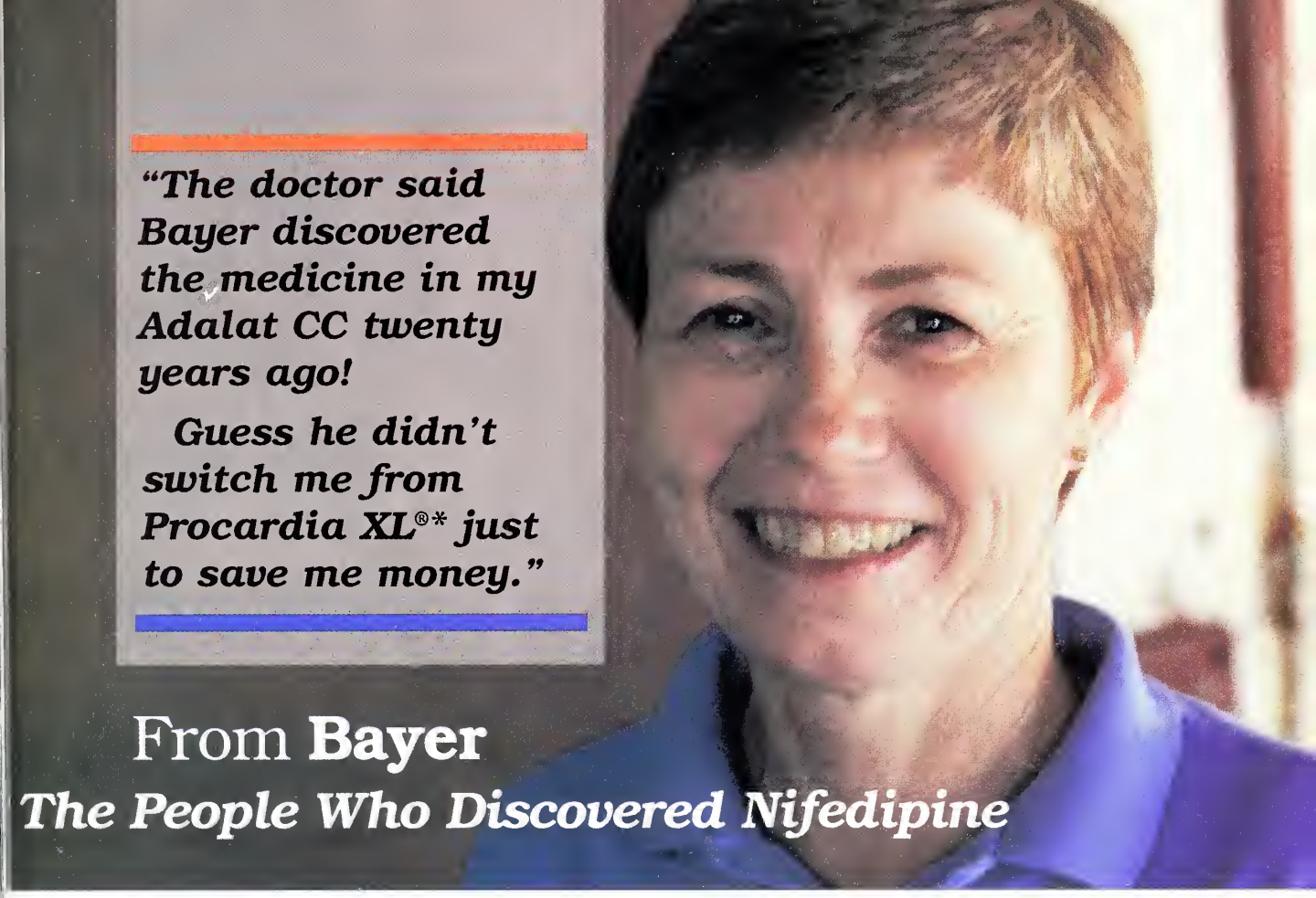
Letters are published at the discretion of the editors and are subject to editing.



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Please see next page for a brief summary of Prescribing Information.

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CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and an occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentatoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectasia **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, rhinitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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References: **1.** IMS NPA+, January 1996. **2.** Glasser SP, Ripa SR, Allenby KS, Schwartz LA, Commins BM, Jungerwirth S, on behalf of the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine Administered without Food: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Hypertension. *Clin Ther.* 1995;17(2):296-312. **3.** Glasser SP, Jain A, Allenby KS, Shannon T, Pride K, Pettis PP, Schwartz L, MacCarthy EP, and the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Diastolic Hypertension. *Clin Ther.* 1995;17(1):12-29. **4.** Adalat® CC Product Monograph, April 1995. **5.** *Redbook Update.* Montvale, NJ, Medical Economics Data, Inc., June 1996.

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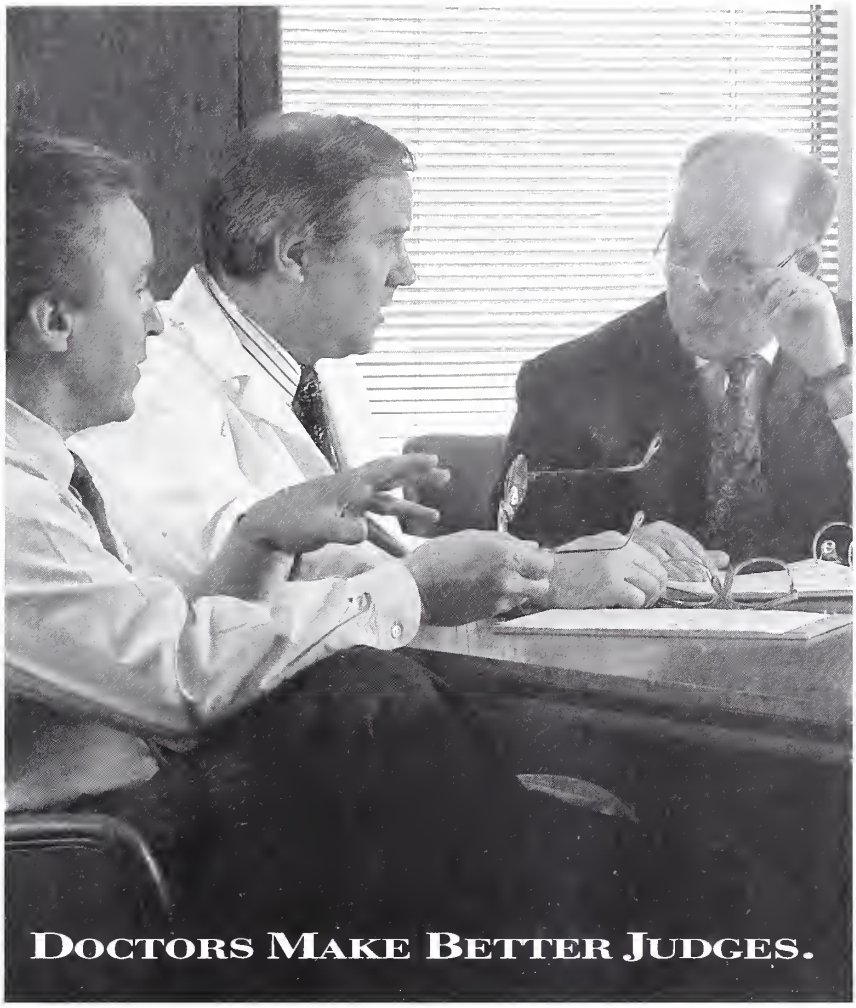

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Legislative Seasons...
What Lies Ahead

David J. Thompson

Abstract

Tort reform remains top priority in the Society's legislative efforts. While the May 7 Rally for Change played a large part in the passage of liability reform language, only continued pressure by physicians will ensure victory in the Senate as well. Take a look in the Legislative Crystal Ball at what part you can play.

The coming of autumn is often a welcome relief from the hot and humid weather of a Pennsylvania summer. Preparations are made for the winter season, while many work to complete projects that began earlier in the year or get an early start on holiday shopping.

For those of us involved in the legislative process, the fall of the year gives rise to many of these same notions...with some variations. Every two years, autumn means another general election season and the speculation of what the future will hold. It is also a time when the legislative calendar becomes so "politically charged" that the fear of getting jolted transforms the Capitol rotunda into a caldron of paranoia. Watching your back becomes second nature.

The present legislative session began with a bang in January 1995. The newly elected Ridge administration began feeling its way around Capitol Hill, while the Republican members of the House of Representatives joined their colleagues in the Senate as the majority party. From the beginning, the 1995-96 legislative session had an agenda packed with Republican initiatives aimed at downsizing government and strengthening the state's economy by making Pennsylvania more "business friendly."

Organized medicine's own agenda was set very early in the session. In fact, during the campaign season leading up to the November 1994 elections, physicians throughout the state became intimately involved in a number of legislative races, not to mention the overwhelming support given to then Gubernatorial candidate Tom Ridge. With this unprecedented participation in the election process by the medical community, coupled with the CAT Fund surcharge reaching new highs, the stage was set for the State Society's number one legislative priority:

TORT REFORM

Fast forward to May 7, 1996. After nearly seven months of planning, well over 2,000 physicians converged on Capitol Hill in Harrisburg to demonstrate their support for tort reform. With the State Society's legislative groundwork already in place, and lobbying strategy well underway, the House of Representatives responded positively and approved legislation reforming Pennsylvania's medical liability tort system. The measure Senate Bill 790, was sent to the Senate for consideration but was delayed due to the Senate's deliberation on the state budget and workers compensation.

The prospects for enacting tort reform prior to the end of the legislative session on November 30 remain high. It is very likely that whatever action is taken by the Senate, the issue will return to the House for concurrence in Senate amendments. The process of amending legislation and multiple votes on these changes can become confusing. We must not allow ourselves to get bogged down in the minutiae of parliamentary procedures rather, **we must continue to focus our efforts on enacting tort reform through our physician grassroots network.**

HOW YOU CAN HELP

Although Society representation "on the hill" is an important component to successful lobbying the keystone of any legislative initiative is support from the grassroots. Physicians should make every effort to personally visit with their state senator demanding support for enactment of medical liability reform.

Recognizing the likelihood that the House will cast another vote on this issue, personal visits with your representative in the House are equally important, even though your legislator may have already voted "YES." The legislative process is fluid, causing some lawmakers to change their positions. Efforts should also be made to thank those representatives who supported our position by voting in favor of the Chadwick amendment to Senate Bill 790.

SUPPORTING ISSUES

Even though tort reform has the leading role in the Society's legislative agenda, a number of other "supporting" issues are also affecting physicians. These have either been enacted into law or are presently pending consideration in the legislature. Not necessarily listed in order of importance, the following is an overview of some of these issues.

Act 57, Workers' Compensation Reform—In July, the Governor signed into law amendments to the workers' compensation law, Act 44. Although several provisions related to medical aspects of the law, Act 44 did not reduce the reimbursement rate for physicians' services. Some of the medical provisions:

- transferred the certification authority for coordinated care organizations from the Department of Health to the Department of Labor and Industry,
- imposed a process requiring a medical examination to determine an injured worker's degree of impairment,
- increased from 30 days to 90 days the period of treatments by designated providers,
- mandated utilization review by a health care provider in the same profession (and similar specialty), and
- required three physicians on a list of designated providers.

Act 87, Physician General—The Society supported the physician general concept when it became apparent that both the Ridge administration and the legislature were pushing to remove the physician requirement for nominees to the office of the secretary of health. The new law requires that the secretary of health "be either a graduate of an accredited medical or osteopathic medical school who is a practicing physician licensed by the commonwealth, or an individual with professional experience in the fields of public health, health services delivery or education, or training of health service professionals."

The physician general's responsibilities shall include, but are not limited to:

- advise the governor and the secretary of health on health policy; and
- participate in the decision-making process of the Department of Health on policies relating to all medical and public health-related issues, and in the decision-making process of other executive branch agencies as directed by the governor.

Act 87 also contains language ensuring continued operation of state health centers and the availability of clinical laboratory services, and apportioning the commonwealth into dental health districts which will be administered by a public health dentist within the Department of Health.

Act 85, House Bill 1977, Health Security Act and Gag Rule—This legislation addresses the issue of "drive-through deliveries" by requiring coverage for mothers and newborns for at least 48 hours post partum. Prior to passage, the House added a "gag rule" prohibition amendment and a restriction on copayments for post-delivery home health care visits.

The Society aggressively supported passage of this bill in both the House and Senate. The gag rule, as stated in the bill, reads: "an insurer shall not refuse to contract with or compensate for covered services an otherwise eligible provider or non-participating provider solely because the provider has in good faith communicated with one or more of his current, former, or prospective patients regarding the provisions, terms or requirements of the insurer's products as they relate to the needs of the provider's patients." Enactment of this legislation coincides with Society policy. The measure became effective on September 2, 1996.

We must continue to focus our efforts on enacting tort reform through our physician grassroots network.

Act 112, House Bill 1415, Emergency Room Services Payment—The Pennsylvania Chapter of the American College of Emergency Physicians, along with the Society, secured passage of this bill setting the standard to determine the necessity, and subsequent payment, of emergency room services. The bill requires an insurer to consider the presenting symptoms and the services provided in processing a claim for reimbursement of emergency room services.

Senate Bill 1122 and House Bill 2294, CAT Fund Privatization/Reform—Senator Edwin Holl (R-Montgomery) and Representative Nicholas Micozzie (R-Delaware), the chairmen of the respective Senate and House committees with insurance industry jurisdiction, each introduced legislation aimed at addressing medical CAT Fund reforms brought to light by the emergency surcharge in 1995. Although both committees have moved toward legislative remedies related to the operation of the CAT Fund, each committee has been stalled over the issues of allowing hospitals to "opt out" of the CAT Fund or increasing the mandated primary carrier coverage. These measures remained in committee during the summer recess with the expectation that each committee would continue to work on the legislation.

House Bill 1166, Optometrists' Ability to Prescribe—The House approved this measure which would provide optometrists limited ability to prescribe therapeutic drugs. House Bill 1166 is considered a compromise. Optometrists are prohibited from performing surgery, independent use →

of lasers, prescription of steroids, treatment of glaucoma, and treatment for more than six weeks without referral to a physician. The therapeutic drugs they may prescribe must be approved by the secretary of health, they must have additional training, and they must purchase liability insurance, although optometrists will not be included as part of the medical CAT Fund. The bill is now awaiting consideration by the Senate.

THE LEGISLATIVE CRYSTAL BALL

Trying to predict the legislative agenda is a highly speculative endeavor, especially in an election year. The political winds of change can quickly blow one item under the table while bringing to the forefront a previously obscure issue. The summer recess, which began on July 1, will continue through the middle of this month. That leaves only 15 legislative working days scheduled for the fall session, which by statute ends on November 30.

As we focus on the fall legislative calendar, tort reform is squarely in the center of our sights. Given the margin by which this issue was approved by the House, it appears possible that the pendulum may swing our way. Factors which may affect the tempo of that swing include: the election, the status of the CAT Fund, the posture of the trial lawyers, and pressure from physicians back home. The Society continues to work tirelessly with Senate leadership regarding a vote on this issue, while at the same time strengthening our physician grassroots network. **If there is to be some movement on this issue, it will be imperative that large numbers of physicians make personal contacts with legislators.**

The optometric therapeutic measure, approved by the full House, now awaits consideration by the Senate. The probability of this remains somewhat blurred, though it should stand a reasonable chance of approval by the Senate, given the agreement reached by opposing sides during consideration in the House.

The insurance industry is likely to remain under fire as it battles a proposal mandating expanded coverage for breast reconstructive surgery. The measure, Senate Bill 1642, was intro duced by Senator Joseph Uliana (R-Lehigh) an stipulates that policies already covering brea cancer treatments must also include reconstruc tion. This issue will no doubt become very emo tional, given the widespread support women issues have garnered in the past.

When the General Assembly adjourns th November, few will disagree that organized med cine enjoyed a very productive legislative sessio The icing on the cake will, of course, be the enact ment of meaningful medical liability refor From a legislative lobbying standpoint, this ses sion will long be remembered for the overwhelm ing support of the physician community.

As we move forward, it is rewarding to se physicians becoming increasingly involved in th political process. The trial attorneys have bee involved from the beginning...and they ar becoming very uncomfortable with the physicia community beginning to enter the fray. Let's kee up the pressure!

AUTHOR BIOGRAPHY

Mr. Thompson is the State Society's associate director of legislative affairs.

Heard on the Hill

"The Pennsylvania Medical Society supports House Bill 2797 as a positive step to address problems related to utilization review, selection of health care network providers, and consumer disclosure within all forms of health insurance and managed care plans...

"Many of us spent two weeks this summer watching talented athletes compete against the clock and one another in sporting events with specific rules and criteria for judging performance. When an athlete made a mistake, they knew it. As spectators, we knew it too. Shouldn't trained professionals delivering health care and their patients know the criteria for performance used to judge their actions? Shouldn't they know whether they made the team? House Bill 2797 says they have the right to know...

"With the safeguards mandated by the bill, and the [recommended amendments] of the State Society included, the resulting process can set a standard for a working partnership between the plans, the purchasers, patients, and providers. That partnership is the best treatment plan to assure quality, cost-effective health care for the citizens of Pennsylvania."

—State Society President Jonathan E. Rhoads Jr., MD, in testimony before the House Insurance Committee on the "Health Plan Accountability Act"

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Pennsylvania Physicians Plan for Telemedicine

Fred D. Baldwin, PhD

You've no doubt read those dramatic telemedicine scenarios that sound almost like science fiction:

- a physician makes the equivalent of daily house calls via interactive (two-way) video to homebound patients, monitoring vital signs electronically;
- a hospital emergency room doctor hits a few computer keys to pull up the entire medical history of an unconscious accident victim, who is identified only by a driver's license (or maybe only by a thumbprint);
- a young surgeon, in a remote rural area, is guided through a complex emergency operation by a world-renowned specialist who monitors the procedure via interactive video from Philadelphia (or maybe from Johannesburg).

Abstract

The Pennsylvania Medical Society, by its participation in a group called the Pennsylvania Information Highway Consortium, is planning for a future when advanced telemedicine applications enter the medical mainstream. In this article, the author looks at educational and clinical telemedicine projects under development statewide, and the cyber-roadblocks raised with changing technologies.

In fact, all of these scenarios are possible with existing technology, as a handful of prototype projects already demonstrates. The Pennsylvania Medical Society, by its participation in a group called the Pennsylvania Information Highway Consortium (PIHC), is planning for a future when advanced telemedicine applications enter the medical mainstream. That won't be soon, however, for many problems remain, most of them institutional rather than technical.

"We have so many fronts to keep an eye on, it's just astounding," says Kenneth G. Robinson, the Society's vice president of communications and its representative on PIHC. "Everyone is struggling, as is the State Society, with how to get a hold on this and where to go with it. We absolutely must be in the discussion to make sure that what is developed out of all of this includes a sensible way of approaching the needs of physicians."

PIHC consists of nearly 300 leaders from business, government, education, libraries, and health care who confer on how to manage Pennsylvania's access to the Infobahn and how to remove potential barriers to entry. During meetings earlier this year, PIHC identified several classes of general problems, summarized in a report entitled, "Designing Pennsylvania's Information Highway: A Shared Vision." A working group focusing on health care noted issues especially important to hospitals and physicians.

POTS, PANS, AND THE INFOBAHN

People in the telecommunications industry sometimes talk about making a transition from POTS (Plain Old Telephone Service) to PANS (Pretty Amazing New Stuff). Advanced telemedicine applications will depend on the extension of "new stuff" to remote areas.

For example, the transmission of x-rays, tissue slides, and other high-resolution graphics over long-distance lines requires that the transmission lines have an enormous amount of bandwidth (carrying capacity), as does interactive video. Clever engineers have found ways to pump a lot of information through the twisted copper wires that connect your telephone to larger systems, but there are limits to how much such wires can carry, especially over long distances. Technologies like fiber optics compare to copper cable as a fire hose compares to a drinking straw, but extending them to all potential users is costly.

"The state is just not wired. It's as simple as that," says Amy Huntington, formerly a senior regulatory analyst at Sprint/United Telephone, and now executive director of PIHC.

Private investment may provide the necessary infrastructure for major market areas, but as a report from the U.S. General Accounting Office puts it: "Profit incentives are not high for companies to provide such services in rural areas, where there are fewer businesses and the cost of delivering services is usually higher, unless financial support is available or cost averaging is applied." This means that reaching rural areas and low-budget institutional users seems likely to require some form of subsidy, either by taxpayers or by customers in higher volume areas.

Moreover, market competition produces rapid technological advances, but does not necessarily lead to compatible delivery systems from one ser- →

"The state is just not wired.

It's as simple as that."

—Amy Huntington
PIHC Executive Director

vice area to another. The problem, the PIHC report notes, is analogous to that facing sales of VCRs when consumers were uncertain whether the industry standard would be VHS or Beta.

Similarly, the PIHC group notes coordination problems at several levels, including uncertainty on the part of one region or industry about what other people are doing. New institutions are reluctant to invest heavily in any system that may or may not permit effortless connections to other institutions across the commonwealth—and beyond its boundaries.

Henry C. Fader, a Philadelphia attorney on the PIHC board, adds that some institutions have envisioned their initial investments in telecommunications technology as giving them a competitive edge over other institutions—in attracting patients or staff, for example. But investments in uniqueness quickly produce diminishing returns compared to investments in easy connectivity.

http://www.pamedsoc.org

The Society's Web page at *http://www.pamedsoc.org* opened in July. The home page points browsers toward four sections:

1) public information (responses to frequently asked questions),

2) media information (position papers on issues from managed care to tort reform),

3) a members-only resource section (requiring identification for entry), and

4) information for potential members.

All pages minimize graphics so as to appear promptly on your monitor at personal computer modem speeds. Comments from members and other users are welcomed.

LEGAL ISSUES

Real and perceived problems of maintaining confidentiality of patient records provide one source of resistance to exploring telemedicine applications. This issue has received considerable recent attention among health care providers and in political forums (see "Computerized Records Security: Problems of Policy, Not Technology," PENNSYLVANIA MEDICINE, March 1996).

Some other issues are only beginning to attract serious attention from policymakers. In general, the whole point of telemedicine is to break down geographi boundaries, but most regulation of medical prac tice is based on state lines.

Telemedicine raises questions about physicia licensing. For example, how will the quality o telemedicine practices be regulated? Will a physi cian's or an institution's license to provide medica advice or service be required for the state wher the practitioner is located or in the state where th patient is located?

A major policy change by the American Med ical Association (AMA) this summer is a first star toward removing this cyber-roadblock. At it annual meeting in June, the AMA House of Dele gates adopted a policy urging all physicians prac ticing telemedicine to be fully licensed in ever state where their patients are located, not just th state where they practice.

But, Fader comments, "The licensing issu isn't just a question of where you practice medi cine. It may have malpractice implications. Imag ine when someone in hindsight says, 'By the way jury, the doctors who provided this care aren' even licensed to practice in this state.' "

Fader says he was "pleased" to discover tha the national organization representing all the stat medical boards is wrestling with the licensin issue. He conjectures that the solution ma involve a kind of special license for telemedicine analogous to a license permitting a specialist no directly affiliated with a particular hospital to con sult there by request. He adds that—in contrast t the issue of medical records confidentiality—he' seen no moves toward federal licensing. State have traditionally licensed medical practice, an physicians are used to that. "They tend to look o licensing boards as disciplinary bodies and woul worry if some federal bureaucrat were in charge," Fader says.

HEALTH CARE SYSTEM ISSUES

Even where technological compatibility is no an issue, data compatibility may be. Medical prac tices, hospitals, and other health care groups d not necessarily collect and maintain information i the same formats. Yet, some degree of consistency will be important to a large network. It's no always clear who has to make the first move toward establishing industry standards.

"As in all other industries," says Huntington, "the biggest barrier to health care's advancement into new information technologies is overcoming the human resistance to change."

For example, no one is sure how best to handle payment for telemedical services. As Fader puts it, "Both physicians and hospitals have argued that telemedicine can be a cost-effective method of delivering care in a managed care setting. You're trying to control the number of physicians handling the patient directly, and telemedicine gives you cost-effective access to experts. But if there's no one willing to pay for it, the hospitals and even physician groups have to ask, 'What do we get out

of it?' Payment sources like Blue Shield, managed care groups, or Medicare aren't saying, 'Never,' but no one's stepping up to be first."

Despite (or because of) the complexity of these problems, several innovative projects exist in various stages of development across the commonwealth. Scott Elliott, a spokesperson for Governor Tom Ridge's Office of Information Technology, says that the governor sees the commonwealth's role in telecommunications development as:

- providing a clearinghouse for technical and other information,
- assisting with liaison among diverse interest groups,
- promoting open standards to permit interoperability among different systems,
- and providing relatively modest financial assistance to what are being called "foundation projects."

The most ambitious of these involves spending roughly $40 million per year on a new state program called, "Project Link-to-Learn." Link-to-Learn will include "wiring" several school districts, upgrading communication links among institutions of higher education, and developing innovative distance-learning materials.

Of more immediate interest to physicians is PA HealthNet, a telemedicine project connecting four medical centers (Penn State's Milton S. Hershey Medical Center, Philadelphia College of Osteopathic Medicine, Temple University School of Medicine, and University of Pittsburgh School of Medicine) with eight remote sites in rural areas. The system uses state-owned, high-bandwidth lines, originally purchased to connect state regional offices with Harrisburg. These exist in almost every county of Pennsylvania. It is managed under contract with Bell of Pennsylvania with the commonwealth currently picking up the tab for operating expenses.

"What we've started to do," says George J. White, executive assistant to Governor Ridge's deputy secretary for information technology, "is open this system up so that we can use it in areas like health care and education." White says that HealthNet is now used primarily for continuing medical education (CME)—for example, the Pittsburgh center's transmissions of grand rounds in specialties like cardiology, pediatrics, and dermatology.

But there are also clinical applications. The HealthNet system permits connecting various diagnostic instrumentation to transmission lines. White points to an infant in Wayne County whose heart murmur was detected by a specialist in Hershey who listened to the baby's heartbeat via electronic stethoscope.

"Another element," White says, "is the KEYNET project, which makes use of multimedia PCs (personal computers) on the desk of the doctor." The idea behind KEYNET, supported by a grant from the National Telecommunications Information Administration (NTIA), is to avoid the high costs of large institutional connections. So far, 10 physicians in Potter and Cameron counties can interact with Hershey Medical Center and with each other via their own desktop computers. For example, the system makes possible the exchange of x-rays for comment and numerous CME applications, all within the physicians' own offices. White expects other special spin-offs from the commonwealth's investment in HealthNet, →

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Trust.Goes.Online

The Educational and Scientific Trust of the Pennsylvania Medical Society is establishing a presence on the Internet with two projects.

The Trust has teamed up with the University of Pittsburgh to offer a homepage on the World Wide Web. The site will provide information about the Trust's five major programs: Public Health, Student Loans, Physicians' Health Programs, Institute for Physician Leadership, and the Pennsylvania Diabetes Academy.

Physicians and others will be able to find new information about these programs, annual reports, and back issues of program newsletters. Also, browsers will be able to order information online to be sent via snail mail. For example, medical students interested in the loan program will be able to access a loan application. For the Internet address, contact the Trust at (800) 228-7823.

Keystones of Public Health (KPH), the public health coalition spearheaded by the Trust, is working on a separate Internet project. KPH has teamed up with the University of Pittsburgh School of Public Health, Pennsylvania Department of Health, and Pennsylvania Public Health Association to establish what is tentatively called the Pennsylvania Public Health Resource Network. Physicians, public health professionals, and others will be able to access information about public health resources in Pennsylvania.

Initial information available will be about KPH programs, and initiatives of other groups working on the the establishment of the network. Eventually, the site will provide hyperlinks to the Internet sites of any group which enhances public health in Pennsylvania. For information, contact Juli McGreevy at (717) 243-7784 or *JuliCM@aol.com.*

such as remote health examinations of prison inmates, saving substantially on use of guards to escort prisoners to examination sites.

Several other projects have been identified by participants in PIHC working groups:

- The Erie Health Care Cost Summit, convened four years ago by Erie County business leaders, is working on computerizing and standardizing technology at more than 800 health care provider sites.
- The Capital Region Health Futures project is planning a pilot immunization tracking system in Central Pennsylvania (Cumberland, Dauphin, Perry, and northern York counties).
- A Lancaster coalition of physicians, hospitals, and business leaders is hoping that a Community Patient Information Network (CPIN) will grow into a comprehensive on-line system for medical records, linking druggists, doctors' offices, and hospital emergency rooms.

EDUCATION

Education is the final issue area identified by PIHC participants. Despite all this work in progress, most physicians and their patients still understand little of how telecommunications technology is likely to affect the practice of medicine over the next decade or so. According to Robinson, a survey conducted last year by the Pennsylvania Medical Society indicates that only about 25 percent of its member physicians now use on-line services.

To encourage physician involvement, last year the Society's Physician Communications Technology Committee, chaired by Ferdinand L. Soissor Jr., MD, recommended that the Society focus its efforts on four technologies (listed in order of priority): fax (including broadcast fax and fax-on-demand), e-mail, online bulletin boards, and video conferencing.

Robinson notes that the Society has moved quickly in the first two areas, adding both e-mail and full-featured fax capability during 1995. It did not establish a bulletin board because technological developments outpaced the recommendation: Most groups wanting to communicate with their own members and the public are opting for Web pages instead of direct-dial bulletin boards. The Society opened its Web page in July at *www.pamedsoc.org.*

Unlike the first three top-priority technologies, video conferencing requires a definite move from POTS to PANS. Sensibly, the committee's recommendation was to "monitor video conferencing developments over the next two years before committing to a particular use or system."

The next PIHC statewide conference is scheduled for November 13-14 at the Harrisburg Hilton and will be conducted in conjunction with a conference of the Pennsylvania Association of Colleges and Universities on distance education in Pennsylvania higher education.

Various observers have commented that they regard Pennsylvania as lagging behind many other states in providing a strong telecommunications infrastructure. Fader agrees, but says he's encouraged by the dialogue promoted by PIHC across industry lines, and between the public and the private sectors.

"Health care can't do it alone," he concludes. "But physicians must participate in solving these problems. Otherwise, when telemedicine does become an acceptable treatment modality, our physicians could find themselves not able to do it."

For more information about PIHC, contact Amy Huntington at (717) 731-5009 or PAInfoHwy@aol.com.

AUTHOR BIOGRAPHY

Dr. Baldwin, who lives in Carlisle, is co-author of *Infomedicine, A Consumer's Guide to the Latest Medical Research,* published by Little, Brown & Company. His series of articles on computers and medicine began in PENNSYLVANIA MEDICINE in December 1994.

This special insert offers selected vital news and information from the world of medicine received at publication deadline.

CON Requirements May Change for Physician Offices

THE STATE'S CERTIFICATE OF NEED (CON) process may go away or at least undergo streamlining before the year's end. At a recent public hearing, the State Society called for elimination of the CON process, especially as it relates to ambulatory surgery centers and procedures performed in physicians' offices.

Originally, the Health Care Facilities Act of 1979 required health care providers to receive a CON before constructing or expanding facilities or purchasing new equipment. The Society maintained that the CON process was inhibitive. Managed care companies look for physicians to be innovative and cost efficient, and technological advances allow more procedures to be done in physicians' offices, decreasing the cost of the procedures. But the CON process mandated that many of these procedures continue to be performed in ambulatory surgical centers. The Society will continue its efforts to minimize the impact of CON on office practices.

Negotiations Start on HealthChoices

THE DEPARTMENT OF PUBLIC WELFARE in late August announced that it will begin contract negotiations with six HMOs and a management firm to provide managed health care and benefit information for HealthChoices, the state's proposed Medicaid managed care initiative for the five-county Philadelphia area.

Under the program, expected to begin on January 1, 1997, nearly 540,000 Medical Assistance recipients in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties will be required to choose one of the HMOs for physical health care.

The six HMOs selected, all with Philadelphia headquarters, include: Healthcare Management Alternatives, Health Partners, Keystone Mercy Health Plan, Oxford Health Plan, PhilCARE Health Systems, and Qual Med for Health. The firm selected to help recipients choose among health plans is Benova of Portland, Oregon. Behavioral health services will be provided by separate contracts, still under negotiation. For more background, see the last item on page 40.

Proposed HCFA Changes Prompt Response

PROPOSED CHANGES TO HEALTH CARE Financing Administration (HCFA) charge classes have prompted physician reaction on both state and national levels.

As reported last month by the State Society, HCFA has proposed a plan to consolidate the number of Medicare physician payment areas nationwide from 210 to 89, or by about 60 percent, and to increase the number of statewide areas from 22 to 34. Pennsylvania comes out as the biggest winner and the biggest loser, as some parts of the state would see increases in payments, and others would see decreases.

Implementation is proposed for January 1, 1997; comments about the proposal were accepted through September 3. The State Society's Council on Health Policy and Advocacy, chaired by Richard T. Bell, MD, discussed the proposal at length before suggesting written comments for submission to HCFA. Of concern to the Society are work-related cost data and outdated malpractice data used to develop the new payment system.

On the national level, backers of a bill introduced in the U.S. House of Representatives on July 18 hope to delay the January 1, 1997, implementation date. Look for updates in AMA and State Society publications.

Society Push Pays Off: New Codes Added

AT THE STATE SOCIETY'S URGING, THE Department of Public Welfare has agreed to add three new procedure codes to the Medical Assistance Fee Schedule. The codes are: 96100 (psychological testing), 96105 (assessment of aphasia), and 96111 (developmental testing, extended).

The department has also made coverage retroactive to June 1, 1996, and agreed to add code 96100 to the new Act 35 Health Care Benefits Package—a listing of diagnostic tests that will be reimbursable to the physician who must assess the employability of Medical Assistance recipients under "welfare reform."

A Medical Assistance Remittance Advice Alert was to be mailed in mid-August to the provider community announcing this change. Direct further questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

HCFA Revises New Rules for Teaching Physicians

THE HEALTH CARE FINANCING ADMINistration (HCFA) has revised the requirements for pre-operative and post-operative anesthesia visits under its New Medicare Rules for Teaching Physicians. The new rules, outlined in

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the July 1996 issue of PENNSYLVANIA MEDICINE, became effective July 1.

In a July 15 letter to carriers instructing them to implement the new policy, HCFA states: "The teaching physician's (anesthesiologist's) presence is not required during the pre-operative or post-operative visits with the beneficiary." Please note, however, that the teaching physician (anesthesiologist) is still responsible to document in the medical records that he or she was present during all critical (or key) portions of the procedure, including induction and emergence.

Direct questions about the new policy and this change to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

Society Supports Education on New Rules

PENNSYLVANIA BLUE SHIELD AND XACT Medicare Services have developed a manual explaining the new rules governing how teaching physicians may bill for services provided by residents. "Physician Documentation of Services Provided in a Teaching Setting" is free from Blue Shield and Xact.

Blue Shield and Xact will also be conducting a series of educational sessions throughout the state this fall to provide a comprehensive overview of the regulations and provide answers to questions from physicians and hospital staff responsible for proper documentation and billing.

The State Society and county medical societies urge attendance at the sessions. "Understanding the 'ground rules' is one of the most important steps to take before billing for services," says Society President Jonathan E. Rhoads Jr., MD. "It is certainly in a physician's best interest to bill according to the rules to ensure that you are not faced with an overpayment refund request down the road."

For additional information about the manual or seminars, call Xact at (717) 975-7433. Your county medical society may also have information about seminars in your area.

Stalking the CAT Fund—the Latest "Buzz"

RUMORS OF A CAT FUND EMERGENCY surcharge in 1996 abound, but they do not originate from the fund, according to State Society counsel. What is happening, counsel says, is that some primary insurers have increased their discounting. That means the fund, which collects a percentage of the basic premium, receives less than expected. Still, the fund at this point is not projecting an emergency surcharge for 1996.

The State Society supports calculating the surcharge from the "primary premium"—an average of filed rates of the largest primary carriers—to eliminate any late discounting problem.

Cincinnatus Takes Challenge to Federal Level

THE CINCINNATUS SOCIETY HAS TAKEN its court challenge of the 1995 emergency surcharge from state to federal level. Efforts at the state level were unsuccessful, and the first federal court hearing on an injunction was postponed when the Cincinnatus Society neglected to serve a complaint on the State Medical Board—a necessary party.

At press time, the hearing on preliminary injunction was pending. Licensure revocation actions against the physicians who have not paid the surcharge are proceeding before the medical board.

Council Releases Quality Data Report

THE PENNSYLVANIA HEALTH CARE Cost Containment Council (PHC4) this summer released findings of its comprehensive study of more than 40,000 heart attack hospitalizations from 1993.

The study compares hospital- and physician-specific actual mortality rates with rates expected using a complex risk-adjustment formula. However, unlike the three previous PHC4 reports focused on coronary artery bypass grafts, c-section rates, and general hospital mortality rates, this fourth report also considers quality differences among payers, including data on HMOs, indemnity plans, Medicare, and Medicaid.

Some physicians across the state have voiced opposition to such data collection. Quoted in *AMNews*, Society Trustee John A. Malcolm Jr., MD, advises physicians to use the data "to look at what may be a significant problem and question whether there are ways to solve it."

Society Supports Anti-Smoking Lawsuit

THE STATE SOCIETY LENT ITS SUPPORT to a class action lawsuit against the multi-billion-dollar cigarette industry, publicly announced at a news conference in August in Philadelphia.

Society President Jonathan E. Rhoads Jr., MD, represented the Society at the news conference, hosted by the Philadelphia County Medical Society. Other organizations supporting the action include the American Cancer Society, the American Lung Association, the American Heart Association, and the Pennsylvania Society of Internal Medicine.

Four Pennsylvania law firms are acting as lead counsel on the case, the first of its type in the history of Pennsylvania. Similar lawsuits have been filed in at least six other jurisdictions, including New York, Maryland, Louisiana, New Mexico, California, and Washington, DC.

The deadline for receiving resolutions to be considered for submission to the AMA House of Delegates at the December 1996 Interim Meeting is September 23. Send resolutions to: Bob Lilley, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820, or fax to (717) 558-7840.

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Pennsylvania Health on the Net?

Deborah J Aaron, PhD ■ Eugene Boostrom, MD ■ Ronald E. LaPorte, PhD ■ Ingrid M. Libman, MD
Eric Marler, MD ■ Francois Sauer, MD ■ Thomas J. Songer, PhD ■ Anthony Villasenor

Editor's note: Researchers propose a health network to bring Pennsylvania onto the information superhighway.

The Commonwealth of Pennsylvania is faced with important and growing health care needs. The population is aging rapidly, with the median age at death increasing 3.3 years between 1980 and 1993.[1] There has been a corresponding increase in health care needs at the same time state and federal budgets are shrinking. Managed care has placed greater pressure on health care delivery systems, with the underinsured and Medicare and Medicaid populations being particularly vulnerable.

We would argue that the introduction and widespread use of new and exciting telecommunications systems could provide improved service and potentially reduce health care costs. It is time that the Commonwealth of Pennsylvania enters onto the information superhighway.

The mission of the Pennsylvania Department of Health is to fulfill the public interest by promoting and protecting the health of all Pennsylvanians through its mandated responsibilities of education, assessment, disease prevention, health promotion, quality assurance, and health policy development. All of these mandates involve the transfer of information, and each would be improved with more advanced information technology.

The difficulty is that our state and others are using information technology that was developed 50 to 100 years ago—the telephone and postal system—or more recent technology such as faxes. All of these channels have difficulties: the inability to contact a person to receive transmitted information (telephone), high costs (telephone and fax), and a lack of timeliness (postal system).

We are currently in an information revolution. It has been estimated that in the next 10 years there will be a million-fold increase in information transfer. If we harness this revolution correctly, public health in Pennsylvania could dramatically improve.

CONNECTION TO THE WORLD

The Internet has been on the forefront of the information revolution and represents the integration of local computer networks into a "mega-network." It is now possible to communicate and exchange information within our county, region, state, country, and world with anyone who has access to a computer network. The Internet is expanding rapidly; it is estimated that 40 million people in over 91 countries are currently connected.[2,3]

Once connected to the Internet, users can access a number of services which increase the efficiency of information transfer. Electronic mail (e-mail) and file transfer protocol (FTP) allow for the high-speed—almost instantaneous—transfer of text, voice, video, or graphics files. The World Wide Web (Web) is an advanced browsing service that allows users to locate and access information from remote sites. Multimedia documents—referred to as "home pages" and also including text, graphics, audio, and video—can be viewed and usually contain "links" to automatically connect the user to other remote sites.

A Pennsylvania Department of Health home page on the Web could provide a variety of health-related information to the many residents already connected to the Internet. With the rapid growth of connectivity, it is not unlikely that within the next few years, information on health promotion, injury control, immunizations, and other health-related topics can reach the majority of Pennsylvania residents.

GLOBAL HEALTH NETWORK

The Internet-based Global Health Network (GHNet) was started in 1994 by people from academia (University of Pittsburgh, Harvard), the federal government (NASA, US AID), industry (IBM, AT&T), international health agencies (WHO, PAHO), and international lending agencies (World Bank). The primary objective of GHNet is to improve international health through the application of telecommunications systems.[4]

Conceptually, it is simple but powerful. Data show a large increase in life expectancy in Pennsylvania, the U.S., and most of the world,[5] which has been almost exclusively the result of public health measures. Most of the public health measures are due in large part to the efficient and

timely transfer of information. In the next decade, information transfer will increase exponentially. Thus, if we join the information revolution in Pennsylvania and the world, there could be dramatic improvement in health.

The health of Pennsylvanians has been influenced by a number of "revolutions." Dramatic advances in health were obtained with the development of modern sanitation methods leading to improved drinking water and sewage systems. The advent of antibiotics and immunization led to a second major advance in health. The integration of telecommunication technologies into health information transfer will likely mark yet another period of improvement. However, those concerned with health care in Pennsylvania face two challenges: improve health and contain costs. Telecommunications technologies and the Internet have the potential to play a vital role in achieving both goals.

"If we harness this revolution correctly, public health in Pennsylvania could dramatically improve."

ROLE OF TELECOMMUNICATIONS

How can telecommunications play a role in reducing health care costs? A recent report by Arthur D. Little, Inc., outlined the current approaches and proposed application of telecommunications in medicine. In their view, telecommunications can reduce hospital visits and unnecessary emergency room visits, allow for greater application of home health care, increase automation of medical records, and improve communication between patients and providers.

All told, the authors estimated that telecommunications technologies could reduce health care costs in the U.S. by $36 billion. By applying health statistics specific to Pennsylvania (see Table 1, at left) to the model developed by Little, Inc., our calculations indicate that the annual reduction in health care expenditures in Pennsylvania could approach $400 million (see Table 2, next page).[6]

TABLE 1: PENNSYLVANIA HEALTH CARE STATISTICS

HEALTH CARE EXPENDITURES (IN MILLION DOLLARS)—PENNSYLVANIA 1991

Total	25,178
Hospital	16,622
Physician Services	6,680
Prescription Drugs	1,876

AMERICAN HOSPITAL ASSOCIATION HOSPITAL STATISTICS—PENNSYLVANIA 1993

Number of Hospitals	292
Number of Hospital Beds	67,456
Number of Admissions	1,912,079
Number of Inpatient Days	18,356,172
Average Daily Census	50,288
Surgical Operations	1,497,009
Emergency Visits	5,119,070
Full-Time Personnel	258,051
Physicians/Dentists	3,119
Registered Nurses	60,978
Licensed Practical Nurses	9,574
Other Salaried Personnel	184,380

NATIONAL HEALTH PROVIDER INVENTORY—PENNSYLVANIA 1991

Number of Home Health Agencies	317
Number of Home Health Clients	58,766
Number of Hospices	28
Number of Hospice Clients	2,220

BENEFITS TO PUBLIC HEALTH

Clearly, telecommunications has the potential to reduce health care costs and change how clinical medicine is delivered. We argue that there are likely to be a number of benefits to public health in Pennsylvania as well. While there are few demonstrations underway at this time, there are several examples that illustrate the possible benefits for the people of Pennsylvania.

One major example is the networking of the state Department of Health and the nine city/county departments of health: Economic savings may be realized through the increased efficiency of communication and transfer of information among these agencies. By providing access to resources, data, and distance education, the Internet can also contribute to improving the health of the general public.

The development of a Pennsylvania Department of Health home page on the Web would provide a central and extensive venue for the dissemination of information related to health promotion for Pennsylvania residents. Information on immunization schedules, telephone hotlines, program initiatives, and links to other →

TABLE 2: ANNUAL HEALTH CARE COST REDUCTIONS IN PENNSYLVANIA THROUGH THE USE OF TELECOMMUNICATIONS

Reducing ER/Outpatient Visits	$94 million
Early Intervention in Treatment	$21 million
Home Care Provider Support	$160,000
Medication Administration	$13 million
Information Technology in Nurses' Stations	$50 million
Reducing Length of Hospital Stay	$109 million
Automating Medical Records	$18 million
Improving Provider Communications	$4 million
Reducing Malpractice Premiums	$87 million

sources of health information are a few examples of items which could be included on the home page. This would dramatically improve the communications that currently exist between the Health Department and the public.

We suggest the following steps to bring the Pennsylvania Department of Health into the information age:

1) *Connectivity:* All state public health officials should have access to the Internet.

2) *Disease Telemonitoring:* The monitoring of communicable disease from laboratories, hospitals, and schools should have a communications backbone. Only data without identifiers would be allowed into the system to ensure patient confidentiality.

3) *Distance Education:* Medical education courses should be provided through the Internet. This is especially important for hard-to-reach areas such as rural areas and poor urban areas.

4) *Linking Health-Related, Non-Government Offices:* The Health Department needs to communicate with the health sector outside of state government as well as other government agencies (e.g., Labor, Welfare) which have a direct impact on health.

5) *Development of Information Servers:* The Health Department has an extensive amount of extremely important data, reports, and papers for the lay public that are just not read. This information should be online so that a person in Pittsburgh can immediately read reports from Harrisburg without having to request information or be referred to a library which may be many miles away.

6) *Cyber-Docs:* A need exists for people in the Health Department who are public health professionals and also trained in telecommunications. In-house telecommunications training is a critical component for the Global Health Network for Pennsylvania.

7) *Development of a Department of Health Home Page:* A home page for the Department of Health would provide instant access to information related to the health of Pennsylvanians.

We are currently in the age of information. However, information is useless unless it is transferred to individuals or organizations who can use it. The Internet provides the vehicle by which every individual will have access to the knowledge of the world. By joining the information superhighway, the Department of Health will be starting to build an infrastructure for public health to carry Pennsylvania into the next century.

AUTHOR BIOGRAPHY

Drs. Aaron, LaPorte, Libman, and Songer are affiliated with the Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh; Dr. Boostrom works for The World Bank, Washington, DC; Dr. Marler is an independent consultant, National Information Infrastructures; Dr. Sauer works for AT&T, Boca Raton, FL; and Mr. Villasenor works for NASA Science Internet, Washington, DC.

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5) World Development Report 1993: Investing in Health. New York: Oxford University Press, 1993.
6) Arthur D. Little, Inc. Telecommunications: Can it help solve America's health care problems? No. 9810-98. Cambridge, MA: July 1992.

MAJOR ISSUES IN HYPERTENSION 1996

A comprehensive review of current aspects and advances associated with the diagnosis and treatment of hypertension.

Program Director:

David A. Cohen, M.D., F.A.C.P.
Section Head, Division of Internal Medicine
Episcopal Hospital
Clinical Assistant Professor of Medicine
Jefferson Medical College
Philadelphia, Pennsylvania

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Harvard Medical School
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LEARNING OBJECTIVES

Participants will:

- Review the pathophysiology of hypertension.
- Learn current recommendations and treatment of hypertension.
- Learn about secondary causes of hypertension.
- Learn about special clinical situations, such as hypertension and the heart and hypertension in the elderly.
- Explore controversies in the treatment of hypertension, such as calcium channel blocker use.

Major Issues in Hypertension 1996 is recommended for those who treat hypertension on a regular or semi-regular basis, including Internists, Family Practitioners, Cardiologists, Endocrinologists, Nephrologists and allied health professionals. The conference will provide a current overview of the major aspects and advances associated with the diagnosis and treatment of hypertension.

INNOVATIVE TEACHING TECHNIQUES

Material will be taught through the use of the following:

- Audio/Visual presentation using 2 x 2 slides, audience participation and discussion.
- Audio/Visual presentation using videotapes showing interesting hypertension treatment and prevention of complications due to hypertension.

REGISTER TODAY!

Seats are limited. Please be sure to register as soon as possible. The registration fee includes all course materials, continuing medical education credits, continental breakfast, breaks and luncheon.

Registration Fee:

Staff Physicians:	$ 125.00
Allied Health Professionals:	$ 100.00
Residents:	$ 75.00

(Proof of residency status is necessary at time of registration.)

Registration deadline is September 27, 1996.

For More Information — Contact the office of David A. Cohen, M.D., at 215-427-7557 or fax to 215-427-2927.

Episcopal Hospital is located at 100 East Lehigh Avenue, Philadelphia, PA 19125-1098, 215-427-7000

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This conference is supported through educational grants provided by Ciba-Geigy Corp., Pfizer Pharmaceuticals, Searle, The Upjohn Company and U.S. Healthcare

PROGRAM

- **The Calcuim Channel Blocker Debate**
- **Pathophysiology of Hypertension and Implications for Treatment**
- **JNC V—Clinical Implications**
- **Hypertensive Heart Disease**
- **Renovascular Hypertension**
- **Endocrine Causes of Hypertension**
- **Treatment of the Complicated Hypertensive Patient**
- **Hypertension in the Elderly**

Jointly sponsored by Episcopal Hospital and Jefferson Medical College, this conference is recommended for physicians and residents in Internal Medicine, Family and General Practice, Endocrinology, Cardiology and Nephrology, and allied health professionals.

DATE:

Saturday, October 5, 1996

PLACE:

The Rittenhouse Hotel
210 West Rittenhouse Square
Philadelphia, Pennsylvania

Thomas Jefferson University | Jefferson Medical College

EPISCOPAL HOSPITAL

Workers' Comp Reimbursement in PA

Tom Cook, Esq.

Abstract

Workers' compensation reimbursement for providers has dramatically changed in the last five years with the passage of Act 44 in 1993 and Act 57 in 1996. These new laws create forms, requirements, and prerequisites to payment. In November in five locations across the state, the State Society will sponsor one-day seminars on workers' compensation reimbursement. In this issue, we begin a series of three articles on this topic, using some questions and answers posed by doctors and their staff. The articles supplement the Society's "Step-By-Step Guide to Workers' Compensation Reimbursement," to be published in conjunction with the seminars.

Prior to 1993, a thorough understanding of the workers' compensation billing universe was not necessary for physicians or staff, since reasonable and necessary medical bills were generally paid with very little paperwork or formal requirements. The two major overhauls of the Pennsylvania workers' comp system in 1993 and 1996 have drastically changed this, in both limiting reimbursement to physicians and creating prerequisites to payment.

These changes are not all bad for physicians, since reasonable and necessary medical bills now must be paid at the approved rate within 30 days of the proper documents. Further, insurance companies who wrongfully deny payment may be liable for penalties up to 50 percent.

NEW CASES NOT IN PAYMENT STATUS

An injured worker is entitled to workers' comp benefits and reimbursement of reasonable and necessary medical/healing art bills for any condition caused by, aggravated by, or precipitated by employment in whole or in significant part. Most claims are accepted voluntarily by insurance companies, and most employees return to work without litigation. Of the approximately 140,000 lost injuries per year, 60,000 petitions are filed. About half are filed by employees seeking to receive workers' comp benefits when denied; the other half are filed by employers seeking to stop or reduce payment of workers' comp benefits to claimants or providers.

It is in the interest of both employees and providers to have cases voluntarily accepted without litigation. A clear and concise written paper trail linking the injury or accident to the disability, and specifically describing the body part, is the single most important key to voluntary acceptance of a claim. A claim is not accepted until a Notice of Compensation Payable or Agreement is issued. By law, this occurs 21 days after the date of disability; the actual time is 40 to 50 days.

Until the Notice of Compensation Payable is issued, the insurance company or self-insured employer has not accepted liability for the claim. Providers should not be confused by the Employers Report of Occupational Injury or Disease. This form, while it looks official, has no binding significance and does not obligate the insurance company to pay.

Providers faced with billing workers' comp insurance companies in new cases, days or weeks or months post injury, should look for the following forms:

- *Notice of Compensation Payable*—Creates a contract with the insurance company obligating them to pay bills related to the injury.
- *Temporary Notice of Compensation Payable*—Same as above, but for a limited period.
- *Agreement*—May be issued in "medical only" cases where the claimant loses no time from work or to memorialize any later agreement between the insurance company and the patient.
- *Denial*—Claim will not be voluntarily accepted by the insurance company.

If one of the first three documents is issued, the insurance company is responsible to pay reasonable and necessary medical bills at the approved rate, within 30 days of the date that the provider files the proper paperwork, to be discussed later. If the claim is denied, the employee has three years from the injury date to file a Claim Petition and bring the matter before a workers' comp judge for decision.

The medical bills are generally "piggy-backed" on top of the patient's petition. Case law requires the filing of the Claim Petition to establish the right of the doctors to bill the workers' comp insurance company for work-related medical bills in a case where compensability was denied; however, it is not clear under the law whether a doctor has the right to file a Claim Petition of his or her own.

Rules govern what doctor the patient sees and whom the patient's doctor may bill in a new case. In patients with injuries pre-dating August 1996, the patient is required to treat with one or more providers on the employer's posted list. For injuries occurring after August 1996, the 30-day period is extended to 90 days. While the patient may treat with a doctor of his or her choice within those regulated periods, the workers' comp insurance carrier in not liable to pay for same. After the expiration of the 30- or 90-day period, the patient may treat with a doctor of his or her choosing on five days' notice to the workers' comp insurance carrier or employer.

The Workers' Compensation Act does not extensively regulate the relationship between panel doctors and/or coordinated care organizations (CCOs), and their relationship with the insurance carrier or self-insured employer. There are, of course, separate requirements on qualifying. The law provides that the insurance company may pay a CCO more than the designated rate.

There is some question as to whom the employee's physician may bill within the 90- or 30-day period since they cannot bill the workers' comp insurance carrier if there is a posted list. If chosen by an employee, a physician may then bill any other insurance carrier for the employee and his or her family. It is questionable whether the treating physician may bill the employee since the law states that a provider may not hold an injured worker/patient responsible for a "compensable" claim.

Certainly, once a claim has been declared compensable and a Notice of Compensation Payable or Agreement has been issued, a provider may not hold the claimant responsible for the difference between the allowable workers' comp rate and the doctor's bill, nor may the provider bill a patient for a treatment declared unreasonable and/or unnecessary by a workers' comp judge.

BILLING IN OPEN CASES

Once a Notice of Compensation, Temporary Notice of Compensation, or Agreement to pay workers' comp benefits is issued by the insurance company or self-insured employer, or a workers' comp judge decides that benefits are payable and issues an Order, benefits to the provider are payable. Again, there are a series of rules which the treating physician must follow to insure proper payment.

LIBC 9—This form must be filed by the provider within 10 days of the date of first treatment and every 30 days thereafter for months in which treatment is actually provided. In addition, the provider must file HCFA 1500 or the equivalent appropriate billing form. The provider may not charge for submitting these documents. The provider may charge 80 percent of the usual and customary rate for other requested informational services such as narrative reports, meeting with rehabilitation nurses, etc. A provider may not request or demand an excess of the approved rate, unless an appropriate contract is negotiated between a CCO and an insurance company or self-insured employer.

Once the provider bills the carrier for a work-related procedure in an accepted claim, the carrier has 30 days to either pay the bill or challenge it. Challenges may take several forms. First, the insurance company may deny payment if the billing is not on its face related to the work injury. Reference should be made to the Notice of Compensation Payable which contains a "description of injury," filled out by the insurance adjuster when the claim is initially accepted.

Second, the carrier may place the entire bill in utilization review if they feel that the treatment is unreasonable or unnecessary. There is no bad-faith provision in the workers' compensation law for utilization review; thus, a carrier is free to place any bill in utilization review and take advantage of the supersedeas, removing their obligation to pay.

There are some risks for the carrier; they must pay or challenge on a timely basis. At the final step before a workers' comp judge, the judge may conclude that the carrier's position was unreasonable and award attorney's fees.

For injuries occurring prior to August 1996, there are three steps to the utilization review process. The first step, as described above, is a filing by an employer, employee, or insurance company. The second step is a filing, in some circumstances by the patient acting for the provider, to have the given procedure declared reasonable or necessary. The party who has challenged the decision at the first level by filing a reconsideration and loses the reconsideration bears the costs of the reconsideration itself, which may be anywhere from $300 to $700. The determination of who is the losing party is based on a complicated set of regulations.

Any party may file a third-step petition for review of a utilization review decision to bring the matter before a workers' comp judge. The supersedeas on medical bills—the advantage the insurance carrier receives by filing a utilization review request—does not last through the entire third step. If the determination comes back in favor of the provider, the insurance company must pay, plus interest, even though a third-step petition is filed.

These rules are changed dramatically by the 1996 amendment to the Workers' Compensation Act, which removes the second step level of reconsideration so that there is only a first step review by a utilization review organization and a petition for hearing before a workers' comp judge. →

The 1993 law creates a forum for providers who feel that they were down-coded improperly or that payment was not timely. The Application for Fee Review may be filed by the provider in either of these circumstances. At the first step, the decision is made on the basis of the documents filed. At the second step, a hearing is held before a hearing officer at the Bureau of Workers' Compensation in Harrisburg.

Confusion may exist because review of medical bills and payment may occur in litigation before a workers' comp judge, even while utilization review or fee review is already pending. A workers' comp judge may, on the motion of either party at any time, decide that reasonable and necessary medical bills are payable, or are not payable, depending on the individual circumstances.

REOPENING THE CASE

Assume a 51-year-old factory worker with a long-standing bulging disc at L4-5. The patient presents with a new episode of pain which you relate to the patient's job of repetitively bending and twisting of the torso, while lifting weights at work. You should bill the current workers' comp carrier, right? Answer: Not necessarily.

The patient may have an open workers' comp case involving a different insurance carrier and a different employer. Or, the patient may have the same employer, but have a prior workers' comp insurance carrier who accepted the claim voluntarily two years ago. In such a case, the provider needs to know not only the name of the current carrier and whether the claimant has been accepted or denied, but the identity of a prior carrier and whether or not there is an open workers' comp claim. Such old cases fall into predictable categories:

Old Injury, Claim Accepted by Notice of Compensation Payable, Benefits Suspended—A suspension means that the claimant is back to work at no loss of wages, but has nine-and-one-half years to reopen. Reasonable and necessary medical bills on their face related to the work injury continue to be paid, assuming the above steps are complied with.

Old Injury, Claim Accepted by Notice of Compensation Payable, Agreement to Stop Weekly Worker's Compensation Benefits (Final Receipt), Signed. The final receipt limits the rights of the injured worker to reopen his or her claim to three years, rather than nine-and-one-half years. However, medical bills may be payable. In practice, it may be more difficult to successfully bill since final receipt contains a legal presumption that the claimant is fully recovered from his or her work injury.

Old Injury, Claim Accepted by Notice of Compensation Payable Benefits, Terminated by Judge's Order, or Strong Language in a Supplemental Agreement. It may or may not be possible to bill in such a circumstance, depending on the amount of time that has gone by and the specific language in the agreement. A judge may terminate the obligation of a workers' comp insurance carrier to pay for ongoing treatment.

The system is less complicated than it sounds. Use these summary questions to evaluate information important to workers' comp billing:

☑ Is the case open in payment status, or not?

☑ If open, do you have the operative workers' compensation document so you know what to bill for?

☑ If closed, are bills still payable by the carrier?

☑ Has the provider completed the necessary prerequisites to payment by filing the right forms?

☑ If the workers' comp carrier is denying payment, can the provider bill a secondary carrier? The patient?

Doctors and staff with more questions about workers' comp reimbursement are encouraged to attend the upcoming seminars, detailed at left. They can also direct their questions to Mr. Cook at his law office: 212 Locust Street, Harrisburg, PA 17101, (717) 231-1640, or in care of the editors of this publication.

Workers' Comp: Billing by the New Rules

Attorney Tom Cook will present the seminar, "A Step-by-Step Approach to Workers' Compensation in Pennsylvania," at five locations in November. Sponsored by the State Society, the seminar will detail the intricacies of workers' comp billing, reimbursement, utilization review, and medical reporting requirements.

Seminar dates and locations are:

NOVEMBER 12 Pennsylvania Medical Society Headquarters, Harrisburg

NOVEMBER 14 Allegheny County Medical Society Headquarters, Pittsburgh

NOVEMBER 20 Nittany Lion Inn, State College

NOVEMBER 21 East Mountain Inn, Wilkes-Barre

NOVEMBER 22 Philadelphia Marriott West, West Conshohocken

For additional information, call the Society's Department of Physician Services at (800) 228-7823 or (717) 558-7750.

AUTHOR BIOGRAPHY

Mr. Cook is a former director of the Pennsylvania Bureau of Workers' Compensation, and now represents providers and patients in workers' comp matters in Central Pennsylvania.

Allegheny University Hospitals, Center City
(formerly Hahnemann University Hospital)

Department of Medicine Grand Rounds

Wednesdays 8:30 to 9:30 a.m.

Alumni Hall, 2nd Floor, College Building, Allegheny University of the Health Sciences, 15th & Vine Streets (15th Street Entrance), Philadelphia

For more information, contact the Office of Continuing Medical Education at 215-762-8263.

SEPTEMBER 1996

September 18th
The Molecular Basis of the Acute Coronary Syndrome - Mechanisms of Plaque Rupture in Acute Coronary Events
Peter Libby, M.D.
Associate Professor of Medicine
Harvard Medical School
Director, Vascular Medicine and Atherosclerosis Unit
Brigham and Women's Hospital
Boston, MA

September 25th
Advances in Therapy of HIV: Mechanisms of Action of Newest Antiretroviral Therapy
Paul Volberding, M.D.
Professor of Medicine
University of California at San Francisco
Chief, AIDS Activity Service
San Francisco General Hospital
San Francisco, CA

OCTOBER 1996

October 2nd
Mechanisms and Advances in Treatment of Congestive Heart Failure
Eugene Braunwald, M.D.
Hershey Professor of the Theory and Practice of Medicine
Harvard Medical School
Chairman, Department of Medicine
Brigham and Women's Hospital
Boston, MA

October 9th
Advances in Pulmonary Medicine
David M. Center, M.D.
Division of Pulmonary Medicine
Boston University Medical Center
Boston, MA

October 16th
Advances in Cardiovascular, Renal and Cerebrovascular Medicine with Adenosine
Ami Iskandrian, M.D.
Professor of Medicine
Director, Nuclear Cardiology
Division of Cardiovascular Diseases
Allegheny University Hospitals, Center City
Philadelphia, PA

Luiz Belardinelli, M.D.
Professor of Medicine and Pharmacology
Department of Medicine
University of Florida School of Medicine
Gainesville, FL

Christopher Grange, M.D.
Associate Professor of Medicine
Duke University School of Medicine
Durham, NC

Robert Mentzer, Jr., M.D.
Professor and Chairman
Cardiothoracic Surgery
Director, Cardiopulmonary Transplantation
University of Wisconsin Hospital and Clinic
Madison, WI

October 23rd
Disorders of the TSH Receptor
Martin I. Surks, M.D.
Professor of Medicine and Pathology
Albert Einstein School of Medicine
Head, Division of Endocrinology and Metabolism
Montefiore Medical Center
Bronx, NY

October 30th
Molecular Abnormalities of Cardiac Dysfunction
Milton Packer, M.D.
Professor of Medicine and Pharmacology
Chief, Division of Circulatory Physiology
Director, Center for Heart Failure Research
Columbia-Presbyterian Medical Center
New York, NY

NOVEMBER 1996

November 6th
The Changing Face of Community-Acquired Pneumonias: The Impact of Pneumococcal Resistance
Daniel N. Musher, M.D.
Professor of Medicine, Microbiology and Immunology
Baylor College of Medicine
Chief, Infectious Diseases
VA Medical Center
Houston, TX

November 13th
Advances in the Treatment of Asthma
David M. Lang, M.D.
Assistant Professor of Medicine
Chief, Division of Allergy/ Immunology
Allegheny University Hospitals, Center City
Philadelphia, PA

November 20th
Progression of Renal Disease in African-Americans with Hypertension
George L. Bakris, M.D.
Associate Professor of Preventive and Internal Medicine
Department of Preventive Medicine
Director, Rush Hypertension Program
Rush-Presbyterian - St. Luke's Medical Center
Chicago, IL

November 27th
No Grand Rounds

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

OCTOBER 9, 1996
Advances in Pulmonary Medicine Treatment of COPD
Course Director:
Edward S. Schulman, M.D.
Visiting Professor:
David M. Center, M.D.

OCTOBER 16, 1996
Advances in Cardiovascular, Renal and Cerebrovascular Medicine with Adenosine
Course Director:
Ami Iskandrian, M.D.
Visiting Professors:
Luiz Belardinelli, M.D.
Christopher Grange, M.D.
Robert Mentzer, Jr., M.D.

OCTOBER 30, 1996
Advances in Allergy/Immunology for the Practicing Physician
Course Director:
David M. Lang, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

Full Disclosure Statement: All faculty participating in continuing medical education programs sponsored by Allegheny University of the Health Sciences are expected to disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation.

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This program is eligible for 1.0 credit hour for each hour of attendance in Category 2A of

Keeping Pace with Medicine's Changes

Darlene D. McClendon

THE COMMISSION ON WOMEN PHYSICIANS WAS established by the State Society's Board of Trustees in September 1995 to: 1) explore ways to recruit and retain women physicians as members; 2) address key issues of concern for women physicians, and make recommendations to the Society on ways to address these issues; and 3) seek ways to promote women physicians as leaders in medicine. Over the next few months, we'll introduce you to the eight women working toward this important mission. We begin this month with Commission Chair Anne Woods, MD.

Anne Woods, MD, has practiced family medicine for 17 years. A graduate of George Washington University School of Medicine, Washington, DC, she currently works at Partners in Family Health, York, and is an active member and vice president of the York Hospital Medical Staff. She also serves as a member of the York City Board of Health and the South Central Pennsylvania Health Education Center, as well as a delegate to the State Society House of Delegates, a member of the Society's Council on Membership and Services, and as a director of the PennMed Member Services Company (PMSCO). She and her husband, Charles Strehl, PhD, have two children.

HOW DOES THE STATE SOCIETY'S NEW COMMISSION ON WOMEN PHYSICIANS DIFFER FROM PAST COMMITTEES OF WOMEN PHYSICIANS?

Dr. Woods: The practice of medicine and the profile of women physicians has changed through the years. For organized medicine and its committees, boards, and commissions to succeed, it must keep pace with these changes. Therefore, the commission differs by being more focused on key women's issues and being committed to increasing membership among women physicians. By concentrating on a few key objectives, the commission can more fully address those issues that are important to women physicians.

WHAT ARE SOME KEY ACTIVITIES ON WHICH THE COMMISSION WILL FOCUS THIS YEAR?

Dr. Woods: We hope to help women physicians realize that they are already leaders, especially those who haven't exercised their full abilities yet. Also, we hope to increase female membership in the Pennsylvania Medical Society so that we can use our unique gifts of listening, understanding, and mediation to improve health care in Pennsylvania.

WHAT FORCES MOTIVATED YOU TO CHOOSE MEDICINE AS A CAREER?

Dr. Woods: An interest in science, biology, and life led me to medicine.

AS A WOMAN PHYSICIAN, WHAT CHALLENGES HAVE YOU FACED?

Dr. Woods: When I first started medical school, it was a male-dominated field; female students were a minority. It was common for professors to "focus their slides" with photos of nude

or scantily clothed women. In my first practice, initially a number of patients declined to see the new "lady doctor." At that time in York, there were only a handful of women physicians. As time went on, I've had a very rewarding practice covering all ages, males and females. Now in York, as a rough guess, there are between 70 and 100 women physicians covering many specialties. We are sought out as good listeners and also, in particular, as more understanding of women's health problems.

IF YOU HAD TO CHOOSE ONE NOTEWORTHY ACCOMPLISHMENT IN YOUR LIFE, WHAT WOULD IT BE?

Dr. Woods: That would be my work with the Susan P. Byrnes Health Education Center, which opened in York in 1994. I was president of the York County Medical Society in 1989 when Susie Byrnes, a nurse, told me about her idea for an exciting center for children to come to—to help build ideas of positive self-esteem and healthy lifestyles in our youth. Over 20,000 children have already come through the center. I believe the center will be a major force in making York a healthier place.

HISTORICALLY, WORKING WOMEN—INCLUDING WOMEN PHYSICIANS—HAVE BEEN CHALLENGED TO FIND BALANCE BETWEEN HAVING A CAREER AND BEING A MOTHER, WIFE, AND HOMEMAKER. HOW DO YOU DO IT?

Dr. Woods: That is a real challenge! My husband, Chuck, and I have always had "shared" parenting. He takes a lot of responsibility for making it possible. Many modern husbands participate in what was in the past felt to be a woman's role.

YOUR INTEREST IN COMMUNITY IMPROVEMENT IS APPARENT THROUGH YOUR INVOLVEMENT IN THE YORK CITY BOARD OF HEALTH AND THE SUSAN P. BYRNES HEALTH EDUCATION CENTER. WHAT IS ONE OF THE MORE SIGNIFICANT CHANGES WE'LL SEE IN MEDICINE DURING THE NEXT FIVE YEARS?

Dr. Woods: There *is* more of an emphasis on prevention. Systems are being developed to improve care outside the hospital, to prevent complications and hospitalizations. For example, teams of health professionals will visit asthmatics and congestive heart failure patients at home. We will operate with more clinical guidelines. There will be more employed physicians, but I also believe there will be independent practices. These practices may be aligned with larger independent practice associations or health systems.

DO YOU HAVE ANY ADVICE FOR YOUNGER WOMEN PHYSICIANS AND STUDENTS STARTING OUT?

Dr. Woods: Don't be afraid to be active at your school on committees and with organized medicine. We women have not yet reached our potential as leaders in medicine and in our communities. Volunteer!

AUTHOR BIOGRAPHY

Ms. McClendon is the Society's professional and corporate development assistant. For more information about the Society's Commission on Women Physicians, contact the author at (800) 228-7823 or (717) 558-7750, ext. 1407.

Program Fosters Academic Leadership in Women

The Executive Leadership in Academic Medicine Program for Women at Allegheny University of the Health Sciences (formerly the Medical College of Pennsylvania and Hahnemann University) has named its second class, drawing distinguished academicians from leading medical centers across the country.

Among the 29 program fellows are Pennsylvania physicians **Susan C. Brozena, MD,** and **Barbara A. Schindler, MD,** both affiliated with Allegheny University, Philadelphia. All fellows complete three weeks of intensive study and interaction, and work on independent projects throughout the academic year.

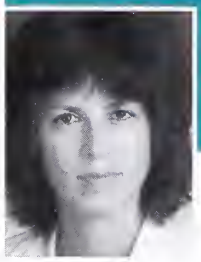
Created as a result of the low percentage of women in academic leadership nationwide, the program's goal is to help "women medical leaders surmount barriers to advancement and gain mastery of financial, managerial planning, and communications skills."

Domestic Violence:
You Can Make a Difference

Jan Cauffiel Zinn

Abstract

Domestic violence statistics become more and more gruesome every year. That's the reality. One Selinsgrove physician knows that from experience—her own. In this profile, Dr. Christine Dotterer discusses the realities of her life for the 20 years she was in an abusive relationship—and she encourages physicians to "ask the tough questions" and "make a difference."



Dr. Dotterer

In the United States, every nine seconds a woman is physically abused by her husband. Domestic violence is the leading cause of injury to women between the ages of 15 and 44—more than car accidents, muggings, and rapes combined. Depending on which study you read, one out of three or one out of four women visiting the emergency room has been, or currently is, the victim of domestic violence.

Christine Dotterer, MD, knows about domestic violence. Not only has she seen it in her patients, but she has lived it and she has survived to escape it. A native of Pittsburgh, she majored in French and psychology in college and took a job as a social worker in the foster care system in New York City.

"It was in that job that I encountered my first woman doctor. Her job was really interesting, and I wanted to do something that made a difference—foster care was too numbing," Dr. Dotterer explains. "I took two years of additional undergraduate courses to get my pre-med qualifications and applied to medical schools, gaining acceptance to Jefferson Medical College in Philadelphia. At the same time I was going to medical school, I was married, I was raising a family, and I was trapped in the tangle of domestic violence."

"In many ways, my situation was a classic example of domestic violence. My husband would hit me and punch me. Then he would want to make up—usually with sex. Sex in this situation, however, was not loving intimacy, but controlling behavior. He actively discouraged me from having friends. He didn't want me to talk to men outside the home. Yet, he supported my professional development!"

"I didn't fit *every* detail of the classic battered wife. Now I know that no one's situation is classic."

"Many people have predetermined and wrong ideas about who gets hurt and why," notes Dr. Dotterer. "Battered women are not people who deserve what they get. They are not masochists. They are not mentally ill. They are women wh hold competent positions, do a good job raisin children, and come from all walks of life. But bat tered women are also women who have a relation ship with a man that is centered on control—hi overwhelming need to have control over her an her life."

Today Christine Dotterer is a family physicia with a solo practice in Selinsgrove. She is sharin her own personal, painful experience in the hop of helping other women who find themselves i abusive situations, and of helping health profes sionals understand domestic violence and the rol they can play to help those involved in abusiv relationships.

WHAT HAPPENS WHEN PHYSICIANS OPEN THE DOOR?

"A physician's attitude about domestic violenc is critical to the victim," emphasizes Dr. Dottere "So many physicians are afraid to ask, afraid opening 'Pandora's Box.' What physicians have t realize is that they can acknowledge the proble but not feel that they have to take care of th whole thing."

"If you do open the floodgates," she says, "the what you need to do is listen for a little while an then say, 'I have someone you need to talk to.' Ju open the door and point them in the right dire tion…Some doctors are afraid that those not in a abusive situation will take offense to being aske In reality, the question falls in with all the oth questions we ask that just aren't applicable to particular patient."

"Authorities say that questioning about abu ought to be part of every physician's routine- and I've talked to ob/gyn residents who do mak it part of every review and do it well. Personall I don't find it easy, but it is *so* important. Whe I suspect abuse because I see bruises, or he complaints that are not focused, or receive a refe ral from a sister, mother, or friend who kno someone who 'needs to talk to you because th know you understand,' I ask, 'Is anyone hurti you?' "

"Sometimes you get a sense that you hit the n on the head—but the victim denies it. I treated woman in her 80s, the wife of a professional, wh came in with a black eye. When I ask if someo had hit her, she dismissed it. At another tim

though, she said to me 'You are really smart,' and I took that to mean, smart to get out of my abusive relationship when I could. Even when the patient denies it, having asked the question to acknowledge that the abuse is real is so important. When you're in a domestic violence situation, it's hard to be really grounded and know what is acceptable and not acceptable."

"Something really important is happening when we ask about the abuse," Dr. Dotterer continues. "We are telling the patient that we don't believe that violence against her is acceptable. She can then start to incorporate this point of view into her perspective of her own life. A doctor may say 'Well, I'm a surgeon or I'm a gastroenterologist, so it's not my job to be concerned with domestic violence.' But if you saw a melanoma you wouldn't say, 'That's not my job.' You would send the patient to a dermatologist. And that's what has to happen with domestic violence—get the patient to the right place."

WHY WOMEN DON'T JUST LEAVE

"On the average, it takes three years from the time a women first speaks to a professional about the abuse until the time when she is able to leave—if she does leave," according to Dr. Dotterer. "There are powerful social, legal, religious, and logistical pressures to stay in a relationship. Even asking the question 'Why doesn't she leave?' raises a number of hidden questions: maybe it isn't true, maybe she deserves it, maybe she's completely inadequate and incompetent, maybe she enjoys being hit, it's private—why is she bringing it out into the open?"

She explains that victims have many answers to the question, "Why don't you just leave?" Among the answers: "I'm afraid." "I don't know how." "What should I do first?" "How can I afford it?" "I'm worried about my kids. What if he takes them or hurts them?" "No one will believe me." "I'm too embarrassed." "I'll shame my family." "I have an obligation to make my marriage work." "Maybe it's not really that bad."

Dr. Dotterer says the most important thing a doctor can do is help the victim acknowledge her own strengths. "Don't get so frustrated with the situation that you can't listen," she says. "Be willing to work on her timetable."

RESTORING THE POWER TO CHOOSE

Dr. Dotterer admits she had to be ready to move on both an economical and emotional level before she could break free of the abusive relationship in which she was tangled. "When I was able to view the growing chasm between how I was treated in the world and how I was treated at home, when I realized that I had the resources to be economically independent, and when I could learn to accept the emotional support that was available, then I could regain control of my life," she says. "But only I could make that choice and only I could choose that time."

"There is a move toward making reporting of violence to women mandatory," she adds, "and although it's well-intentioned, it is misguided. It takes the power away from the individual. Statistics tell us that the time immediately after leaving a violent situation is one of the most dangerous times for victims of abuse. It is dangerous to expose people before they are ready to make that change, and to have a bureaucrat foist that on you is not helpful—no matter how well intentioned."

"The victimization mentality is equally disenfranchising because the basic respect for the integrity of the individual gets overlooked. 'Oh, poor thing, she's a victim' is not as helpful as 'What kinds of things can I help with, and what can I help her do for herself?' "

ONE WOMAN'S STORY

"When I was trying to figure what I was going to do personally and struggling to come out of this situation whole, I saw an advertisement in *American Medical News* along the lines of 'I'm a cardiologist, and I treat battered women every day. So do you.' I was so proud that the AMA was addressing this issue that I called them and said that I wanted to do something. I had done a talk on what physicians can do and thought I could publish the text of that talk. What followed was a reprint in the *Washington Post* and a number of speaking opportunities."

"To do the talk right, I have to get into the frame of mind I was in at the time of the abuse. After a while, it's too hard to do, too draining. The last speaking invitation I accepted was from the Pennsylvania Medical Society Alliance, and someone suggested doing a video. That's how 'Domestic Violence: One Woman's Road to Freedom' came about" (see sidebar above).

"A physician can make a critical difference in the life of a battered woman," Dr. Dotterer concludes. "When a doctor ignores or minimizes a woman's injury and does not get involved, the message sent is that there is nothing terribly wrong with being hit and that the victim doesn't deserve better. When a doctor asks a woman about her bruises in a safe environment, and in a compassionate, non-judgmental way, she may talk about the violence in her life—or she may not. But in that case the groundwork has been laid so that she might talk at another time or to another person."

"Doctors need to take a public stand both professionally and personally," says Dr. Dotterer. "We don't need to have violence, of any kind, in our society. We can ask the tough questions. We can make a difference."

Video Chronicles Escape from Abuse

The Educational and Scientific Trust and the Pennsylvania Medical Society Alliance produced the videotape, "'Domestic Violence: One Woman's Road to Freedom," mentioned in the article. The video chronicles Dr. Dotterer's escape from a 20-year abusive relationship, and presents ways physicians and others can understand a woman's choices, provide intervention, and use community resources. For ordering information, call the Society's Trust at (800) 228-7823 or (717) 558-7750, extension 1262.

AUTHOR BIOGRAPHY

Ms. Cauffiel Zinn is a freelance writer based in Hanover. Her writing focuses on health-related and environmental topics.

ChoiceCare Physicians:
Reaching Out with Value-Added Service

Sandy Marrone

Abstract

The wave of the future has broken. Group practices are everywhere. In some cases, practices are formed to efficiently and effectively market physician services. In other cases, it's a matter of physicians banding together to maintain control of patient care. In this issue of PENNSYLVANIA MEDICINE, we debut a new series of bimonthly articles profiling group practices in Pennsylvania. We begin in Pittsburgh...

As practice manager for ChoiceCare Physicians, Inc., a physical medicine and rehabilitation group in suburban Pittsburgh, Leila Haynes sees marketing the practice's value-added service and good communications as vital to survival in today's competitive health care market.

"I started in this business about 29 years ago—when Medicare came into being, and you had to be brain dead if you couldn't make money. In the early 1980s, I mentioned marketing to a doctor I worked for, and he cringed," Haynes recalls. "I saw him recently, and he said he wants to put up a neon sign now. Back then he knew his peers would look down on him for marketing, but that's really come a long way."

Today, in occupational medicine, "I see our group as a principal care provider for a specialized population—the disabled," says Haynes. "Being on the non-surgical side of musculo-neuro injuries means practicing a very specialized type of primary care. The majority of people who come here for work injuries need, but do not have a primary care provider. If they have high blood pressure, we can try to refer them for that. In some instances, like spinal cord injuries, we follow patients for everything. They must come in often and don't have a primary care provider (PCP), but they're never left hanging because the practice has four internists."

Usually, however, ChoiceCare's internists provide tertiary internal medicine care for the group's inpatient practice and provide backup for PCPs who cannot come out to HealthSouth Harmarville Rehabilitation Center to see their admitted patients.

STARTUP

Until about six years ago, most of ChoiceCare's doctors formed the majority of the medical staff o HealthSouth Harmarville. They started their own practice at the urging of the hospital, whicl advised them they'd earn more money and be abl to grow and survive better as a group. "We shar common goals with HealthSouth and have a win win situation with them," says Haynes.

Besides the four internists, the 15-membe group consists of physical medicine and rehabilita tion specialists, an occupational medicine special ist, and an emergency care physician. Most of thei work, both inpatient and outpatient, is done at th rehab center, but ChoiceCare also has anothe location for occupational health, urgent care, an conducting drug and alcohol testing for employers Of a support staff of 13, including Haynes, seve employees are needed to handle billing.

MARKETING STRATEGIES

In addition to the value the internists add to th practice, ChoiceCare accommodates patients b signing up with the most popular managed car plans, a gesture which Haynes says "lets patient know you're there for them." Opening evenings making people comfortable, giving them precis written and oral instructions and treatment plan figure into patient satisfaction as well. "And whe a patient is talking to you, you look at them answer their questions, and treat them like human being. The one thing that will set you apa is patient satisfaction," says Haynes.

"Patient satisfaction starts with enthusiasm and that starts at the top. If you don't start there it's never going to get passed on to your patient Thank yous are the most important thing for doc tors to remember. They're not good at saying i but it gets you everywhere." Haynes adds that yo have to have lunches for the staff and tre employees with rewards that make them fe important.

She says ChoiceCare physicians are also awar that patients aren't their only customer

"Employers also must be part of the program. We give them immediate reports on patient progress and instructions on what kind of work is recommended for patients and when. We don't want anything to be vague, and we want the patients happy to be getting back to work."

Reaching out to the surrounding medical community also counts as a value-added service, says Haynes. "You need to know where your referrals come from, and referring physicians need to know you belong to the same managed care plans they do. That's a factor you never had before health care reform."

"The relationship with other physicians stays okay as long as they get what they want and need out of it. If they want their patients seen in 48 hours when referring, then you want to meet or exceed their expectations," Haynes says. And don't forget about keeping PCPs and other referring physicians updated on their patients' care, treatment plan, and follow-up schedule. ChoiceCare even employs a coordinator whose prime job is to see that all communication goes out when and to whom it should.

Along with effective communication, Haynes says she'd like to see her specialty group bring a referring physician into the office to practice one day a week to enhance their relationship and add more value to the practice. She also dreams of having a special waiting room with phones and fax machines where patients can conduct business while waiting, and she's working hard to build a stronger bond with the primary care practice downstairs from ChoiceCare by referring patients who don't have primary physicians.

"With educational programs in the community and at HealthSouth, we're also becoming the area resource for PCPs who are taking care of disabled patients," says Haynes. "Some primary care physicians don't feel comfortable caring for the disabled, but we're trying to help with that." Doing so furthers relationships in the medical community.

PHYSICIAN INVOLVEMENT

As the practice of medicine evolves, Haynes says physicians have to concern themselves with legislation and with what's happening in the greater medical community. "You have no control over these things, and it's hard to keep up." As soon as you learn the rules, they change.

Since work injuries constitute a large portion of ChoiceCare's outpatient practice, the group looked hopefully toward reform of the workers' compensation law. Haynes says the new law improves patient care by allowing injured workers to stay under doctor's care for 90 days instead of 30 days. However, reimbursements to doctors did not increase. In that regard the law is generous to hospitals in giving them 80 percent of their fees, but hurts physicians, says Haynes. "Physicians get →

- Located in Allegheny County, northeast of Pittsburgh, near Harmarville and Fox Chapel.
- Staffed by 15 physicians—including four internists, one emergency care specialist, one occupational medicine specialist, and nine physical medicine and rehabilitation specialists—and 13 support staff.
- About 5,000 patients added to the practice each year.
- Functions as a nonprofit physician group practice, a set-up similar to that of university physician groups.
- Governed by a five-member board of directors elected by the existing board, one of which is a physician; the rest are members of the community.
- County/State Affiliation: Majority of doctors belong to the Allegheny County Medical Society and the Pennsylvania Medical Society.

the same fees for work-related injuries, whether they're scuffed arms that take 15 minutes to treat or the chronic problems of people off work five years and on narcotics. You really have to work with these patients and should be paid to do it."

Keeping up with legislation is not only important for Haynes as a practice manager, but also for her position as legislative liaison for the Medical Group Management Association (MGMA). "I find I get as good information from PENNSYLVANIA MEDICINE as anywhere," she says. "I copy all the appropriate stuff in there, and pass it on to the national MGMA office. The magazine itself is reason enough to belong to the Pennsylvania Medical Society because it is a link between members and what's going on in government. I also use the State Society as a resource to learn how to get information out to others. I need to have relationships with the Society and MGMA, because mentioning them helps me get the physician's ear and makes me a value-added employee."

Even though Haynes leans on both organizations, she says, "That doesn't necessarily mean MGMA and the Society always support the same issues. They can work together for the benefit of both groups, or they can agree to disagree."

PLANNING AHEAD

According to Haynes, there aren't a lot of large integrated health care systems in her area. "Instead, we tend toward smaller and medium-sized practices. In that environment, ChoiceCare has to be concerned with which managed care network wil succeed in calling all the shots and if the practice can work with that network. Do we have a chance to fit in?" she muses. "Or is the type of specialty we have going to be left out of the system? We offer care that's almost catastrophic and that people don't expect to need, but the need does exist Where will all these factors leave my specialty in the system?"

With those questions in mind, Haynes says ChoiceCare's plan for the next two years is driven by viewing the practice as a business that evaluates not only the costs of providing care today, but what those expenditures can bring tomorrow. Paramount to being in practice tomorrow are ChoiceCare's current value-added services and devising new services that exceed patients' expectations.

"When people come in here, they should have a unique experience and should be able to pick out exactly what pleases them here that does not please them in other doctors' offices. Just having good doctors and nurses won't do it," she says, "because doctors aren't gods and nurses aren't angels anymore." What you need is value-added service.

AUTHOR BIOGRAPHY

Ms. Marrone, a former practice administrator, is now a freelance wrtier from Palmyra whose profiles appear in numerous publications.

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This insert is designed to provide you with a convenient monthly vehicle for that feedback. We invite your comments regarding the redesign of this publication. In upcoming issues, we will poll members about various issues of the day or State Society services.

Remember: Your comments on any issue of importance to the practice of medicine are always welcome.

Fax or mail it to us, phone in your comments to (800) 228-7823, or contact us via the Internet at ehermann@pamedsoc.org

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Assisted Suicide Grabs Headlines at AMA Meeting

While seven resolutions of the Pennsylvania delegation passed the AMA House of Delegates at its annual meeting in June in Chicago, the issues of physician-assisted suicide and AIDS testing took the spotlight—and the headlines—nationwide.

The House voted 185-81 to endorse mandatory testing of all pregnant women and newborns for the AIDS virus. The vote reflected great debate on the issue, and the resulting endorsement is a major policy shift for the AMA, which says it "opposed testing early on because society had little to offer victims of HIV other than discrimination." Now, it says, "we can offer treatment and alter the course of the disease, and, hopefully, we can prevent it in the unborn child."

In continuing its opposition to assisted suicide, the AMA rejected a proposal to alter the AMA's stand against assisted suicide to one of neutrality. The decision was made despite two recent court decisions hailing a right to assisted suicide. Reacting to the vote, AMA Board Chair Nancy Dickey, MD, said, "It's important to recognize that there's a difference between law and ethics."

For Pennsylvania, victories were won through resolutions directing the AMA to:

1) adopt the policy that when payers apply local medical policies to physicians in remote areas, the policies must be widely disseminated to the physicians in those areas along with printed explanations;

2) compile a list of innovative programs in the U.S. that offer care to the medically indigent and underserved communities—the list will be available to help physicians and physician organizations adapt, develop, and operate their own such programs;

3) encourage residency program directors to include training in bioethical decisions in all residency programs;

4) propose changes in Health Care Financing Administration (HCFA) rules and regulations to facilitate appropriate training of hospital-funded residents in non-hospital outpatient facilities;

5) work with HCFA to develop a policy on chemistry profile tests, including organ and disease panels of lab tests, that is nonintrusive to physicians and patients and enables physicians to submit all of the necessary ICD-9-CM codes on a single health insurance claim form;

6) seek legislative and regulatory action to prevent the televised advertisement of hard liquor; and

7) oppose ultimate fighting and extreme fighting events, encourage states which have not banned these events to pass a law doing so, and study the feasibility of encouraging federal or state prohibitions on media broadcasts.

PMSLIC Offers Interest-Free CAT Fund Financing

Pennsylvania Medical Society Liability Insurance Company (PMSLIC) insureds who are members of the Pennsylvania Medical Society will be able to pay their 1997 CAT Fund surcharge in interest-free, quarterly payments.

Under this new service, PMSLIC will advance full payment of the surcharge to the CAT Fund and bill its insureds on a quarterly basis. Physicians will be in compliance with mandatory insurance requirements and benefit by spreading costs throughout the year without incurring additional financing charges. The hassle factor of completing loan documents and waiting for approval is also eliminated.

CAT Fund surcharge financing at a competitive rate will also be offered to non-State Society members.

PMSLIC developed the installment option to help physicians meet the financial demands placed upon them due to escalation in the cost of excess coverage provided by the CAT Fund. More information will be provided in subsequent publications and with the PMSLIC renewal packet.

COUNTY NEWS

Docs' Efforts Shine in Delaware County

Two dozen Delaware County physicians volunteered this summer to participate in the Camp Sunshine Medical Team, performing "check-in physicals" at the overnight camp for children from financially disadvantaged families throughout Delaware County.

The medical team is coordinated by the staff of the Delaware County Medical Society and includes physicians of varied specialties and practices. The camp is located just south of Media and has provided Delaware County children with an overnight camping experience since 1931. This year's program averaged more than 100 campers per week throughout June, July, and August.

Members of the 1996 medical team included: **Percy Batipps Jr., MD; Stephen Clay, MD; Ellen Conroy, DO; John Doherty, DO; John Esposito, MD; Jacquelyn Gibbons, MD; Michael Girvigian; Everett Hills, MD; John Lawrence, MD; Frank Lazorik, MD; William Lewis, MD; Robert Marvin, MD; Maria Milcu, MD; Patricia Montgomery, MD; James Morris Jr., MD; Howard Richter, MD; Daniel Ridout III, MD; C. Richard Schott, MD; Ira Weiner, DO; Rekha Yagnik, MD;** and **Morris Yoder, MD.**

SPECIALTY NEWS

Emergency Physicians Make Strong Showing Nationally

Members of the Pennsylvania Chapter of the American College of

Emergency Physicians (ACEP) made a strong showing at the annual Society for Academic Emergency Medicine national meeting in Colorado earlier this year.

In the case presentation competition, **Richard Wuerz, MD,** of Penn State's College of Medicine, Hershey, won best faculty presenter for the Central Region. **Douglas McGee, DO,** and **Kelly Abbrescia, DO,** both of the Albert Einstein Medical Center, Philadelphia, won as Eastern Region representatives.

Also at the meeting, Pennsylvania physicians received seven of 14 awards. Honored were: **John Becher, DO; Jim Holliman, MD; Bill Burdick, MD; Robert Silbergleit, MD; Wayne Satz, MD;** and **Owen Traynor, MD.**

Several committee appointments were made at the same time: **Jim Holliman, MD,** was elected chair of the International Interest Group and reappointed chair of the Workforce Task Force; **Bill Burdick, MD,** was reappointed chair of the Education Committee; **Ted Delbridge, MD,** was appointed chair of the EMS Task Force; **Susan Fuchs, MD,** was appointed chair of the Pediatric Training Task Force; **Robert McNamara, MD,** was reappointed chair of the Geriatric Emergency Medicine Task Force; and **Don Yealy, MD,** was reappointed chair of the Program Committee.

AMA Program Establishes **Quality Standard**

The American Medical Association has announced plans to institute the "AMA Program for Physician Accreditation," a comprehensive program to replace the current duplicative and fragmented patchwork of existing physician assessment programs with a uniform national quality standard.

The initiative aims to establish a standard of physician excellence which will be universally accepted by hospitals, insurers, and other organizations. It will assess physician performance in five areas—physician credentials, personal qualifications, environment of care, clinical performance, and patient care results—and allow physicians to know how they compare with their professional colleagues. Also, it will standardize the clinical, economic, and patient satisfaction profiles being used by health plans today.

The AMA program will begin by the end of the year, and additional elements will be phased in over the next several years.

College Provides **Managed Care Certification**

The National Association of Managed Care Physicians has established the American College of Managed Care Medicine to educate, train, and board certify physicians in issues new to the health care marketplace.

According to the college, "The curriculum will provide physicians with the knowledge and tools required to effectively position a medical practice for the 21st century." Topics will include: disease state management, health care infomatics, delivery systems, health economics, and health care financial management. Topics that emphasize increased efficiency and cost effectiveness in a managed care environment will also be presented.

The pilot course toward certification was held earlier this year in Virginia, and courses will continue to be held regionally and statewide on a national level. Once the managed care curriculum requirements are completed, physicians may sit for written boards through the college which will certify them in managed care. CME credits are also offered.

For additional information, call the college at (804) 527-1906.

Breast Cancer Research **Grants Available**

The Breast Health Institute of Philadelphia, a past recipient of the Philadelphia County Medical Society's Benjamin Rush Award, announces a competition for small clinical grants in breast cancer research.

Preference will be given to clinical projects of limited scope that can be completed in one or two years. Awards will not usually be greater than $25,000 per year.

To apply, submit three copies of a concise, single-spaced, one-page description of the work to be done and its significance to: Grant Review Committee, Breast Health Institute, 1015 Chestnut Street, Suite 510, Philadelphia, PA 19107-4305. Include on the application the name of the project and investigator(s), affiliation, address, telephone and fax numbers, as well as a budget. Investigator salary support and institutional overhead will not be provided.

Deadline for application is March 31, 1997, for consideration for the granting period July 1, 1997, through June 30, 1998. Funds for the grants were raised by the Susan G. Komen Breast Cancer Foundation Race for the Cure® in Philadelphia.

Bioethics Center at Penn Awarded **Research Grant**

The Center for Bioethics at the University of Pennsylvania Medical Center has received a three-year, $307,250 grant from the Greenwall Foundation to create a core program for social science research.

The center is trying to pioneer bioethical inquiry in the integration of social science methods, techniques, and insights with those methods of analyses presently used in bioethics. The grant will help create an infrastructure which will include expertise in the social sciences, equipment, and start-up funds for initiating new research and analyzing data.

Q&A: Drug utilization

"Better prescribing through education" Professional DRUG EDUCATION & INFORMATION Pennsylvania Medical Society

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug-utilization issues. The Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What are the specifics with the new anti-obesity agent, dexfenfluramine (Redux®)?

A: Dexfenfluramine, Redux®, is the dextro isomer of fenfluramine. It suppresses the appetite for carbohydrates by enhancing serotonergic transmission through stimulating the release and blocking the reuptake of serotonin by nerve endings in the hypothalamus. Dexfenfluramine has about twice the anorectic potency of fenfluramine, and its effects are attenuated by serotonin receptor-blocking drugs.

This medication is administered orally in doses of 15 mg twice daily with meals. It is intended to be used as an adjunct with a low-calorie diet in patients who are at least 20 percent over ideal body weight. The combination of dexfenfluramine with phentermine has demonstrated that a greater weight loss can be achieved by the use of appetite suppressants than by diet alone. However, obesity is not cured by the ingestion of appetite suppressants. Many patients often regain the weight when drug therapy is stopped.

Common adverse effects with dexfenfluramine therapy include diarrhea, nausea, vomiting, and dry mouth. The most serious potential risk with dexfenfluramine is primary pulmonary hypertension (PPH). It can be reversible or nonreversible. Dyspnea upon exertion, syncope, chest pain, palpitations, or cardiac insufficiency are symptoms of pulmonary hypertension and require discontinuation of the drug.

Contraindications of dexfenfluramine include pulmonary hypertension, concurrent use of a monoamine oxidase inhibitor (MAOI), and hypersensitivity to fenfluramine, dexfenfluramine, or related drugs. Due to the concern over precipitating the serotonin syndrome, the following serotonergic drugs should not be administered concurrently: dihydroergotamine, fluoxetine, fluvoxamine, paroxetine, sertraline, sumatriptan, and venlafaxine.

Even though Redux® does not possess sympathomimetic activity and has shown no abuse potential in animal studies and clinical trials, it is a Schedule IV controlled substance. The best advice for physicians is to prescribe this medication *appropriately* as they would any other controlled substance.

Did you know?

- Answers to your questions on pharmacotherapeutics are only a phone call away!
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- Continued medical education monographs are available to physicians!
- "Counter Details, The Educational Difference," is a newsletter that provides physicians with a quick, concise reference on current drug topics!
- Patient education pamphlets are available!
- Quick reference guides are available for clinicians!

For more information, call (800) 228-7823 or (717) 558-7750, ext. 1232. All services are available at no cost.

Medication Update

New drugs

Docetaxel (Taxotere®)—FDA approved for the treatment of locally advanced or metastatic breast cancer. It is specifically indicated for cancer that has advanced during anthracycline therapy or has relapsed during anthracycline-based adjuvant therapy.

Estradiol vaginal ring (Estring®)—This elastomer ring has been approved for the treatment of vaginal and urogenital symptoms of urogenital atrophy in postmenopausal women. It is inserted into the upper portion of the vagina and releases about 1 mg of 17-beta-estradiol over a three-month period.

Gemcitabine (Gemzar®)—This nucleoside analog has been approved for the first-line treatment of locally advanced or metastatic adenocarcinoma of the pancreas. This agent disrupts cancer cell replication.

Interferon Beta-1a (Avonex®)—This is the first agent approved to slow progression of multiple sclerosis (MS) and reduce the frequency of exacerbations of relapsing MS. Use with caution in patients with cardiac disease, depression, or seizure disorders.

Iodixanol (Visipaque®)—A non-ionic contrast agent for intra-arterial use in visceral digital subtraction angiocardiography (left ventriculography and selective arteriography) and peripheral, visceral, and cerebral arteriography. Intravenously, this agent may be used in contrast enhancement computed tomography (CECT) imaging of the head and body, excretory urography, and peripheral venography.

Trandolapril (Mavik®)—This new ACE inhibitor, indicated for hypertension, may be dosed once daily in most patients. This prodrug is converted to its active metabolite, trandolaprilot.

New indications

Carbamazepine (Tegretol®)—Approved for use in children with epilepsy who are less than six years of age. Indications include partial seizures, generalized tonic-clonic seizures, and mixed seizure patterns, as well as for the treatment of trigeminal neuralgia.

Lansoprazole delayed-release capsules (Prevacid®)—Recently approved for the maintenance treatment of healed erosive esophagitis.

Omeprazole (Prilosec®)—This agent has approval for the additional indication of short-term treatment of active benign gastric ulcers.

Paroxetine (Paxil®)—Newly indicated for the treatment of both panic disorder and obsessive-compulsive disorder.

Pravastatin (Pravachol®)—New indications in hypercholesterolemic patients without clinically evident heart disease include: 1) to reduce the risk of myocardial infarction; 2) to reduce the risk for revascularization; and 3) to reduce the risk of death due to cardiovascular causes with no increase in death from non-cardiovascular diseases.

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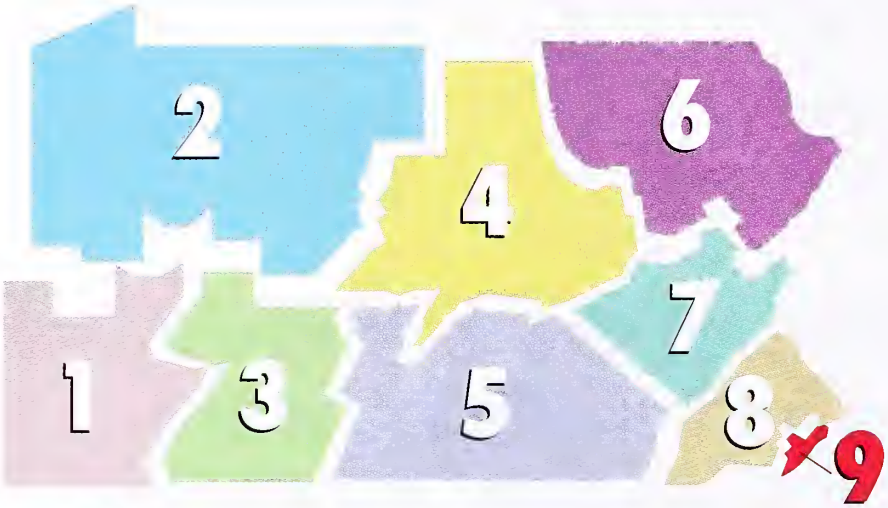
ANALYSIS OF THE EMERGING HEALTH CARE MARKETPLACE IN PENNSYLVANIA AND BEYOND



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call:

PennMed Member Services Company (PMSCO)
at (800) 228-7823 or
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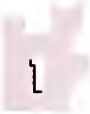


Blue Cross of Western Pennsylvania in late June opened a primary care clinic in McCandless to give patients "one-stop shopping" for routine medical care. The clinic is the first of seven the managed care insurer plans to open this year. *[Pittsburgh Post-Gazette]*

HealthAmerica Pittsburgh and the Southwest Integrated Delivery Network announced that an agreement to serve Medicare HMO members in the Pittsburgh area will be expanded to include up to 70,000 commercial HMO members. *[Central Penn Business Journal, Harrisburg]*

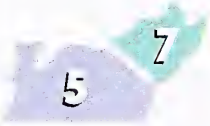
The Rural Medical Network of Western Pennsylvania, based in Venango County, has completed its incorporation process. More than 70 physicians have joined the physician organization, which is currently working on strategies to accept and manage risk for the entire professional component of the premium dollar. *[PMSCO]*

Under a three-year agreement, Alliance 4 Health Netsource—the managed care organization formed by Alliance 4 Health—and its 950 physicians will provide hospital, physician, and ancillary services for up to 30,000 HealthAmerica members. *[Patriot-News, Harrisburg]*

PrimeCare Health Network, a physician-hospital organization formed as a result of the merger between Capital and Polyclinic health systems, has joined forces with the Greater Susquehanna Physician Alliance. *[Patriot-News, Harrisburg]*

Physician Support Systems, Mount Joy, announced it would acquire California-based Synergistic Systems, a provider of physician practice management services. *[New York Times]*

Pinnacle Health Management, Harrisburg, has sold its former family medical facility for a newly constructed, larger center. *[Patriot-News, Harrisburg]*



St. Joseph Hospital, Lancaster, and the Community Hospital of Lancaster on July 1 combined their individual managed care plans and clients into Alliance Health Plan. The new, jointly owned preferred provider organization will serve employees of more than 230 companies in Lancaster and Berks counties. *[Central Penn Business Journal, Harrisburg]*

Philhaven Behavioral Health Services, Mount Gretna, is joining with St. Joseph's Hospital, Lancaster, and St. Joseph's Hospital, Reading, to form Advantage Behavioral Health. Advantage will offer psychiatric counseling and drug and alcohol rehabilitation to patients in Berks, Cumberland, Dauphin, Lancaster, Lebanon, and York counties. *[Advantage press release]*

The Bethlehem Independent Physicians Association (BIPA) has completed its conversion into a for-profit professional organization that will focus on managed care contracting. More than 240 physicians in the Bethlehem area are shareholders of BIPA. *[PMSCO]*

The Berks County Provider Organization (BCPO) has completed its incorporation process with more than 160 physicians participating. BCPO has begun work with its operational committees and has already been approached by several managed care payers interested in working with them. *[PMSCO]*

U.S. Healthcare and Keystone Health Plan East are among the bidders for HealthChoices, the state's managed care plan for Medicaid recipients in Philadelphia and surrounding counties. Also bidding for the contract—

Dodson Group has slashed workers' compensation insurance premium rates for Pennsylvania medical groups of 25 physicians or more!

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DODSON GROUP

Continued from page 40

which would be for three years, with the option of two one-year renewals, and expected to be worth $10 billion over five years—are: HealthPartners, Healthcare Management Alternatives, QualMed, Oxford Health Plans, and Philcare Health Systems. The program is expected to be phased in beginning January 1, 1997. *[Philadelphia Inquirer]*

8 ▶ Home Health Corporation of America, King of Prussia, has agreed to acquire Home Health Systems, Phoenixville. *[Philadelphia Inquirer]*

▶ Children's Hospital of Philadelphia has opened a specialty care center in Exton to provide outpatient services for up to 12,000 pediatric patients per year. *[Philadelphia Business Journal]*

9 ▶ Medical College of Pennsylvania and Hahnemann University, the academic health center that resulted from the 1993 consolidation of the two Philadelphia institutions, announced its new name: Allegheny University of the Health Sciences.

The affiliated hospitals include: the former Bucks County Hospital in Warminster, now named Allegheny University Hospitals, Bucks County; the former Hahnemann University Hospital, now named Allegheny University Hospitals, Center City; the former Medical College of Pennsylvania Hospital, now named Allegheny University Hospitals, East Falls; and the former Elkins Park Hospital, now named Allegheny University Hospitals, Elkins Park. Also, the medical school's name will be the MCP◆Hahnemann School of Medicine, in conformance with the recommendation of students and alums of both schools. *[Allegheny University press release]*

▶ Penn-Friends Behavioral Health Services—an affiliation between Friends Hospital, Philadelphia, and the University of Pennsylvania Health System—incorporated in July to manage and provide an integrated behavioral health delivery system. *[Friends Hospital press release]*

▶ Responding to the imperatives of managed care, the nation's oldest pediatric rehabilitation hospital, Children's Seashore House of Philadelphia, is reorganizing as a "service line" organization. Hospital officials define a service line as "a cluster of related programs operating across a continuum, from inpatient to home, under a common leadership structure which addresses the medical, administrative, and financial operations." The hospital will group specialties into three primary areas: pediatric rehabilitation, behavioral rehabilitation, and developmental disabilities. *[Children's Seashore House press release]*

FACTS, FIGURES, ETC.

▶ A study of the Pittsburgh region shows that the segment of the region's commercially insured population now covered by managed care has surged to 74 percent. Also rising are Pittsburgh's health care prices—by 6.9 percent last fiscal year. *[Pittsburgh Post-Gazette]*

▶ HealthAmerica of Pennsylvania was rated among the top HMOs in the country in a recent survey conducted by *Newsweek*. The magazine polled 75 HMOs across the country. Of the 43 that responded, HealthAmerica was ranked among the "very good" HMOs, with only four ranked higher. Also receiving a "very good" overall ranking was HMO Pennsylvania–U.S. Healthcare. *[Newsweek]*

▶ Among managed care companies reporting second-quarter losses this year are Aetna Life and Casualty, Healthsource, Physicians Health Services, United Healthcare, and Wellpoint Health Plans. Reasons cited for the losses include "a failure to keep medical costs in check" and continued rising costs in outpatient and pharmacy operations. *[New York Times; Wall Street Journal]*

MANAGED CARE MOVES, STATE BY STATE

▶ Underwood-Memorial Hospital, Woodbury, New Jersey, signed a letter of intent with West Jersey Health System and Memorial Health Alliance stating that "the hospitals will investigate the possibility of joint ventures." *[Philadelphia Inquirer]*

▶ The national Blue Cross and Blue Shield Association warned that it would terminate the licenses of Ohio Blue Cross and Blue Shield if the plan proceeded with its agreement to sell its main lines of business to Columbia-HCA Healthcare Corporation. *[New York Times]*

▶ Tennessee-based Quorum Health Group, which owns acute care hospitals and health systems, announced its intention to acquire a majority interest in Doctors Hospital, an acute care and regional teaching center for the Ohio University College of Osteopathic Medicine. *[New York Times]*

▶ Columbia/HCA Healthcare Corporation, also of Tennessee, signed a letter of intent to acquire Roger Williams Medical Center, Providence, Rhode Island. *[Wall Street Journal]*

▶ Medpartners/Mulliken of Alabama, the largest manager of doctors' groups in the U.S., announced it would acquire Summit Medical Group, the largest multispecialty physician group in New Jersey and the New York City area. *[New York Times]*

▶ FPA Medical Management, a San Diego-based manager of physician practices, says it agreed to acquire two medical groups and 30 health care centers from Foundation Health Corporation, a Rancho Cordova, California, health maintenance organization. *[Wall Street Journal]*

▶ In related news, FPA purchased Physicians First from the Physicians Corporation of America, based in Miami. Physicians First is a network of 125 doctors in 40 medical centers in Florida. *[New York Times]*

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Honored

Dr. Harrop

Donald E. Harrop, MD, president of the Keystone Peer Review Organization (KePRO), received the Pennsylvania Osteopathic Medical Association's (POMA's) Honored Guest Award for "his untiring efforts to promote the art of medicine, and to preserve the integrity of physicians (DO and MD)."

The award was presented to Dr. Harrop by POMA Past President S. Lawrence Koplovitz, DO, at the association's State Banquet in Philadelphia. "The gentleman chosen is a physician who has been very close to the osteopathic profession for many years," Dr. Koplovitz began his presentation speech. "In fact, we have adopted him as one of our own."

"I had the pleasure and privilege of first meeting him about 12 years ago," he continued. "He exhibited an intuitive sense of wisdom and understanding of the concepts and philosophies that governed our profession, and thus served as a catalyst of cementing relationships between the allopathic and osteopathic professions."

Lourdes Romano-Jana, MD, an Erie rheumatologist, has been named to the Pennsylvania Honor Roll of Women.

James D. Crowther, MD, Hummelstown, has received the Dean's Award from Penn State's College of Medicine at The Milton S. Hershey Medical Center for outstanding academic excellence, along with membership to Alpha Omega Alpha, a national honor medical society.

Angelo A. Andonakais, DO, anesthesiology resident, Allegheny University of the Health Sciences, was recognized for his contributions to community service by the American Medical Association. Dr. Andonakais was one of 40 honorees of the AMA/Glaxo Wellcome Inc. Leadership Award Program for resident physicians.

Dr. Andonakais

William W. Lander, MD, Villanova, has been named Rosemont Optimist Club's 1995-96 outstanding citizen. According to the club, Dr. Lander is of a disappearing breed who still makes house calls and does not charge patients who cannot afford his fee.

Abraham J. Twerski, MD, founder and medical director of Gateway Rehabilitation Center, Pittsburgh, has received the Jewish National Fund's 1996 Guardian of Israel Award.

Freddie H. Fu, MD, professor and executive vice chairman of orthopedic surgery, and medical director, Center for Sports Medicine, University of Pittsburgh Medical Center, has received the 1996 President's Challenge Award from the National Athletic Trainers' Association.

Angelo DiGeorge, MD, was named the 1996 Medical Alumnus of the Year by the alumni association of Temple University School of Medicine, Philadelphia, for his distinguished achievements in the field of pediatric endocrinology.

David Berger, MD, assistant professor of surgery, pathology, and laboratory medicine, Allegheny University of the Health Sciences, Philadelphia, was awarded a Clinical Oncology Career Development Award by the American Cancer Society for his research and work with pancreatic cancer.

Cyril H. Wecht, MD, JD, chairman of pathology and president of the medical staff, St. Francis Central Hospital, Pittsburgh, has received the 6th Career Achievements Award from the New York Society of Forensic Sciences at Lehman College, Bronx, New York, for his contributions to forensic pathology and legal medicine.

J. Jeffrey Malatack, MD, director Diagnostic Referral Service, St. Christopher's Hospital for Children, Philadelphia, has received from the Children's Miracle Network, the 1996 Miracle Maker Award.

Chestnut Hill Hospital, Philadelphia, has awarded the Golden Apple Award to **Richard Kagen, MD,** internal medicine, and **David Scott, MD,** pulmonary disease. The award is presented annually to physicians who demonstrate a continuing commitment to excellence in teaching.

Elected

The American College of Physicians has elected the following: **Robert C. Aber, MD,** associate dean for medical education and professor of medicine, Penn State's College of Medicine at The Milton S. Hershey Medical Center, as governor for the Eastern Pennsylvania Region of the American College of Physicians; and **Bruce L. Thomas, MD,** a specialist in internal medicine and rheumatology, Huntingdon, as governor for the Western Pennsylvania Region of the American College of Physicians.

Appointed

State Society Vice President **Lee H. McCormick, MD,** a Pittsburgh physician specializing in the treatment of substance abuse, in June completed his second two-year term as chair of the AMA's Organized Medical Staff Section (OMSS). Dr.

Dr. McCormick

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AMAState-5/96

Continued from page 44

McCormick stepped down from the chair according to AMA protocol, which makes him ineligible for reelection.

Thomas H. Turner, MD, medical director, Saint Vincent Health Center's Serenity Recovery Program, Erie, was named adviser to the Physicians' Health Programs of the Pennsylvania Medical Society.

Donald P. Lookingbill, MD, professor of medicine and chief of dermatology, Penn State's Milton S. Hershey Medical Center, was named assistant dean for clinical affairs at the medical center.

Mercy Health System has appointed **J. Charabati, MD,** family practice physician, as vice president of medical affairs, Mercy Hospital, Wilkes-Barre.

Richard J. Weinstein, MD, a family physician at Norlanco Medical Associates, Lancaster, was appointed to the board of directors of the Samaritan Counseling Center, Lancaster.

Thomas Jefferson University, Philadelphia, has named **Anthony J. DiMarino Jr., MD,** as the William Rorer professor of medicine and chief, Division of Gastroenterology.

The American Heart Association has appointed **Donald W. LaVan, MD,** Villanova, vice president of the National Board of Directors of the association.

Dr. LaVan

Lehigh Valley Hospital, Allentown, has named **Gregory R. Harper, MD,** as director of the John and Dorothy Morgan Cancer Center and professor of medicine, Penn State's College of Medicine.

Susan C. Brozena, MD, associate professor of medicine, and **Barbara A. Schindler, MD,** professor of psychiatry and pediatrics, Allegheny University of the Health Sciences, Philadelphia, were named to the university's Executive Leadership in Academic Medicine Program for Women.

OBITUARIES

Joseph Bitman, MD, Philadelphia
Hahnemann University School of Medicine, 1938; age 81, died June 27, 1996. Dr. Bitman was a pediatrician.•

Fred J. Burkey, MD, Pittsburgh
University of Maryland School of Medicine, 1950; age 69, died June 24, 1996. Dr. Burkey was a general practitioner.•

Louis F. Burkley Jr., MD, Nazareth
Jefferson Medical College of Thomas Jefferson University, 1920; age 99, died June 16, 1996. Dr. Burkley was an obstetrician/gynecologist.•

Robert E. Chmielewski, MD, Huntingdon Valley
Jefferson Medical College of Thomas Jefferson University, 1959; age 63, died May 27, 1996. Dr. Chmielewski was an internist.•

Byron Clyman, MD, Norristown
Temple University School of Medicine, 1944; age 77, died May 17, 1996. Dr. Clyman was a dermatologist.•

Gerald W. Horan, MD, Drexel Hill
Temple University School of Medicine, 1929; age 91, died June 14, 1996. Dr. Horan was an ophthalmologist.•

W. Clair Merriman, MD, Beaver Falls
University of Pittsburgh School of Medicine, 1933; age 90, died May 31, 1996. Dr. Merriman was a pediatrician.•

Frederick Murtagh Jr., MD, Wynnewood
Temple University School of Medicine, 1943; age 79, died June 16, 1996. Dr. Murtagh was a neurological surgeon.•

Raymond Rau, MD, Verona
University of Pittsburgh School of Medicine, 1943; age 78, died June 30, 1996. Dr. Rau was a psychiatrist.•

Henry G. Sahl, MD, Philadelphia
Hahnemann University School of Medicine 1932; age 88, died May 31, 1996. Dr. Sahl specialized in cardiovascular diseases.•

Raymond C. Tomarelli, MD, Pittsburgh
University of Pittsburgh School of Medicine, 1942; age 80, died June 17, 1996. Dr. Tomarelli was an ophthalmologist.•

John T. Bracken, Glenside
University of Pennsylvania School of Medicine, 1936; age 86, died April 20, 1996. Dr. Bracken was a radiologist.

Margaret Chepko, MD, Penn Hills
Hahnemann University School of Medicine 1946; age 73, died May 5, 1996. Dr. Chepko specialized in emergency medicine

Paul C. Cipriano, DO, Norristown
Philadelphia College of Osteopathic Medicine, 1960; age 65, died April 30, 1996. Dr. Cipriano was a family practitioner

Silvio H. DiBlasio, MD, Sarver
University of Pittsburgh School of Medicine, 1942; age 78, died April 5, 1996. Dr. DiBlasio was an allergist.

Sharon P. Fischer, MD, Meadowbrook
Institute de Medicine, SI Farm, Romania; age 74, died July 9, 1996. Dr. Fischer was a hematologist/oncologist.

Louis B. Flexner, MD, Philadelphia
Johns Hopkins University School of Medicine, 1927; age 94, died March 29, 1996. Dr. Flexner was a research biologist.

Benjamin P. Houser Sr., MD, Summerland Key, FL
Jefferson Medical College of Thomas Jefferson University, 1934; age 87, died May 18, 1996. Dr. Houser was an ophthalmologist.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

Society Member and Husband Victims of TWA Crash

Clara J. Ersoz, MD, and **Namik Ersoz, MD,** Upper St. Clair, died July 17, 1996. The physicians were aboard TWA Flight 800 which exploded above the Atlantic Ocean off the coast of Long Island, New York.

Dr. Clara Ersoz, who retired as vice president of medical affairs at St. Clair Hospital in 1993, was a consultant in the field of health care quality management and a member of the State Society. She co-authored the book, *The Healthcare Manager's Guide to Continuous Quality Improvement.* A graduate of the University of Pittsburgh School of Medicine in 1962, she was an assistant professor in the Anesthesiology Department.

Dr. Namik Ersoz graduated from Tip Fakultesi Ankara Universitesi, Turkey, in 1956. He was an anesthesiologist at the Magee-Womens Hospital until his retirement in 1991.

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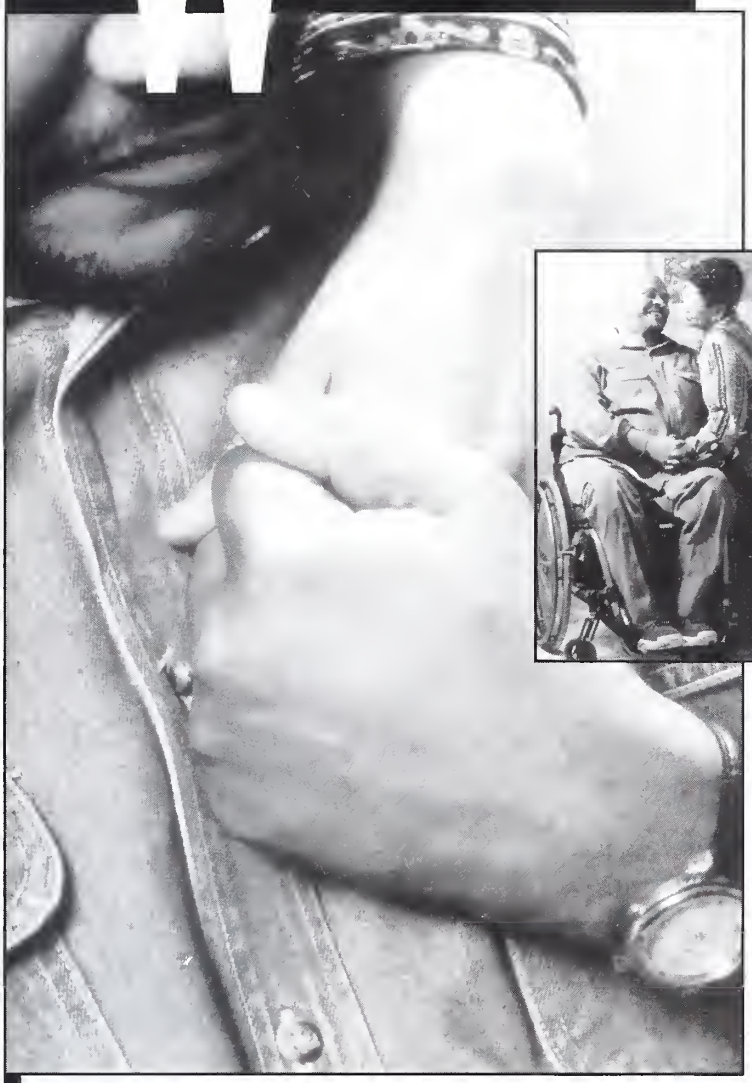

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PMSLIC Issues Semi-Annual Claims Statistics Report

The Pennsylvania Medical Society House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claims statistics to the House of Delegates on a semi-annual basis.

In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 issue of PENNSYLVANIA MEDICINE. The data included in the following tables is an update of PMSLIC's claims experience as requested by the resolution.

Note: To more accurately reflect PMSLIC's experience, the tables have been expanded to include all claims and suits indexed against PMSLIC insureds since the company's inception in 1978. The exhibits below represent data for January 1, 1978, through June 30, 1996.

Table 1: Joinders—Includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2: Number of claims and suits filed by specialty, January 1, 1978-June 30, 1996.

Table 3: Breakdown of PMSLIC claims and suits filed by specialty, January 1, 1978-June 30, 1996.

Individuals having questions or comments about this material should contact Jane L. Conley, Director of RiskCare, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375, (717) 558-7500, extension 501.

TABLE 1: Number of cases in which a physician is joined as an additional defendant by a hospital or physician

Since beginning tracking joinder data on April 7, 1987, 141 PMSLIC insureds were joined by other parties through June 30, 1996, as follows:

PMSLIC Insured Joined by:	Number of Times:
Hospital	66
Other Physician	23
Nursing Home	3
Manufacturer	2
Drug Company	4
Other	43
TOTAL	141

During the same period, PMSLIC joined 22 other parties, as follows:

Party Joined by PMSLIC:	Number of Times:
Hospital	2
Physician	11
Drug Company	1
Manufacturer	5
Other	3
TOTAL	22

TABLE 2: Number of claims and suits filed by specialty from January 1, 1978–June 30, 1996

Specialty	Total Claims and Suits
Allergy	29
Anesthesiology	541
Cardiac Surgery	32
Cardio-Thoracic Surgery	80
Cardio-Vascular Surgery	156
Cardio-Vascular & Thoracic Surgery	170
Cardiology	457
Colon-Rectal Surgery	4
Dermatology	156
Emergency Medicine	394
Endocrinology	4
Family Practice	912
Gastroenterology	61
General Med–Prescription Writing	2
General Practice	841
General Surgery	1,784
Geriatrics	3
Gynecology	75
Hematology	2
Hematology/Oncology	37
Industrial Medicine	18
Infectious Diseases	12
Internal Medicine	2,124
Nephrology	15
Neurology	209
Neurosurgery	458
Nuclear Medicine	3
OB/GYN	1,858
Oncology	21
Ophthalmology	449
Orthopedics	23
Orthopedic Surgery	1,924
Otolaryngology	320
Pathology	78
Pediatrics	467
Plastic Surgery	455
Preventive Medicine	1
Proctology	11
Psychiatry	97
Pulmonary Diseases	16
Radiation Oncology	3
Radiology	752
Rehabilitation/Physiatry	151
Rheumatology	23
Thoracic Surgery	78
Urology	316
Vascular Surgery	39
Vascular/Thoracic Surgery	8
Physicians NOC	124
Other Practitioners	
Nurse Anesthetist	19
Nurse Midwife	10
Nurse Practitioner	4
Physician's Assistant	7
Physiotherapist	2
Registered Nurse	8
Surgical Technician	4
X-Ray Technician	2
Other Practitioner	2
Corporate Liability	1,760
Partnership Liability	84
GRAND TOTAL	17,687

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire tim period represented.

TABLE 3
Breakdown of PMSLIC claims and suits filed by specialty
January 1, 1978–June 30, 1996*

Specialty	# Open C & S	Closed Settlement No Loss Payment # C & S	Closed Settlement No Loss Payment Avg Exp Pmt	Closed Verdicts No Loss Payment # C & S	Closed Verdicts No Loss Payment Avg Exp Pmt	Closed Settlements with Loss Payment # C & S	Closed Settlements with Loss Payment Avg Loss Pmt	Closed Settlements with Loss Payment Avg Exp Pmt	Closed Verdicts with Loss Payment # C & S	Closed Verdicts with Loss Payment Avg Loss Pmt	Closed Verdicts with Loss Payment Avg Exp Pmt
Physician Specialties											
Allergy	6	16	$ 2,670	1	$ 52,531	5	$30,500	$ 9,874	1	$200,000	$42,595
Anesthesiology	84	234	3,955	23	21,472	194	32,903	4,656	6	112,507	36,818
Cardiac Surgery	1	24	5,446	5	21,588	2	26,250	498	0	-0-	-0-
Cardio-Thoracic Surg.	24	39	7,924	6	33,715	11	79,091	20,860	0	-0-	-0-
Cardio-Vasc. Surg.	23	72	4,359	11	47,725	47	75,146	10,241	3	300,000	36,336
Cardio-Vascular & Thoracic Surgery	43	96	4,512	7	18,234	21	109,667	15,090	3	72,678	41,016
Cardiology	148	260	5,741	6	24,551	40	88,847	12,073	3	100,583	38,581
Colon-Rectal Surgery	2	2	345	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatology	25	84	4,565	13	19,994	31	36,834	8,511	2	14,750	22,848
Emergency Medicine	34	212	5,461	31	24,606	104	68,492	10,721	13	31,579	13,219
Endocrinology	3	1	5,626	0	-0-	0	-0-	-0-	0	-0-	-0-
Family Practice	234	445	5,980	44	25,512	182	90,094	10,521	7	154,054	30,921
Gastroenterology	15	32	3,609	2	15,959	12	48,604	14,567	0	-0-	-0-
Gen Med-Prescrip Writing	1	1	1,110	0	-0-	0	-0-	-0-	0	-0-	-0-
General Practice	93	436	4,736	49	30,617	256	67,933	9,373	7	261,379	41,202
General Surgery	211	849	5,617	134	27,235	560	73,041	10,307	30	108,921	31,946
Geriatrics	2	1	8,658	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecology	9	35	4,567	2	26,150	28	72,732	9,099	1	3,289	2,388
Hematology	0	2	5,414	0	-0-	0	-0-	-0-	0	-0-	-0-
Hematology/Oncology	24	9	5,790	1	31,806	3	41,667	1,876	0	-0-	-0-
Industrial Medicine	1	12	3,378	1	6,164	3	133,500	23,630	1	4,000	5,241
Infectious Diseases	6	6	4,563	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	445	1,166	6,771	111	28,831	375	73,718	12,391	27	103,077	40,555
Nephrology	8	7	4,140	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	61	118	6,336	9	26,444	20	92,658	16,463	1	50,000	755
Neurosurgery	74	237	7,271	37	32,989	102	78,916	17,576	8	118,889	408,453
Nuclear Medicine	0	2	2,247	0	-0-	1	60,000	75	0	-0-	-0-
Ob/Gyn	348	831	6,015	115	30,533	521	88,737	11,037	43	74,696	30,931
Oncology	8	12	3,114	0	-0-	1	4,000	1,948	0	-0-	-0-
Ophthalmology	96	233	3,418	26	24,661	89	79,776	9,712	5	116,559	-0-
Orthopedics	0	14	4,976	2	20,066	7	27,429	7,373	0	-0-	-0-
Orthopedic Surgery	213	979	5,135	173	28,063	532	65,084	9,771	27	85,994	-0-
Otolaryngology	32	167	4,986	30	24,083	81	59,125	9,425	10	73,692	39,681
Pathology	25	36	5,452	2	52,840	14	105,821	12,038	1	8,333	3,236
Pediatrics	101	237	7,365	35	36,197	89	97,021	16,619	5	551,911	40,221
Plastic Surgery	112	204	4,074	32	26,721	97	47,637	7,818	10	71,858	35,548
Preventive Medicine	0	1	21,584	0	-0-	0	-0-	-0-	0	-0-	-0-
Proctology	0	3	8,636	0	-0-	8	130,000	14,802	0	-0-	-0-
Psychiatry	23	52	6,588	6	30,838	15	76,520	19,340	1	200,000	28,258
Pulmonary Diseases	14	2	1,060	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiation Oncology	2	1	0	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	155	424	5,630	24	35,659	138	64,713	10,639	11	96,058	24,533
Rehabilitation/Physiatry	50	90	7,356	4	19,065	7	87,500	13,461	0	-0-	-0-
Rheumatology	17	4	7,631	1	42,566	1	8,500	827	0	-0-	-0-
Thoracic Surgery	9	46	7,994	1	12,032	21	70,835	8,373	1	83,718	42,612
Urology	74	143	5,359	21	23,803	72	51,283	8,797	6	108,581	34,713
Vascular Surgery	9	19	5,302	4	43,728	7	79,643	18,351	0	-0-	-0-
Vasc. & Thoracic Surg.	2	6	7,070	0	-0-	0	-0-	-0-	0	-0-	-0-
Physicians NOC	21	55	5,392	11	27,185	29	52,528	5,931	2	581,392	70,304
Other Practitioners											
Nurse Anesthetist	2	6	3,852	0	-0-	11	22,028	2,183	0	-0-	-0-
Nurse Midwife	6	1	18,793	0	-0-	3	91,819	3,011	0	-0-	-0-
Nurse Practitioner	3	0	-0-	1	6,265	0	-0-	-0-	0	-0-	-0-
Physician's Assistant	1	4	2,881	0	-0-	2	80,000	91	0	-0-	-0-
Physiotherapist	1	0	-0-	0	-0-	1	5,000	-0-	0	-0-	-0-
Registered Nurse	0	6	3,923	0	-0-	2	5,500	134	0	-0-	-0-
Surgical Technician	0	4	4,681	0	-0-	0	-0-	-0-	0	-0-	-0-
X-Ray Technician	0	2	767	0	-0-	0	-0-	-0-	0	-0-	-0-
Other Practitioner	1	0	-0-	0	-0-	1	4,000	2,923	0	-0-	-0-
Corporate Liability	712	846	5,273	103	17,342	87	89,462	10,595	12	286,734	23,577
Partnership Liability	35	41	5,220	5	21,163	2	53,500	2,704	1	195,000	32,728
GRAND TOTALS	3,649	8,867	$5,623	1,090	$27,316	3,833	$72,001	$10,510	248	$120,292	$32,053

Claims and suits filed during this period resulted from policy years 1978-1996. PMSLIC's limit of liability is $100,000 per incident for policy years 1978-1982, $150,000 for 1983, and $200,000 for 1984-1996.

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

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PENNSYLVANIA MEDICINE will publish this listing of health care-related meetings each month as a service to its readers. Due to space limitations, th magazine is unable to publish complete details about each offering. Call the contact person for specifics such as program topics, speakers, CM credit hours, and registration fees. Send announcements to: Calendar, PENNSYLVANIA MEDICINE, P.O. Box 8820, Harrisburg, PA 17105-8820; fax t (717) 558-7840; e-mail to *mboyer@pamedsoc.org*. Listings may be edited and are used at the discretion of the editors.

September 19-21, 1996
Pennsylvania Oncologic Society and Pennsylvania Society of Hematology and Oncology
First Joint Scientific Meeting
Wyndham Franklin Plaza Hotel, Philadelphia
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

September 23, 25, 27, 1996
One-Day Seminar: Employment Law
Sponsored by the Pennsylvania Medical Society
CONTACT: Linda Boyer, (800) 228-7823, ext. 1488, for dates, locations, and to register

September 26-28, 1996
Pennsylvania Chapter American College of Cardiology Scientific Meeting
Westin William Penn, Pittsburgh
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

September 27-29, 1996
Pennsylvania Society of Gastroenterology Annual Meeting
Yorktowne Hotel, York
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

October 2, 9, 30, 1996
November 6, 1996
One-Day Seminar: Managed Care Contracts
Sponsored by the Pennsylvania Medical Society
CONTACT: Linda Boyer, (800) 228-7823, ext. 1488, for dates, locations, and to register

October 9, 1996
One-Day Seminar: Utilizing Physician Assistants
Sponsored by the Pennsylvania Medical Society and the Pennsylvania Society of Physician Assistants
Westin William Penn Hotel, Pittsburgh
CONTACT: Jeff Greenawalt, (800) 228-7823, ext. 1459

October 11-13, 1996
Pennsylvania Chapter American College of Emergency Physicians
Ultimate Review of Emergency Medicine
Adam's Mark Hotel, Philadelphia
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

October 15, 16, 17, 1996
One-Day Seminar: How to Run a More Profitable Practice
Sponsored by the Pennsylvania Medical Society
CONTACT: Linda Boyer, (800) 228-7823, ext. 1488, for dates, locations, and to register

October 18-20, 1996
Pennsylvania Medical Society Annual Business Meeting
Hershey Lodge & Convention Center, Hershey
CONTACT: Kay Barrett, (800) 228-7823, ext. 1406

October 22, 23, 24, 1996
One-Day Seminar: Getting Started in Medical Practice
Sponsored by the Pennsylvania Medical Society
CONTACT: Linda Boyer, (800) 228-7823, ext. 1488, for dates, locations, and to register

October 24, 1996
One-Day Seminar: Managing A Physician's Office Laboratory
Sponsored by the Pennsylvania Medical Society
Pennsylvania Medical Society Headquarters, Harrisburg
CONTACT: Jeff Greenawalt, (800) 228-7823, ext. 1459 (information); Linda Boyer, ext. 1488 (registration)

October 24-25, 1996
Eastern Chapter Surgeons Scientific Meeting
Lackawanna Station Hotel, Scranton
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

November 1996
One-Day Seminar: Workers' Compensation
Sponsored by the Pennsylvania Medical Society
See page 26 for dates and locations.
CONTACT: Linda Boyer, (800) 228-7823, ext. 1488

November 1, 1996
Pennsylvania Chapter American College of Emergency Physicians
Annual Reimbursement Seminar
Holiday Inn Conference Center, Harrisburg
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

November 1, 1996
Pennsylvania Society of Addiction Medicine Annual Meeting
Adams Mark Hotel, Philadelphia
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

November 5, 6, 7, 1996
One-Day Seminar: OSHA Regulations
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November 13-16, 1996
Pennsylvania Orthopaedic Society Fall Scientific Meeting
Sheraton Station Square Hotel, Pittsburgh
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

December 8-11, 1996
American Medical Association Interim Meeting
Marriot Marquis, Atlanta, GA
CONTACT: AMA, (800) 262-3211

December 9-11, 1996
Pennsylvania Chapter American College of Emergency Physicians
2nd Annual Emergency Department Information Systems Symposium
Doubletree Hotel, Philadelphia
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

Board Meetings of the Society and its Subsidiaries

Board meetings of the State Society and its subsidiaries are held periodically throughout the year, usually at Society headquarters in Harrisburg. Below is a listing of meetings scheduled during the next year. If you have questions about the workings of a board, or if you would like to have an issue considered, contact your district trustee or a company director, or write to the chairman of the board of the appropriate entity.

Pennsylvania Medical Society Board of Trustees
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January 7-8, 1997; March 11-12, 1997; May 13-14, 1997; July 8-9, 1997; September 9-10, 1997

Pennsylvania Medical Society Educational and Scientific Trust Board of Directors
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September 26, 1996; December 2, 1996

PennMed Member Services Company (PMSCO) Board of Directors
P.O. Box 8820, Harrisburg, PA 17105-8820
January 16, 1997; April 16, 1997; July 17, 1997; October 8, 1997

Pennsylvania Medical Society Liability Insurance Company (PMSLIC) Board of Directors
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November 6, 1996; January 15, 1997; April 9, 1997; June 5-7, 1997; September 17, 1997; November 12, 1997

Keystone Peer Review Organization (KePRO) Board of Directors
P.O. Box 8310, Harrisburg, PA 17105-8310
December 4, 1996

Volume 99
Number 10

PENNSYLVANIA MEDICINE®

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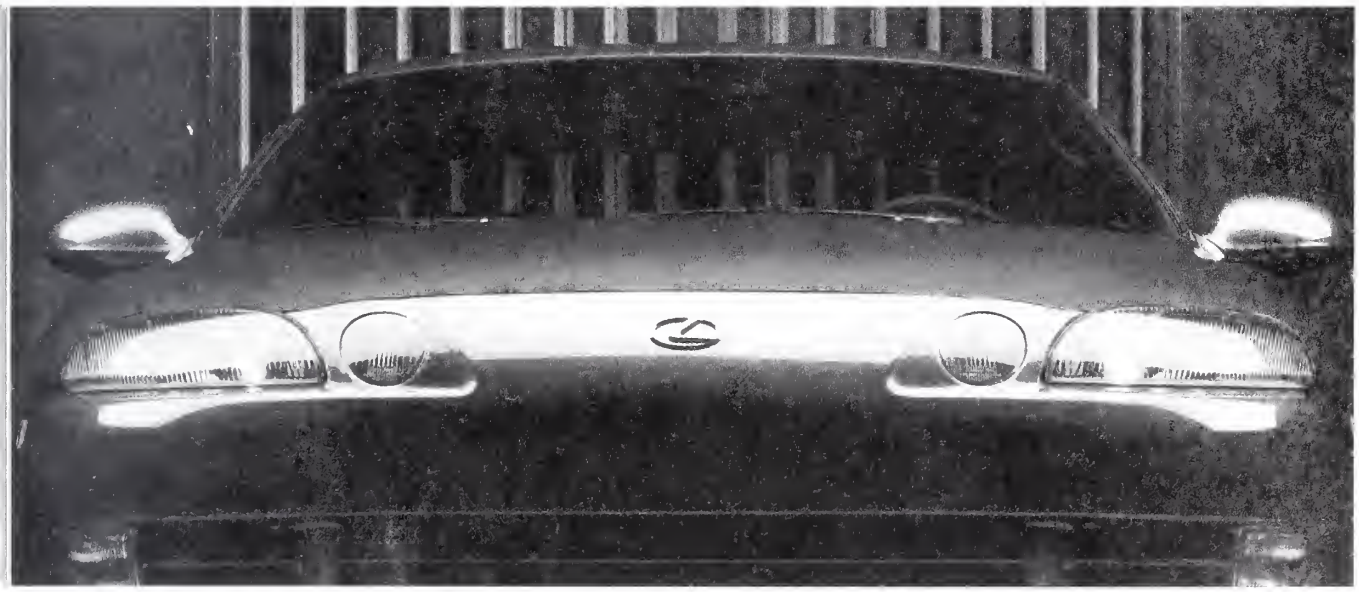

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Volume 99
Number 10

PENNSYLVANIA MEDICINE®

October
1996

14 Legal Matters

Health Care Fraud: Even Innocent Physicians Are Not Immune

Whether you're sure you are totally innocent, have witnessed fraud, or worry that you've crossed the line, you should be aware that Medicare fraud enforcement is only getting tougher.

Cover illustration by Tad Herr, Stephan and He
Illustration and Graphic Design, Marietta, P

22 Physician Integration

Revised Antitrust Guidelines Are Good News

One of the nation's leading antitrust lawyers analyzes revised federal guidelines that should encourage network development by physicians.

4 Meet the President

A Case for Unity, Collegiality

He's an advocate of patients, he's politically adept, and this month he becomes the State Society's 147th president. Meet Victor F. Greco, MD, in this exclusive interview.

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ssues of Interest

8 Medical Licensure
Though worrisome, license reviews protect medicine

6 Physician Integration
Risk arrangements differ in style, purpose

8 Tips for Office Staff
Maximize your workers' comp billing recovery

0 Practice Management
Consider a new alternative to government regulation of office labs

4 Women in Medicine
Student leader discusses need for public education

8 Drug Education
The latest information about smoking-cessation treatments

0 Integration Insider
Continued analysis of the emerging health care marketplace

oices in Medicine

0 Presidential Viewpoint
Looking back at the year that was

2 Letters to the Editor
Is "Wal-Mart" medicine in the future?

nsert: Deadline News

epartments

2 Physicians' Update
6 People in Medicine
7 Obituaries
39 Advertisers' Index
41 Classified Advertising
44 Calendar

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A Case for Unity, Collegiality

Maria M. Boyer

If you looked up the word "overachiever" in the dictionary, you just might find the name Victor F. Greco, MD, listed as an example. But that's a good thing for medicine. Dr. Greco—soon to be the State Society's 147th president—has given much of himself to the profession and the public since he graduated from Hazleton Senior High School in 1944.

His medical career began in the U.S. Army Medical Division in Denver, Colorado, where he trained x-ray technicians. He went on to graduate magna cum laude from the University of Scranton and received his medical degree from Jefferson Medical College. His first medical honor was his election to the Alpha Omega Alpha Honor Society at Jefferson; his second was the opportunity to train and work with John H. Gibbons Jr., MD, the developer of the heart-lung machine. Dr. Greco helped with the research of that development and was also honored to work on the team that performed the first successful open heart surgery in the world in 1953.

Abstract

On October 19, 1996, the State Society will inaugurate Victor F. Greco, MD, as its 147th president. This summer, Dr. Greco talked with PENNSYLVANIA MEDICINE about his medical and political careers, the road to the presidency, and his hopes for the year to come.

In 1956 he returned to Hazleton to open a solo practice in general and thoracic surgery. Forty years later, he's on the active staff at Hazleton-St. Joseph's Medical Center and on the honorary staff of Hazleton General Hospital. His activities and accolades over that 40 years are far too extensive to list, but this sampling of highlights shows just what impression he's left on medical and political communities in Pennsylvania and across the U.S.:

- served as deputy secretary of health for the Commonwealth of Pennsylvania under Governor Robert P. Casey;
- served as a member and chairman of the Pennsylvania State Board of Medicine;
- appointed to the Advisory Council to the Director of the National Institute of Health under President Carter;
- developed the first prototype cancer screen ing clinic in the U.S, which had been funde by the National Cancer Institute;
- nominated to President Clinton's Nationa Health Board;
- asked to serve on Representative Newt Gin grich's Medical Care Reform Advisory Com mittee; and
- played an instrumental role in starting th physician assistant program at Kings College Wilkes-Barre.

Dr. Greco has also given a good deal of his tim to organized medicine—early in his career at th county level, and more recently at the state an national levels. He most recently served as vic chairman of the board of the State Society, an continues as a delegate-at-large and a member c the Executive Committee of the Pennsylvani Delegation to the AMA.

"The State Society," he says, "is where I an spending most of my time now." And that is good thing for the membership: With an over achiever at the reigns, it's sure to be an excitin and energetic year.

Q: Dr. Greco, what do you like most about being a doctor?

I think, obviously, we're all attracted to medi cine because we want to help people. I set my goa when I was five years of age that I was going to b a surgeon, and I've never deviated from that goal I get a tremendous sense of satisfaction fron watching somebody come in who has a problen and being able to correct it most times…it's seein something, getting it done, and having people wh are well and whole again.

Q: What is the most important issue facing physicians today?

The greatest issue facing physicians today i that managed care has now come onto the scene The unfortunate part of all this is that doctors

those compelling reason for being in medicine is to help people and do the best they can, find themselves between a rock and a hard place trying to practice the best medicine they possibly can and yet keep their eyes on cost containment.

Q: You've been a member of all levels of organized medicine all your professional life. Why do you believe in organized medicine?

Well, I think it goes back to the old idea that unless one is organized, and unless you have the numbers, you don't have the strength of being able to deal with what people are talking about right now. Doctors, by and large, are so busy with their practices that they don't have time to make their desires and their wishes known. They don't have time—as they once did—to support organized medicine and its goals and objectives. They don't have time to do what they must to be a patient's advocate, but it is important that they do find that time to become involved.

When physicians organize in great numbers, there are enough qualified people who can find the time to represent them, and they can speak in a unified voice and demand attention. And the larger that voice, the better, because those listening have no choice but to stand up and take notice, as was evidenced by the successful tort reform rally in May. That's the importance of organized medicine. We can be a strong voice advocating for patients. And once we advocate for patients, we can also do what's right for physicians and medicine.

Q: How is the State Society keeping current?

The Society's mission has changed drastically over the years. Initially, it was set up for educational purposes, ethical purposes, and collegiality. That has all changed because of the tremendous pressures on physicians with managed care, because of the tremendous pressures on physicians with liability malpractice suits, because of changing laws and regulations, and because of the growing demands by employers upon physicians.

Organized medicine will always exist as an advocate of patients, but in the meantime, in order to make the physician's life easier, the Society now must deliver services that physicians never thought of before. One is lobbying the legislators—for tort reform, for workers' compensation reform, for workplace changes. Another is understanding and coping with managed care. The State Society, seeing the need to help, set up the PennMed Member Services Company (PMSCO) to help physicians organize groups, understand hospital and managed care contracts, and deal with HMOs or any big employer. Because PMSCO was set up by the Society, physicians trust the company

Victor F. Greco, MD, 147th president of the Pennsylvania Medical Society

A special invitation: Dr. Greco invites members to contact the State Society if they or their organizations—of any kind—wish him to visit or speak. Contact Kay Barrett at (800) 228-7823, ext. 1406, or e-mail: *stat@pamedsoc.org.*

to speak on their behalf. And PMSCO can offer an organized message in the corporate practice of medicine.

Doctors as individuals don't have the time to do these things, and organized medicine can be their voice to help them deal with these problems, leaving doctors to do what is most important—practice medicine.

Q: What prompted your pursuit of the presidency?

I don't think I pursued the presidency. At least, I would like to imagine myself as not having pursued it. I was always a member of organized medicine, since I first started practice. The first thing I did was join the AMA, the State Society, and the county medical society. That's what everybody did back then.

I stayed active on the county level in various positions from the start, but with my solo practice growing, I didn't have time to be active on the state level. When things began to settle in, I found I could make time and found people who could cover for me, and I was then able to get involved on the state level with councils, commissions, and

You can get a lot more done if you don't care who gets the credit for it.

—A philosophy to live by, according to Dr. Victor Greco

committees. I enjoyed that. We were able to solve problems, and there was tremendous input from physicians.

When an opening came up for our district trustee, I was urged to go for it, and I did. As I sat around the board table and saw the tremendous problems organized medicine had to deal with—and I guess all my life being a political animal—I was able to combine both my desire to push forward what organized medicine was really all about and also to enjoy politics to its utmost. I found myself enjoying it very much.

As they say in politics, if you're in the right place at the right time, things happen. And the presidency came about that way. I had the training and experience and a lot of years behind me, and fortunately the members of the Society thought perhaps I could do a job for them as the president. For that I am extremely grateful and extremely proud.

Q: What do you anticipate your challenges will be for the next year as president?

We have several large challenges ahead of us. One is the continued declining membership. An organization cannot exist unless it has members, and I certainly did not ascend this presidency to watch over the wake or the funeral of organized medicine. I intend, with all the vigor I have, to see that membership is improved. Female physicians, young physicians, international medical graduates, specialists—we're all physicians, and we have to act as physicians and be united. I hope to get this message across to all physicians in the state...we need to show them what we can do for them in organized medicine. I intend to be the spokesperson for the State Society and do it as best I can for all of organized medicine, all physicians in the state. Hopefully by doing this, we can get people to realize that there is a place in orga nized medicine for everybody, and membershi is worth their dues.

Our second challenge is going to be to hel physicians get along in the managed care environ ment we talked about earlier. Physicians need t understand that they still must be in control of th practice of medicine and that they can if the cooperate and work with the State Society and le the Society help them.

Finally, it's no secret that we have tremendou legislative problems. Tort reform is still one of ou major issues. We still have to get fair compensa tion for fair work. Also, we have a lot of problem with people thinking physicians are being over paid, and this is not true. Perhaps years ago tha may have been a valid argument, but it isn't today I see these as the major issues we're going to b faced with.

Q: Public health has been a big issue for you in the past. Will that be an issue of personal interest as president?

We must always push forward to preserve the health of our citizens in the state, and we do that through public health measures. As you probably know, I've been an advocate, a spokesperson fo AIDS for a long, long time. I will also continue t push for immunization for all children in Pennsylvania which, of course, is Society policy. Public health is a very important issue.

Q: Have you given any thought to what you might say in your inaugural speech?

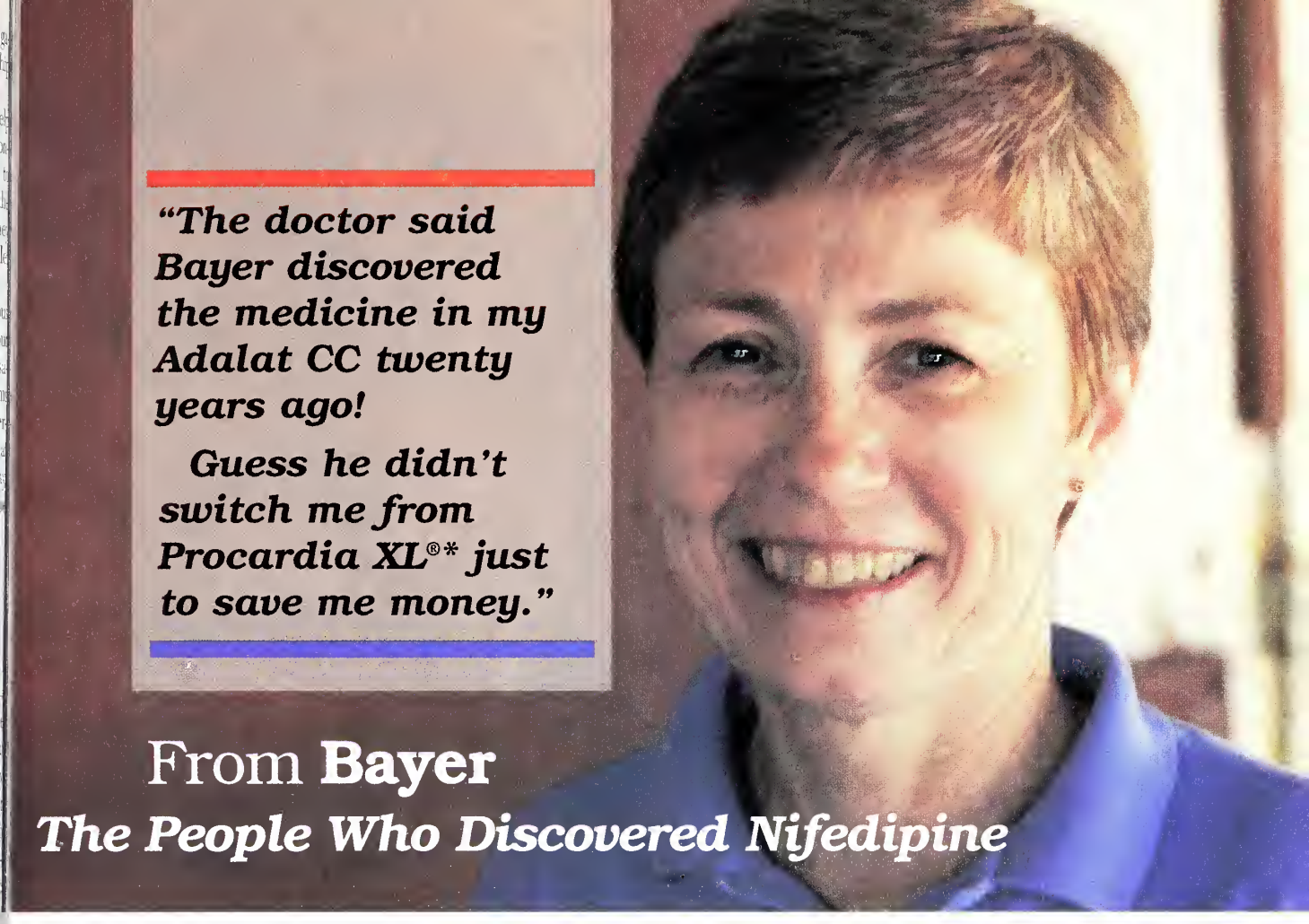
All my life I've spoken from my heart—what I feel and how I feel. I touched on many issues today which I'm sure I will be addressing in my inaugural speech. There are many things that I think are important, including unity and collegiality. These are things that are important to the Society and to all doctors in Pennsylvania.

Q: Is there anything you would like to add?

All I can say is that I am looking forward to this year...as a challenge, but not so much a challenge as an opportunity to do something. I believe people in leadership positions should be directors and push along the important issues...and a good leader is one who is serving his members. If I can do what the members want, I will have been a good president.

AUTHOR BIOGRAPHY

Mrs. Boyer is assistant managing editor of PENNSYLVANIA MEDICINE.



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Please see next page for a brief summary of Prescribing Information.

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CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, pharyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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PRESIDENT'S VIEWPOINT

Looking Back at the Year that Was

For years, tort reform has been one of the highest priorities of the State Society—and this past year was no different, as tort reform remained our major focus.

Dr. Rhoads

In the two decades leading up to 1995, the Society on several occasions attempted to introduce and pass legislation to modify the current tort laws. We failed each time, in large part because there was little grassroots support. Legislators did not hear from physicians.

A year ago it was apparent that there would be a very noxious challenge to our complacency in the form of a large CAT Fund surcharge that all physicians would have to pay. That was followed by an increased surcharge for 1996. Anticipating the impact of large surcharges on pocketbooks, Representative J. Scot Chadwick (R-Bradford) introduced legislation for tort reform based on long-standing positions of our House of Delegates.

House Bill 2122 was introduced in October, a week before our House of Delegates meeting. At a press conference, Representative Chadwick and then Society President John Hobart, MD, spoke on the necessity for reform legislation. The bill was referred to the House Judiciary Committee, chaired by Thomas Gannon, a trial lawyer from Delaware County. He vowed to bury the bill.

In my address to the House of Delegates as president elect, I anticipated considerable unrest among physicians and a willingness to communicate with legislature. I urged them, "Now is the time for physicians to demand tort reform."

In a December meeting at Society headquarters, state specialty leaders, physicians, and staff, as well as other interested persons, came together to discuss House Bill 2122 and our proposals for tort reform. We planned a rally at the Capitol in Harrisburg for Tuesday, January 23, 1996, to bring our message forcefully to the attention of the legislature. Many individuals signed petitions to support the dozen provisions of House Bill 2122. These were collected by the Society, which patiently waited for the right moment to present them to legislators.

The weather in January was dramatic and postponed our hopes of a convincing rally for tort reform; but in late January, Representative Chadwick sought to apply the provisions of House Bill 2122 as amendments to another bill which appeared to be moving through the House. The trial lawyers heard of the proposed amendments and insisted that hearings be held.

Betty Cottle, MD, former chairman of the board of the Pennsylvania Medical Society Liability Insurance Company, and I testified for the State Society, and Arthur Picone, Esq., testified as president of the Pennsylvania Bar Association.

We were followed by the president of the Trial Bar and Michael Okin, MD, speaking as president of the Pennsylvania Orthopaedic Society. Four of us exhausted the available time before all the scheduled speakers had been heard. Committee Chairman Gannon said he would schedule additional hearings, but did not do so for months.

The May 7 rally was a spectacular event. We had a gorgeous day; 2,800 people—including 2,000 physicians—assembled at the Farm Show Complex and were bused from there to the Capitol. Buses emptied their passengers in front of the East Wing, and a number of others unloaded to the west near the river. These ralliers walked up State Street, the broad avenue to the Capitol carrying blue-and-white signs which read, "Tort Reform Now." It reminded me of a football rally in college, except the participants were doctors with a very serious purpose.

Afterward, many of us had an opportunity to visit our own representatives and express our views to them.

The following week, Representative Chadwick was able to amend Senate Bill 790, which was moving through the House. Five votes were called over a period of eight hours on the day this was considered. It takes 102 "yea" votes to pass an issue in the House. The first vote was on a motion that the amendments were not germane; the House voted that the amendments are germane with an affirmative of 108. The next vote was that the amendments were unconstitutional; the House voted with 112 "yea" votes that the amendments are constitutional.

> "We have real accomplishments to show for our efforts."

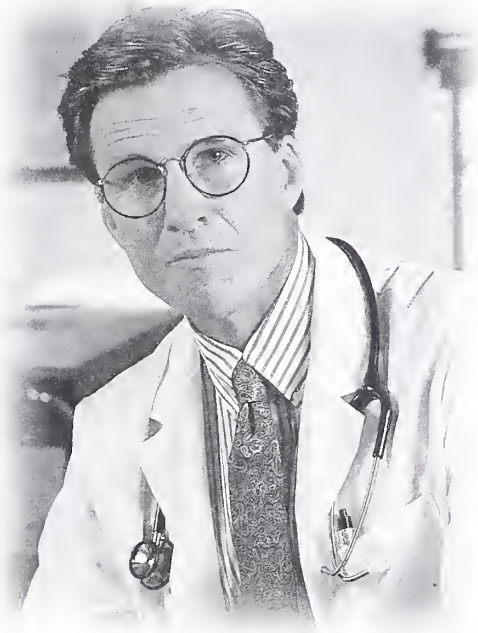
The most crucial vote was on whether to refer the bill back to committee, and it was not referred by 105 votes. The bill was then amended with 126 votes, and the amended bill was passed with about 150 votes, much to the disappointment of the trial lawyers. For the next six weeks the legislature grappled with the budget, amendments to the workers' compensation laws, and other matters, then recessed for the summer.

Since that time the Society has spoken with staff of the Senate leadership to discuss certain flaws pointed out in the House debate and has had detailed deliberations with the Trial Lawyers Association to identify their concerns with the amendments to Senate Bill 790. We are anticipating Senate action on this bill in the fall.

"The courtroom

is no place to practice medicine. A couple of years ago one of my patients sued me for failing to diagnose her breast cancer. Her

argument was emotional — even compelling. I felt myself being drawn into an argument of what was right and what was wrong. We could have lost that case. But we held our ground, presented the facts... and our defense prevailed. I can't tell you how important it was to hear a verdict in my favor. It's reassuring to know that PMSLIC is an insurance company that believes in defending good medicine. PMSLIC supported me with a team of doctors and insurance professionals. As doctors, we all get solicitations from companies promising to save thousands in premiums. But now I know why they say "you get what you pay for." I'll never take another chance with my practice, or my peace of mind. I'll always be insured by PMSLIC."



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Continued from page 10

Other efforts

Other issues remain priorities as well, most notably managed care. Our subsidiary, the PennMed Member Services Company (PMSCO), advises physician groups on how to build organizations to participate in the managed care arena. PMSCO is becoming increasingly popular and is currently advising more than 30 groups of doctors around the state, some of which are beginning to receive contracts.

In addition, PMSCO was instrumental in changing state insurance regulations to permit physician groups to accept risk for delivery of health care without having to have the large reserves required of insurance companies.

In other wins:

- A bill requiring insurance companies to pay for 48 hours of hospital care following a delivery was signed into law. Also written into it are provisions against "gag rules" in managed care contracts and certain limitations on deductibles and copays.
- A bill using a reasonable person standard for judging whether a visit to an emergency room should be paid for by insurance companies was signed into law.
- Since our 1994 court battle victory, physicians continue to receive payments from Medical Assistance for the care of qualified Medicare beneficiaries, otherwise known as dual eligibles. Pennsylvania physicians in aggregate have received over $60 million of additional payments.
- Pennsylvania succeeded in having William Mahood, MD, a gastroenterologist from Montgomery County, elected to the AMA Board of Trustees, and Ronald Clearfield, MD, a radiologist from Westmoreland County, reelected to the AMA Council on Constitution of Bylaws.

It has been a challenging year, but we have real accomplishments to show for our efforts. It has been a great privilege to serve as your president this year.

The matter on which we have focused the most—tort reform—is up in the air at this writing and will continue to require intense grassroots lobbying on the part of physicians before the Senate. Since the version the Senate will pass is likely to be different from what the House has passed, it will then have to go back to the House for concurrence with any changes the Senate makes, all before the end of the year. To help us help you, contact your senator. Let's put this lingering matter to rest once and for all.

Jonathan E. Rhoads Jr., MD
President

LETTERS TO THE EDITOR

Is "Wal-Mart" Medicine in the Future?

In his commentary ["A Prescription for Healing the System," PENNSYLVANIA MEDICINE, July 1996], Steve Lopez blames Wall Street for the changes presently occurring in the health care system. This is too simplistic. Wall Street is only filling a vacuum. The real fault lies with ourselves and our government.

The American people have come to value two things over all else with regard to goods and services—cheap and convenient. Quality may be talked about, but tends to get lost in the muddle. The demise of innumerable small businesses such as bakeries, butchers, and small restaurants in favor of the likes of massive supermarkets, McDonald's, and Wal-Mart is ample testimony to that promise. HMOs are simply an extension of that unfortunate trend in American life to the health sector.

There also seems to be a pervasive feeling among our countrymen that they should not have to pay for their health care, that they should not have to budget for illness and medical services, even the least expensive. Let someone else pay—my employer, the insurance company, the government—but don't raise my taxes!

As for the government, we have a veritable patron saint of managed health care sitting in the White House. President Clinton will not support legislation regulating HMOs, nor will he support medical savings accounts, probably our best hope at present against the HMO onslaught. And although the president's health care proposal did not start the transition to HMOs, it lent immeasurable support to their propagation. I might also add that that same president, a Democrat who at the time had a solid Democratic majority in Congress, completely botched the public mandate he had at that time for reasonable health cost restructuring.

Americans must accept the fact that they will have to bear some of the burden of paying for their care themselves with the aid of a catastrophic umbrella insurance policy. If not, Americans must be prepared for one of two alternatives—"Wal-Mart" medicine or a socialized system. We in health care must see to it that costs are reasonable and that patients are treated with dignity and respect in order to regain our patients' trust.

If as a society we handle things properly, we will not have to worry about Wall Street getting between the doctor and the patient.

William J. Meisler, MD
Harrisburg

Talk to Us!

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

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"The attorney assigned to represent me in this [medical malpractice] case was quite special. I will never forget the opening day of the trial. The plaintiff's attorney . . . tried to obscure and conceal some salient and critical points of the case . . . Then [my attorney] stood and delivered his opening with eloquence in a convincing manner. He shed light on the nature of our defense with clarity. What a feeling of relief that was!

"My special thanks to [our medical expert], who tightened quite a few loose ends in our defense. He really had an enormous impact on behalf of our case which I feel helped the jury shape their final verdict.

"In conclusion, one of the most important highlights in my medical career, so far, occurred [on that day] when I was exonerated by the jury and again, I am glad that I have a very good malpractice insurance company behind me."

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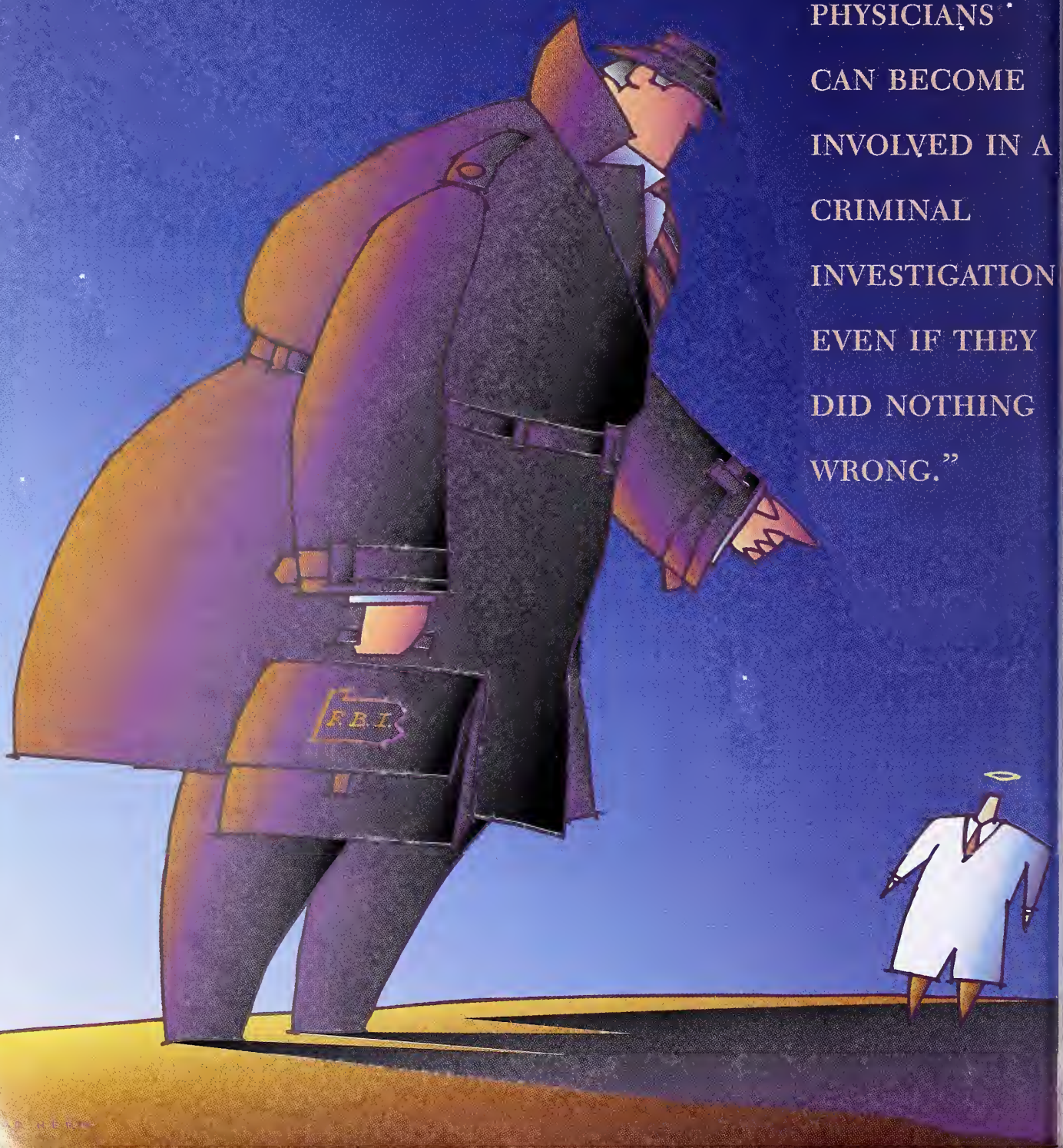


Even Innocent Physicians Are Not Immune

Jane G. Penny, Esq.

No one can afford to ignore the law enforcement community's increasing emphasis on health care fraud. For years, the issue has been heating up; however, Attorney General Janet Reno has now positioned the fight against health care fraud as the number two priority of the United States Justice Department—right behind terrorism.

Why? Government statistics show that taxpayers are losing billions annually to health care criminals. A recent General Accounting Office report estimated that between $30 billion and $100 billion was lost yearly to health care fraud, based on estimated 1995 health care expenditures of over $1 trillion.

Abstract

Whether you're sure you're totally innocent, have witnessed fraud, or worry that you've crossed the line, Medicare fraud enforcement is only getting tougher.

Currently, the Middle District of Pennsylvania has approximately 30 FBI agents assigned full time to health care fraud, and more agents are continually assigned across Pennsylvania every year. Nationally, legislation is pending that would add 475 new FBI employees, bringing the total to 720, to expand law enforcement efforts directed at health care fraud.

Additionally, the FBI will soon announce the addition of a section in its annual Uniform Crime Report to track provider fraud. To our knowledge, this new health care section will be the first time the FBI has decided to highlight a specific industry affected by white collar crime. All of this attention is sufficient reason for every practicing physician to take a look at the enforcement issues involved.

In our experience, physicians say either they have never heard of any Pennsylvania physicians getting caught up in a fraud investigation, or, if they have, they believe the physicians paid their way out of trouble with a fine. Unfortunately, we have to tell them we have seen physicians face significant jail time for their billing practices.

The FBI and the U.S. Attorney's Office bluntly tell lawyers they won't be satisfied to see fraud investigations end with a fine—they will be looking for felony prosecutions and jail time. We warn physicians that if they are convicted of a felony, the State Board of Medicine can suspend or revoke their licenses to practice medicine. Even if a physician can keep his or her license after a conviction, a Medicare-related criminal conviction automatically excludes a physician from participating in Medicare and other federal programs for five years.

INNOCENT PROVIDERS ARE NOT IMMUNE

These days, physicians can become involved in a criminal investigation even if they did nothing wrong. If someone with an ax to grind and some data to back it up goes to the FBI, the FBI's policy is to check out the complaint, no matter how small the amount of dollars involved. The FBI will say, "We get cases from everywhere" including disgruntled employees, angry spouses, and fed-up coworkers.

In theory, what could happen to an innocent provider? A physician tells her spouse that her billing clerk was improperly charging Medicare for office visits when she talked to patients over the telephone. Later on, the physician's spouse files for divorce and is unhappy about the amount of his financial settlement. To get even, he calls the FBI and relates his spouse's billing problems. Worse yet, the scared billing clerk tells the FBI the physician instructed her to bill for services not performed. The physician clears her name, but in the process she has to hire an attorney, produce her patient charts, talk to the FBI, and agonize over what else the FBI might find when combing through her records.

What else could happen? Just about every specialty has procedures with different codes and sizable differences in reimbursement that look and sound very similar, especially to a new employee. Plastic surgeons might refer to a fasciectomy, where they excise diseased tissue from the hand, and a fasciotomy, where they cut the restricting band, as an example of two different operations that could easily be mistaken. These days, continued repetition of a billing mistake is far more likely to trigger a Medicare audit of the physician's

bills and patient charts. Again, the innocent physician will be able to explain the mistake and suffer, at most, an overpayment determination. The real worry is what else will be uncovered during an audit.

GUILT BY ASSOCIATION?

It's no secret that Medicare intermediaries have increasingly sophisticated software programs for detecting fraud. Their software can identify a physician whose billing codes are out of the normal range of statistics for his or her region. Trained auditors review the unusual code patterns and request patient charts from the "flagged" physician if they elect to review the physician's coding practices.

What happens if a medical group learns enough through an audit process to convince them that one of their partners is billing improperly and may eventually get caught? If a practice group decides to terminate a colleague because of his or her billing, the practice members should carefully evaluate what to do about the guilty colleague and his records.

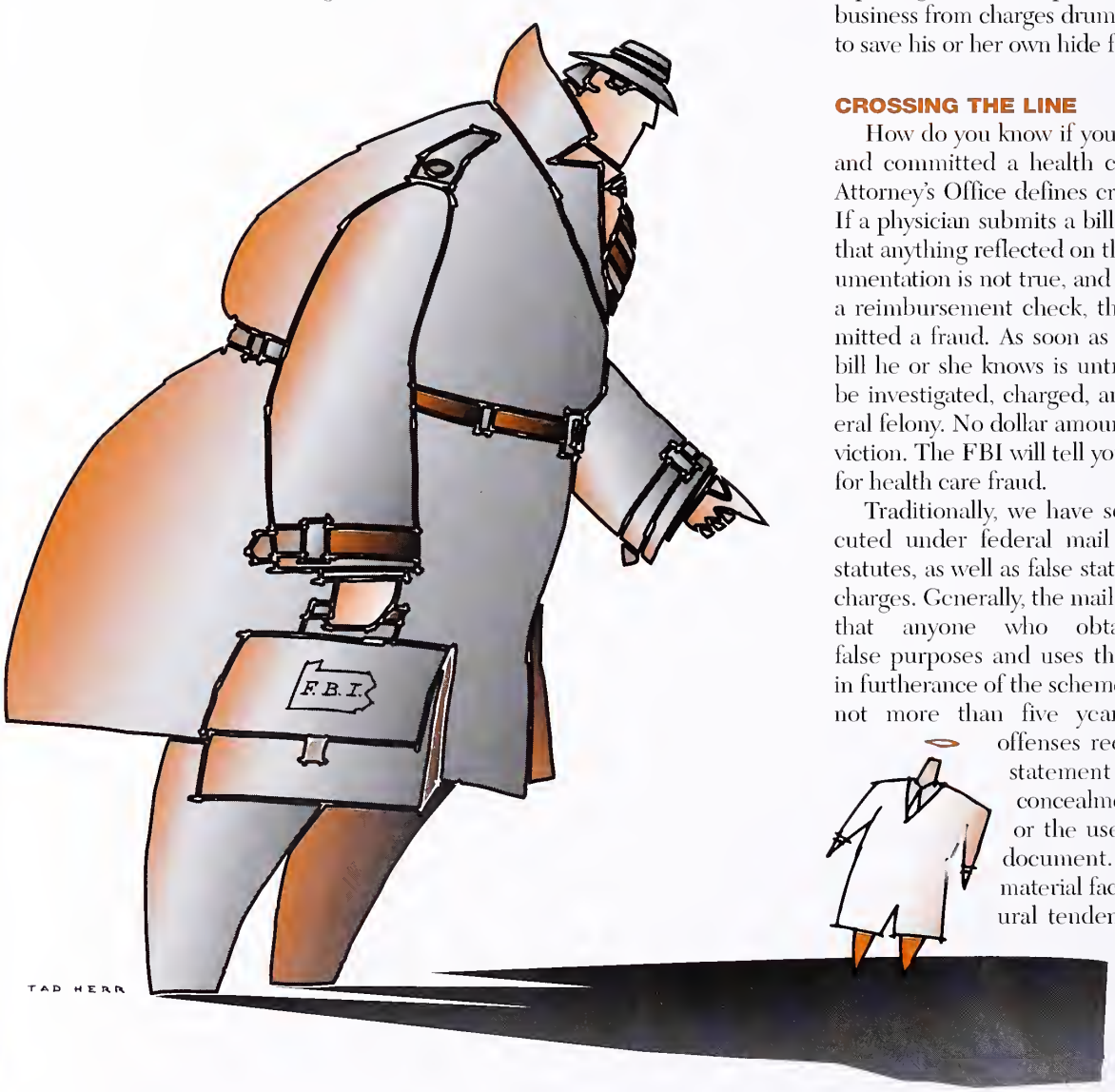
If business partners decide not to report fraud and then actively conceal the fraud, the once-innocent partners could now be guilty of the federal crime called "misprision of a felony." Active concealment could take the form of destroying or altering office charts, or giving the wrongdoer the charts or records showing the fraudulent billing to take with him or her, leaving open the possibility that the records could be altered. Because federal investigators will not hesitate to send patient charts for ink analysis to discover the date of suspected alterations, group practice members need to do everything they can to safeguard patient charts and office records so no one tampers with the documents—including a partner.

The U.S. Attorney's Office warned of another potential problem. Practice members have no guarantee that a bad actor won't report them or their business later, if it makes him or her look better. If group members are concerned about their exposure, they should contact an attorney and decide whether to report the wrongdoer. Timely reporting could save practice members and their business from charges drummed up by a bad actor to save his or her own hide from prosecution.

CROSSING THE LINE

How do you know if you have crossed the line and committed a health care crime? The U.S. Attorney's Office defines criminal fraud this way: If a physician submits a bill to Medicare knowing that anything reflected on the bill or back-up documentation is not true, and the physician receives a reimbursement check, the physician has committed a fraud. As soon as a physician submits a bill he or she knows is untrue, the physician can be investigated, charged, and convicted of a federal felony. No dollar amount is too small for conviction. The FBI will tell you it has zero tolerance for health care fraud.

Traditionally, we have seen physicians prosecuted under federal mail fraud or wire fraud statutes, as well as false statement and conspiracy charges. Generally, the mail fraud statute provides that anyone who obtains money under false purposes and uses the U.S. Postal Service in furtherance of the scheme shall be "imprisoned not more than five years." False statement offenses require a knowing false statement of a material fact, a concealment of a material fact, or the use of a false writing or document. In broad terms, a material fact is one that has a natural tendency to influence or is capable of influencing a determination, such as a reimbursement decision.



The U.S. Attorney's Office predicted that health care prosecutions based on another charge, money laundering, will increase in the future. The federal money laundering statute is an incredibly powerful crime deterrent, because the minimum imprisonment term under the U.S. Sentencing Guidelines for each count of money laundering is staggering—33 to 41 months—and the potential fine for each charge is equally staggering—$500,000. In addition to imposing these penalties, the court can order the confiscation of any "legitimate" property purchased with the proceeds of the crime.

Here's how money laundering works: If a physician transmits a false billing claim to Medicare and then "engages in a financial transaction" with the reimbursement check, the physician has committed the additional crime of money laundering. Examples include converting Medicare reimbursement funds into real estate or a new office building, or depositing the illegally obtained money in a safety deposit box, 401(k) plan, or stocks or mutual funds. Because these "legal" assets were purchased with "illegal" funds, the government can request the forfeiture of what looks like legitimate property.

Currently, no federal statute gives immunity from prosecution to an individual who reports to the authorities the health care fraud he or she committed. The U.S. Attorney's Office, however, encourages wrongdoers to come clean and has a procedure in place to encourage self-reporting. Anyone who wants to report a health care crime should first contact an attorney, who can help evaluate whether an individual should contact the government.

The U.S. Attorney's Office asks a wrongdoer to make a "proffer" (a written proposal) describing the bad acts he or she committed. The information recited in the proffer cannot be used against the maker; it lets him or her make a clean breast of things and provides a way for the U.S. Attorney's Office and the FBI to decide whether they can allow someone to "walk away" from a crime in return for assistance.

AVOIDING AN INVESTIGATION

The best way to avoid an investigation, according to the FBI, is to scrupulously follow all federal program rules. The FBI recommends that if a physician detects a serious billing problem, the physician should stop the procedure immediately and then seek an attorney's advice about whether the conduct should be reported.

Physicians are well advised to invest some time to learn exactly how their billing departments function. Under Medicare rules, each participating physician—not the billing clerk—is responsible for his or her own bills. Each charging physician is responsible for knowing that the proper codes and services are reflected on the bills, and the back-up documentation supports the services provided the patient.

A group of physicians can self-audit their billing practices or hire qualified people to detect, for example, whether bills to the Medicare contractor are appropriate for services claimed. Make sure your billing staff understands that your goal is not to maximize revenue, but to provide honest medical services. This advice applies whether the practice uses in-house or outside billing services.

Ask each other to review the notes in your patient charts—do they pass your scrutiny? A group can also agree upon an appropriate code of conduct to relate periodically to their employees to ensure their employees do not break the law—and feel comfortable in reporting suspected wrongdoing to management's attention.

If you invest some time to learn about your office billing practices, especially the bills leaving the office under your provider number, and if you seek advice about areas you want to improve, health care crimes will continue to be the FBI's problem—not yours.

More Fraud and Abuse Sanctions

At the end of August, President Clinton signed HR 3101 which greatly expands Congress's assault on fraud and abuse. The bill pumps up Health and Human Service's Office of Inspector General by allocating its enforcers $820 million over seven years, and it gives the Justice Department $330 million to hire new prosecutors. The FBI stands to receive $548 million to add investigators.

The bill creates a new criminal health care fraud statute, establishes qualified immunity for individuals offering prosecution information to law enforcement personnel, includes a new criminal forfeiture offense, and extends the FBI's investigative procedures.

The bill is so tough on fraud that it directs the Health Care Financing Administration (HCFA), which administers Medicare, to set up a program to encourage individuals to report violations of Medicare and Medicaid laws. If the government is able to collect a penalty resulting from an individual's tip, the individual can receive a share of the money collected.

The new bill will undoubtedly provoke a lot of commentary, as soon as all of the groups and agencies affected have an opportunity to study its implications.

AUTHOR BIOGRAPHY

Ms. Penny is a partner in the Harrisburg law firm of Killian & Gephart, which defends members of the medical community against charges of health care fraud and helps physicians conduct proactive office audits. The author gratefully acknowledges FBI Senior Resident Agent David Malarney and Martin C. Carlson, assistant U.S. attorney and chief of the criminal division, Middle District of Pennsylvania, who contributed to this article by sharing their viewpoints on federal criminal fraud.

License Reviews Protect Profession

Fred D. Baldwin, PhD

Abstract

Although only a tiny fraction of the state's body of licensed physicians are involved, the number of Pennsylvania physicians disciplined for misconduct has increased sharply in recent years. State Board of Medicine officials attribute an increase in license suspensions and revocations primarily to a growing refusal by the public, especially by women, to accept anything less than the highest standards of professional behavior. This article examines how complaints of misconduct arise, how they are reviewed, and the ways in which they may be adjudicated.

Disciplinary actions by the State Board of Medicine jumped in 1994 to a number two-thirds larger than that for any of the preceding four years and rose significantly again in 1995. Even so, last year's total of 109 disciplinary actions (likely to be similar in 1996) involved only .2 of one percent of the total number of licensed physicians in the commonwealth.

As Figure 1 (next page) shows, license revocations and suspensions, the most serious penalties that the board can impose, accounted for most of the recent increase, while lesser sanctions have merely fluctuated within much the same range. The number of reported cases of sexual misconduct involving health care professionals jumped nearly 70 percent between 1994 and 1995.

The increase in serious penalties, says Dorothy Childress, commissioner of the Bureau of Professional and Occupational Affairs, Pennsylvania Department of State, "is due to a change in the attitude of the public in reporting serious problems. As late as the 1970s, women who alleged sexual misconduct by a physician in many cases were considered to be fantasizing. Now, when one person comes forward, others will follow."

The bureau provides administrative and legal support to 27 licensing boards and commissions. The Board of Medicine is one of these, as is the Board of Osteopathic Medicine. Both regulate individual physicians; hospitals are regulated by the Department of Health. The Board of Medicine consists of 11 members: six medical doctors, two public members, a commissioner and a representative of the Secretary of Health, and one other health professional (e.g., a certified nurse practitioner or a physician assistant). Its current chairperson is Charles J. Bannon, MD, a Scranton surgeon who has served in that capacity for four years.

The State Board of Osteopathic Medicine has the same structure, but six of its members are osteopathic physicians. Its member from a related health profession must be either a physician assistant or a respiratory care practitioner. Its current chairperson is Silvia M. Ferretti, DO, from Erie. Figure 2 (page 20) shows disciplinary actions by this board. The professional and public members of all licensing boards are appointed by the governor and confirmed by the Senate.

Approximately 58,000 allopathic and 5,800 osteopathic physicians are licensed to practice in Pennsylvania. This article refers to actions involving MDs, but the processes described apply to all health-related professions.

THE STRUCTURE, THE PROCESS

The bureau opens from 700 to 900 allopathic physician complaint files per year. According to bureau staff, complaints reach them from many sources: individual patients or their families, law enforcement agencies, media reports of criminal charges or other misconduct, and medical boards in other states. Unless an initial screening shows the complaint to be outside the State Board of Medicine's jurisdiction or obviously frivolous ("my doctor wears loud shirts and sandals"), the staff opens a file—one per physician, even if there are multiple allegations.

Allegations requiring investigation cover a wide range of issues—quality of care, sexual misconduct, drug violations, insurance fraud, and impaired ability to practice (such as instances of alcohol abuse). The bureau prioritizes complaints, checking out the more serious ones first. Physicians against whom complaints are lodged usually learn about it when an investigator on the bureau staff contacts them to get their side of the story.

After investigation and subsequent review by staff attorneys, well over half of all complaints are dismissed without formal action on the part of the bureau. A significant number result in warning let-

ters to physicians. Up to this point, the process is confidential.

"We will tell you if 'Dr. Jones' had discipline imposed," says Gerard M. Maekarevich, deputy chief counsel for the bureau, "and we'll tell you if formal charges have been filed, but we won't tell you if we're investigating."

"We're a regulatory body charged with protecting public health and safety," adds Roger H. Caffier, senior prosecutor, "but we protect the innocents' reputation as well."

For the roughly 15 percent of complaints that result in formal charges, the process becomes public. The bureau staff files an "order to show cause" why discipline should not be imposed. The law specifies timeframes within which physician responses, hearings, and appeals must occur.

After a formal hearing, there's an "adjudication" by a hearing examiner, whose decision becomes final within 30 days unless either side appeals. Fairly often, both sides do that. "We may think it's too lenient," explains Caffier. "They may think it's too harsh."

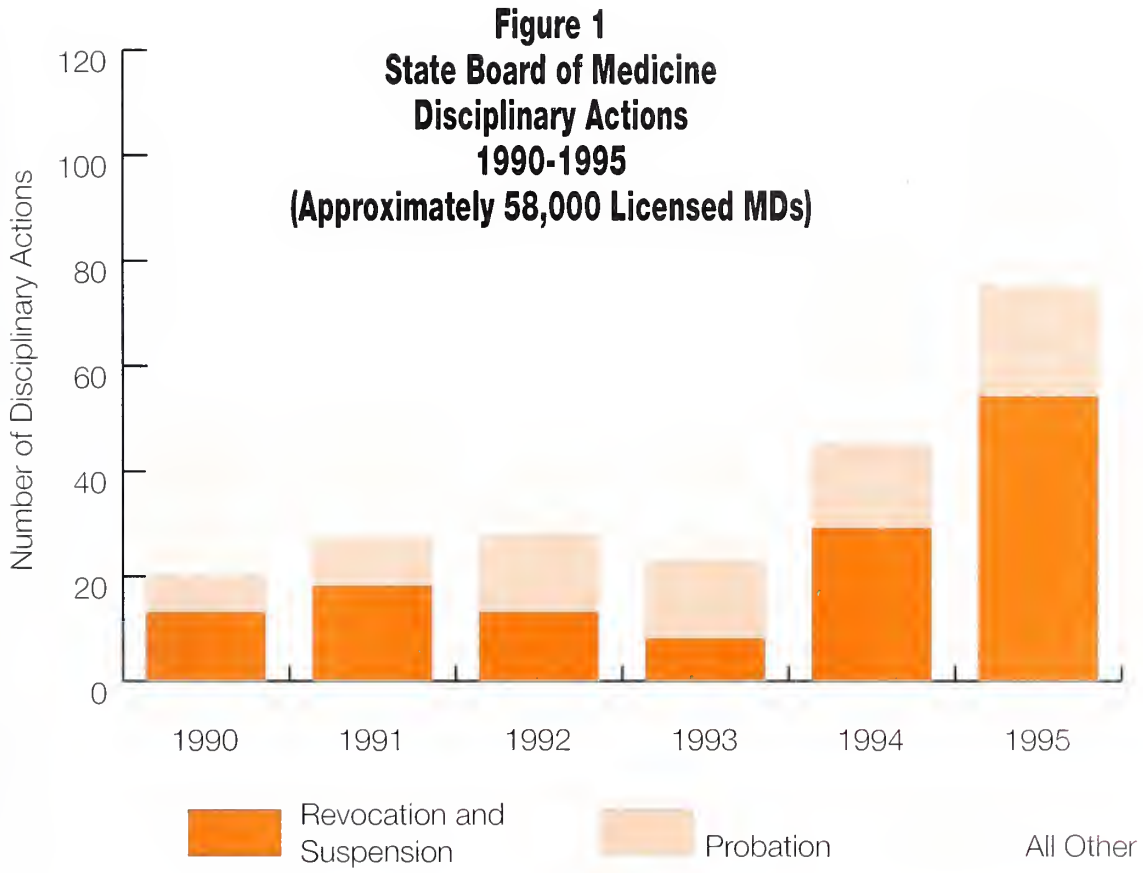
The Board of Medicine, after hearing arguments by both parties, can either dismiss charges, uphold the hearing examiner's recommendation, or impose its own sanctions. In addition to revocations and suspensions, it can, for example, impose monetary civil penalties or place limits on a physician's ability to practice (e.g., no surgery, no female patients). Its decisions, of course, may be appealed within the Pennsylvania court system.

THE CASE OF DR. MERCHANT

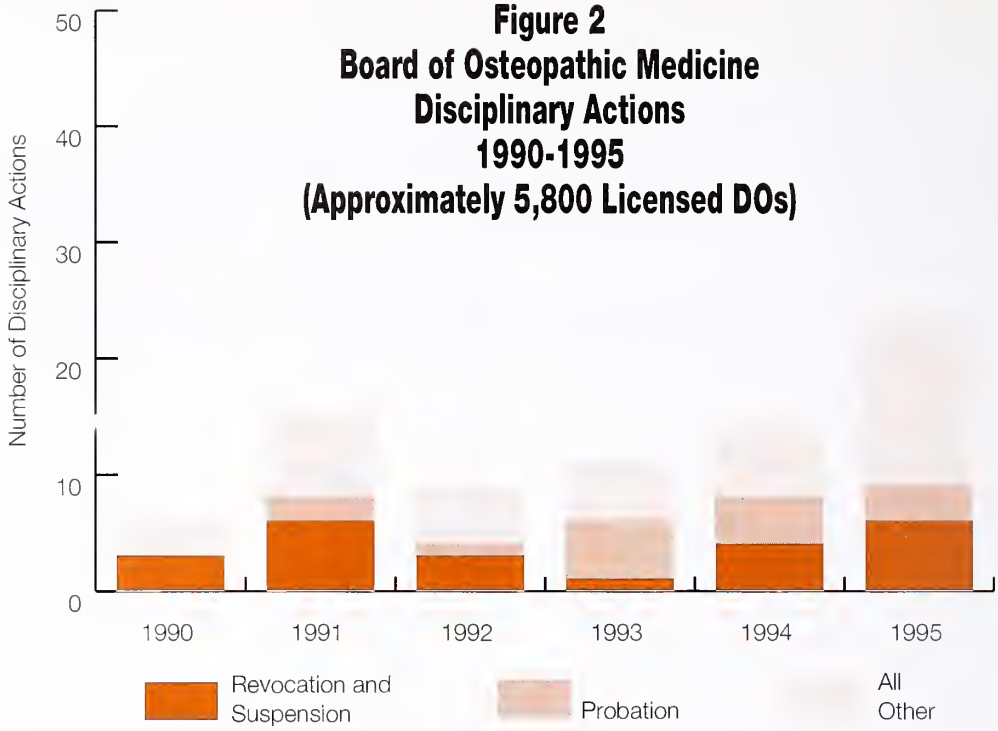
One recent and highly publicized case illustrates both something of the complexity of the process and the rules of law involved. In April 1995, the board approved a consent agreement involving Ralph P. Merchant, MD, of Shippensburg, who was charged with inappropriately prescribing controlled substances, sexual relationships with two patients in return for drugs, and inappropriately touching female patients. In that agreement Dr. Merchant neither contested nor admitted the specific charges against him, but accepted an indefinite suspension of his license, subject to possible renewal after therapy, counseling, and education.

Slightly over a year later, Dr. Merchant petitioned for reinstatement, admitting many of the more damaging charges. The board, relying in part on testimony of a team of psychiatrists, was unconvinced by his "rote" acknowledgment that his behavior was wrong. In August of this year, the board denied the petition.

Because Dr. Merchant's right of appeal had not expired as this article was being written, bureau attorneys declined to comment on the case, except to note how the board's review differs from a crim-



Source: Pennsylvania Bureau of Professional and Occupational Affairs



Source: Pennsylvania Bureau of Professional and Occupational Affairs

inal trial. Dr. Merchant had previously been acquitted of criminal charges filed in state courts, but that had no bearing on the board's review. A criminal jury is bound to acquit unless charges are proved "beyond reasonable doubt." The medical board, the majority of whose members are physicians, is supposed to act on the "preponderance of evidence" standard.

" 'Beyond reasonable doubt,' " explains Mackarevich, "means that a reasonable person would believe to a moral certainty that a defendant is guilty. 'Preponderance of evidence' means 'more than halfway sure'—if a feather in the scale of justice tips it one way, you find on the heavier side."

PHYSICIAN RESPONSIBILITY

In response to the dramatic rise in reported cases of sexual misconduct, the Department of State held a joint session of its various health boards in April of this year. Among the points made: Consent is not a defense. "Responsibility to avoid sexual intimacy," says a departmental statement, "cannot be shifted from the professional to the patient."

Attorneys on the bureau staff say that they cooperate with district attorneys in criminal cases even though the two processes are independent and operate subject to different rules. In fact, they attribute some of the recent increase in license revocations and suspensions to more effective communication among law enforcement agencies. They emphasize, however, that they remain strictly neutral with respect to malpractice cases and other civil actions. Attorneys for both sides can use anything in the public record, which includes evidence introduced during hearings, but the bureau staff will help neither patients seeking damages nor physicians preparing their defenses.

For an individual physician against whom a complaint has been filed, is there ever a positive side? Sometimes, the bureau attorneys say. "Often misunderstandings are resolved between the patient and the doctor," Caffier observes. "I see this frequently with Medicare overcharge complaints. Sometimes it's just a matter of explaining the rules."

For physicians as a whole, the medical board's work is definitely positive, say both Commissioner Childress and Dr. Bannon, speaking from his perspective as Board of Medicine chairperson.

"When we regulate," Childress says, "it's to promote the public interest. There's a fiduciary relationship between doctor and patient that's higher than that in many professions. Physicians gain an advantage in keeping their profession one in which the public has confidence. If I were a physician, I'd want people to know that my profession is held to a high level of competency."

Dr. Bannon agrees: "By far the majority of physicians are outstanding citizens. We don't want them to have colleagues who cross the line and bring discredit to the profession. This board is important to protect their reputations from being sullied by a few bad actors." ✪

AUTHOR BIOGRAPHY

Dr. Baldwin, who lives in Carlisle, is co-author of *Infomedicine, A Consumer's Guide to the Latest Medical Research*, published by Little, Brown & Company.

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Revised Antitrust Guidelines: Good News for Physicians

Jeff Miles, Esq.

Abstract

By clarifying and expanding upon important issues, the revisions to federal network antitrust guidelines issued in August are good news for physicians: They encourage physician-controlled network development.

The revised health care antitrust guidelines for partially integrated, provider-controlled networks, issued by the Federal Trade Commission (FTC) and Department of Justice (DOJ) on August 28, address several important issues that should encourage network development by physicians. The revisions are significant but not substantial: Rather than changing the analysis the agencies apply or establishing new rules favoring provider-controlled networks, the revisions merely clarify and expand upon several important issues, which apparently were misunderstood and which some felt deterred the development of pro-competitive networks, particularly those established and controlled by physicians.

BACKGROUND

Because of uncertainty, confusion, and lack of guidance about the antitrust analysis of several common activities in the health care sector, in 1993 the FTC and DOJ began issuing joint antitrust guidelines dealing with the health care sector. As revised in 1994, the guidelines contained nine "statements," each explaining how the agencies would analyze a particular activity.

Statements 8 and 9, the only ones revised on August 28, address "physician network joint ventures" and "multi-provider networks," respectively. Statement 8 covers partially integrated, physician-controlled networks in which physician-participants, through a network—such as an IPA, PPO, or PO—collectively determine the prices that the network charges for their services. Statement 9 covers all other types of partially integrated, provider-controlled networks, such as PHOs and IDSs—networks with providers other than physicians and those in which the providers do not collectively establish prices.

Statement 8 provides two "antitrust safety zones" for networks, almost guaranteeing no governmental challenge, if:

1) competing physicians who control the network share substantial financial risk by, for example, the network's contracting on a capitated basis; and

2) the network includes a limited percentage of competing physicians—the "participation percentage"—in the area.

The first requirement ensures that physician-participants have economically integrated their practices sufficiently through the network to justify the network's establishing prices jointly. Otherwise, the network's creating or using a fee schedule or negotiating prices on behalf of its competing physicians could result in an automatically or "per se" unlawful horizontal price-fixing agreement.

The second requirement ensures that the network includes a sufficiently small percentage of competing physicians so that it cannot exercise market power by raising prices. Networks not falling within the safety zones are analyzed under antitrust's rule of reason, which often requires an in-depth assessment and balancing of the network's pro-competitive and anti-competitive effects.

Critics, particularly organized medicine, perceived several problems with the old guidelines, which they claimed favored some types of networks over others, treated provider-controlled network joint ventures more strictly than joint ventures in other industries, gave managed care-controlled networks a competitive advantage over physician-controlled networks, and, in general, discouraged physicians from creating networks that would have pro-competitive effects.

There were perceptions that networks not meeting the requirements of the safety zones were unlawful or at least too dangerous to develop, that physician-controlled networks would be automatically unlawful if participants did not share financial substantial risk, and that a larger percentage of competing physicians should be permitted to join a network without agency concern because consumers preferred large panels of physicians to small ones. Because of these criticisms, the FTC announced in December 1995 that the agencies

This special insert offers selected vital news and information received at publication deadline from the world of medicine.

Blues' Merger Agreement Still on the Table

DISCUSSIONS CONTINUE BETWEEN THE state attorney general, the insurance commissioner, and Pennsylvania Blue Shield about the merger of Blue Shield with Blue Cross of Western Pennsylvania.

The State Society voiced concerns earlier this year about the impact the merger would have on the social mission of the Blues and the possibility that it would diminish competition. Attorney General Thomas W. Corbett Jr. supported these concerns; his settlement proposal remains under discussion with the Insurance Department.

The Society—which has continued to ask to review the settlement and to press for public hearings—has not been permitted to take part in the discussions and is awaiting announcement of a resolution.

Funding of '96 CAT Fund Under Discussion

THE STATE SOCIETY IS PREPARING TO meet with Medical CAT Fund Director John Reed, JD, to discuss the current status of the fund.

Early indications are that though the fund will again fall short of necessary funds, Reed is looking for reinsurance to carry it over into 1997 without assessing an emergency surcharge. Look for updates in future publications.

In related efforts, Society Immediate Past President John H. Hobart, MD, appeared before the Senate Banking and Insurance Committee on September 16 to express concerns with changes in Senate Bill 1122 to reform the fund.

Dr. Hobart testified earlier this year in support of the bill as a "reasonable first step in addressing the real problem facing us." But newly proposed measures would require all hospitals and physicians for whom the hospitals provide coverage to be excluded from the fund.

The Society opposes such measures, saying they would make the CAT Fund surcharge more subject to fluctuation. Instead, the Society proposed increasing the "buffer" amount and adopting a primary premium that would more accurately calculate the annual surcharge and avoid future emergency surcharges.

Support SB 790—Call Your Senator Today

PHYSICIANS ARE URGED TO CONTACT their state senators in support of Senate Bill 790, the medical liability bill passed by the House earlier this year and awaiting Senate consideration.

Society members and staff have been busy with a comprehensive lobbying effort aimed at bringing the issue to the Senate floor during the fall voting session.

Successful consideration of Representative J. Scot Chadwick's amendment, by a vote of 129-71, and subsequent passage of the bill by the House last spring, brought Senate Bill 790 back to the Senate for a vote on concurrence in the House amendments. Senate Bill 790 has been referred to the Senate Rules Committee.

Recognizing that this legislation will require a second consideration in the House of Representatives after Senate consideration, physicians should also urge support from their state representatives should the bill come before them for a final vote.

Society Monitoring Pilot Delivery Program

IN AN UPDATE TO THE HEALTH DELIVery changes story on page 32, the Department of Public Health set September 23 as the deadline for Requests for Proposal for the pilot program in which local providers would contract to offer clinical public health services. Counties selected for the pilot program include Berks, Dauphin, and Butler.

At press time, department selection was pending, with pilot programs expected to begin on November 1. The Society, concerned with the shortness of the bidding process, continues to monitor progress to assure that necessary health services are not jeopardized in the pilot counties.

YOUR STATE SOCIETY AT WORK

MA Adds New Codes for Payment

AS A RESULT OF STATE SOCIETY INTERventions, the Pennsylvania Department of Public Welfare (DPW) has added the psychological testing codes CPT 96100, 96105, and 96111 as eligible for Medical Assistance (MA) payment.

DPW mailed a Remittance Advice with details to MA providers late this summer advising them of the change, which applies to services rendered on or after June 1, 1996. The new payment policy was enacted after the Society's strong request and supporting arguments.

Direct questions about this issue to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

Bills Seek Basis for Necessity Decisions

SOCIETY PRESIDENT JONATHAN E. Rhoads Jr., MD, testified before the House Judiciary Committee on September 16 in support of House Bill 2849, addressing wrongful denial of reimbursement for medically necessary treatment.

The bill attempts to establish a clinical basis for necessity decisions which can be uniformly applied by all types of payers, and which can be fairly and evenly applied in all situations. The Society offered to draft language to strengthen the bill, assuring physician input to criteria for making medical necessity decisions, including who will make the decisions and when.

The Society also presented a statement at a hearing before the House Insurance Committee on September 19 in support of House Bill 2169, which further seeks to establish standards of evaluating medical necessity.

HMOs Approved to Operate in Pennsylvania

THE PENNSYLVANIA DEPARTMENTS OF Health and Insurance have approved three new HMOs for licensure to operate in Pennsylvania, bringing the total number of active HMOs in the state to 26. The three plans are:

- Health Central, Inc., a jointly owned company of Central Pennsylvania hospitals, including Chambersburg Hospital, Ephrata Community Hospital, Lancaster Health Alliance, Pinnacle Health System, Reading Hospital and Medical Center, Waynesboro Hospital, and York Hospital. The plan is licensed to serve Harrisburg, Lancaster, and Reading areas;
- Optimum Choice, Inc., a Lancaster-based plan focused on Southcentral Pennsylvania; and
- PhilCare Health System, Inc., a Philadelphia-based plan that will operate in Philadelphia.

Seven other HMO applications are still pending.

Standard HMO Application in Development

Twenty-two insurance company representatives attended a meeting sponsored by the Society's Organized Medical Staff Section on September 4 to discuss development of a standard HMO credentialing application.

The Society created a database of applications currently in use; combined, the 24 applications include 464 different questions. This information was shared at the meeting, and the insurance representatives were asked to determine which questions could be eliminated or consolidated.

On the basis of recommendations from the insurers, the Society is now developing a standard application to be reviewed by physician leaders and insurers. Our hope is to have an approved application in use by many insurers early next year.

Resolutions Available Via Fax or Online

RESOLUTIONS TO BE CONSIDERED BY the House of Delegates this month at its annual meeting are available for review through fax and computer systems. Full text of all resolutions can be viewed under the Members' Resource Center on our Web site at *http://www.pamedsoc.org*. Or, members may call the Society's Fax-on-Demand system at (800) 556-7850 or (717) 558-7850 and request the Document Directory for a complete listing of resolutions.

Medicare Center to Open in Philadelphia

THE HEALTH CARE FINANCING ADMINistration (HCFA) Regional Office in Philadelphia is initiating a pilot project to test the effectiveness of providing direct Medicare customer service. The pilot location will open this month at the Gallery at Market East, Philadelphia. It will be known as "Your Medicare Center."

Services, free of charge Monday through Friday from 10:00 a.m. to 5:00 p.m., and on Saturday from 12:00 noon to 4:00 p.m., will include:

- information on eligibility, coverage, premiums, appeals, managed care plan enrollment, choice of managed care plans, and Medigap insurance;
- on-line access to correction and updating of Medicare records; and
- educational seminars on issues such as selecting a Medigap policy and detecting fraud and abuse.

Health screening will be offered periodically, and interactive videos will be tested to relay beneficiary information. HCFA also views the pilot as an opportunity to build a network of community partners who would display information and offer services to the Medicare population.

Direct questions about this issue to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

Enrollment Deadline for Society Plans Extended

THE OPEN ENROLLMENT PERIOD FOR the Pennsylvania Medical Society's sponsored health insurance plans from Capitol Blue Cross and Pennsylvania Blue Shield has been extended. The Society's plan offers the most comprehensive packages with the most competitive rates for group practices and physicians with under five years of practice.

Members may choose from two traditional indemnity options and Health One, a Blue Cross point-of-service program. The benefits of these programs are far superior to any available to individual physicians, with premiums even lower than those of the community-rated plans. Also available are options for dental and vision coverage. Contact Colburn-Bertholon-Rowland at (800) 265-2876 for complete coverage and eligibility information.

State Society Seminars
November 1996

Bloodborne Pathogens: Complying with OSHA Annual Re-Training Regulations

Featuring nationally known authority
Nora Hendrickson, CMA-C

November 5, Valley Forge Hilton

November 6, Pennsylvania Medical Society Headquarters, Harrisburg

November 7, Allegheny County Medical Society Headquarters, Pittsburgh

A medical practice guide to re-training on bloodborne pathogen exposure control for health care workers.

- Learn how to establish or update your medical practice's Exposure Control Plan.
- Understand the documents and forms necessary to administer the program.
- Fulfill requirements for medical examinations, reporting, documentation, and recordkeeping.

All attendees will receive the latest edition of the "*OSHA Information Kit*" at no additional cost.

A must for medical practices!

$195 Member physician and office staff
$245 Nonmember physician and office staff

Continental Breakfast . . . . . 8:00 a.m.

Seminar . . . . . 8:30 a.m. - 12:30 p.m.

A Step-by-Step Approach to Workers' Compensation in Pennsylvania

Featuring workers' compensation experts
Tom Cook and Don McCoy

November 12, Pennsylvania Medical Society Headquarters, Harrisburg

November 14, Allegheny County Medical Society Headquarters, Pittsburgh

November 20, Nittany Lion Inn, State College

November 21, East Mountain Inn, Wilkes-Barre

November 22, Philadelphia Marriott West, West Conshohocken

Up-to-the-minute changes in Pennsylvania's workers' compensation regulations including the changes passed in June 1996.

- Know when a workers' compensation claim is appropriate and how to get fair reimbursement.
- Understand and follow the process for resolving claims.
- Understand the utilization review and medical reporting requirements, including recent changes.

All attendees will receive a $10-off coupon for the newly released "*Workers' Compensation: A Guide for Pennsylvania Physicians.*"

Great new resource for medical practices!

$180 Member physician and office staff
$230 Nonmember physician and office staff

Continental Breakfast . . . . . 8:00 a.m.

Seminar . . . . . 8:30 a.m. - 12:00 noon

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PENNSYLVANIA MEDICINE reaches you—the members of the most powerful medical professional group in our state—once a month, with up-to-date news of the marketplace and the profession of medicine. The State Society's strategies and coverage of this rapidly changing arena cannot be complete without one vital element—your feedback. Your comments, your criticisms, your experiences, your feelings, your instincts as physicians. We invite you to help medicine change for the better: Communicate with and participate in your State Society.

This insert is designed to provide you with a convenient monthly vehicle for that feedback. We invite your comments regarding the redesign of this publication. In upcoming issues, we will poll members about various issues of the day or State Society services.

Remember: Your comments on any issue of importance to the practice of medicine are always welcome.

Fax or mail this to us, phone in your comments to (800) 228-7823, or contact us via the Internet at *eherrmann@pamedsoc.org*.

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_____

2. How often do you at least browse through your copy of PENNSYLVANIA MEDICINE?

○ Always—I make a habit of browsing through nearly every issue.

○ Frequently—I usually browse through at least 3 out of 4 issues.

○ Occasionally—I may browse through at least 2 out of 4 issues.

○ Seldom—I may browse through only 1 or 2 issues in a given year.

○ Very seldom or never.

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Age: 34 or younger 35-54 55-64 65+

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Thank you for your cooperation.

would reexamine Statements 8 and 9. The August 28 revisions are the result.

THE REVISIONS

The agencies go out of their way to emphasize that some general perceptions about the guidelines were simply wrong. First, the agencies state clearly that they do not favor any type of network or delivery system over any other. Second, they emphasize, several times, that networks falling outside the safety zones do not necessarily raise antitrust problems.

Other significant points, touched on briefly below, are that the revisions:

- do not change the safety-zone requirements;
- list additional ways by which network providers might share substantial financial risk and thus by which network price-fixing agreements might automatically obtain rule-of-reason treatment;
- list forms of economic integration, other than substantial financial risk sharing, that can also result in rule-of-reason network price-fixing agreements obtaining rule-of-reason treatment;
- emphasize that the per se rule will be applied to "sham" networks; and
- provide helpful guidance regarding the appropriate activities of a network agent in "messenger" arrangements, which the network can use to escape the price-fixing problem when the network results in little or no economic integration.

SAFETY ZONES AND SUBSTANTIAL FINANCIAL RISK SHARING

Notwithstanding the view of some that the safety zones should be expanded, particularly with regard to the participation percentage of competing physicians who can be owners of the network, the agencies did not revise the antitrust safety zones. For a safety zone to apply, network members must still share substantial financial risk, and the participation percentages are still limited to 20 percent and 30 percent, depending on whether the network is exclusive or non-exclusive.

The revisions, however, do list acceptable methods of sharing financial risk in addition to the capitation and substantial-withhold methodologies of the old Statement 8. These are: percentage of premium or revenue; a global fee or all-inclusive rate so long as the network, rather than individual physicians, assumes the risk; and any other methodology by which the network establishes cost or utilization targets and provides financial penalties or rewards based on network performance in meeting those targets. The agencies emphasize that they also will consider other forms of financial risk sharing brought to their attention.

NON-FINANCIAL RISK-SHARING INTEGRATION

The most important clarification in the revisions emphasized that substantial *non-financial* economic integration can justify rule-of-reason treatment of network price-fixing agreements, rather than their constituting per se unlawful conduct. Thus, physician networks *may* develop and use fee schedules and negotiate prices with payers without implementing capitation arrangements or some other financial risk-sharing methodology if the network substantially integrates the physicians' practices in other ways:

> [I]ntegration can be evidenced by the network implementing an active and ongoing program to evaluate and modify practice patterns by the network's physician participants and create a high degree of independence and cooperation among the physicians to control costs and ensure quality. This program may include: 1) establishing mechanisms to monitor and control utilization of health care services that are designed to control costs and assure quality of care; 2) selectively choosing network physicians who are likely to further these efficiency objectives; and 3) the significant investment of capital, both monetary and human, in the necessary infrastructure and capability to realize the claimed efficiencies.

The agencies warn, however, that their "analysis will focus on substance, rather than form," indicating that such programs established merely for "show," which are not likely to affect costs, utilization, and quality positively, will not be sufficient.

Statement 8's Example 1 presents a helpful hypothetical exemplifying the types and degree of what the agencies call "clinical integration" (as opposed to financial integration) that are sufficient to justify rule-of-reason analysis of a network price-fixing agreement:

> The IPA will implement systems to establish goals relating to quality and appropriate utilization of services by IPA participants, regularly evaluate both individual participants' and the network's aggregate performance with respect to those goals, and modify the individual participants' actual practices, where necessary based on these evaluations. The IPA will engage in case management, pre-authorization of some services, and concurrent and retrospective review of inpatient stays. In addition, the IPA is developing practice standards and protocols to govern treatment and utilization of services, and it will actively review the care rendered by each doctor in light of these standards and protocols.
>
> There is a significant investment of capital to purchase the information systems necessary to gather aggregate and individual data on the cost, quality, and nature of

services provided or ordered by the IPA physicians; to measure performance of the group and the individual doctors against cost and quality benchmarks; and to monitor patient satisfaction. The IPA will provide payers with detailed reports on the cost and quality of services provided, and on the network's success in meeting its goals.

The IPA will hire a medical director and a support staff to perform the above functions and to coordinate patient care in specific cases. The doctors also have invested appreciable time in developing the practice standards and protocols, and will continue actively to monitor care provided through the IPA. Network participants who fail to adhere to the network's standards and protocols will be subject to remedial action, including the possibility of expulsion from the network.

This degree of integration is overwhelming, not to mention costly, and it seems unlikely that the agencies would require all of it before analyzing a network price-fixing agreement under the rule of reason. The agencies merely want assurance that the integration indeed is highly likely to provide network physicians with the necessary incentives to lower costs, lower utilization, and increase quality.

The agencies caution against formation of what have come to be called "sham" networks—those that "in purpose or effect [are] little more than efforts by their participants to prevent or impede competitive forces from operation in the market." In general, these networks involve little or no economic integration and are formed solely to serve as collective bargaining agents with payers and to prevent managed care plans from entering the market.

APPLICATION OF THE RULE OF REASON

If a network does not fall within a safety zon because, for example, it has a larger participatio percentage than permitted for safety-zone protec tion or the participants do not share substantia financial risk, the agencies analyze the networ under the rule of reason. Typically, after determin ing that any price-fixing agreement is not unlawfu per se because of sufficient economic integratior these require determining whether the networ will likely have market power and, if so, then sub jectively balancing this "bad" effect against an "good" efficiency effects. Although the revision explanation of how this is done is, unfortunatel weak, important variables in determining whethe the network likely will gain market power are th network's participation percentage, the incentive of those in the network, the number of competin networks, and the exclusive or non-exclusiv nature of the network.

STATEMENT 9—EXCLUSION, NON-INTEGRATED NETWORKS, AND MESSENGER ARRANGEMENTS

Statement 9 deals with "multi-provider ne works"—that is, networks consisting of provide other than or in addition to physicians (PHOs, fo example) and networks in which competin providers do not establish prices collectively. I general, the revisions to Statement 9 were disa pointing. There still are no antitrust safety zone most of the analysis of horizontal effects is large duplicative of that in Statement 8 and is otherwis unhelpful; and the analysis of vertical effec focuses only on exclusivity and, in general, also unhelpful.

What Statement 9 does discuss is the network exclusion of providers wishing to participate in th

A Victory for Physicians and Organized Medicine

The red light is now yellow. The State Society and the American Medical Association have worked hard to support the new antitrust guidelines issued by the Federal Trade Commission (FTC) because they remove barriers to physicians establishing joint venture networks.

At a meeting last March with FTC officials, the Society's approaches to developing physician-led delivery systems were discussed in detail. Michael Lance, chief executive officer of the Society's subsidiary, PennMed Member Services Company (PMSCO), met with FTC representatives and several AMA experts, including Ed Hirshfeld, AMA vice president of health law.

Also last winter, the Society explained its rationale for antitrust relief to representatives of physician organizations from other states. These efforts paid off with vocal support for antitrust relief from around the country as FTC decisions were being formed.

In brief, the FTC:

- will no longer focus on stopping physician joint ventures. Instead, they give a yellow light to physicians who are pursuing collaborative ventures—proceed, but with caution.
- "wants to ensure that uncertainty about the antitrust laws does not deter the formation of new types of networks that could benefit competition and consumers."
- said its new guidelines "continue the agency's commitment to expedited treatment for requests from the health care industry for antitrust guidance..." The Society and AMA had expressed concerns about the length of time involved in FTC review activities. The delay caused by reviews can essentially nullify the value of a proposed venture because market conditions change constantly. The FTC statement addressed these concerns.

These points are precisely those the State Society and AMA have been strongly advocating.

network and the related issue of network policies requiring participants to refer to other network participants. It notes several pro-competitive justifications for exclusion—including quality and cost control, justification for price concessions, creation of a favorable reputation, and incentives to excluded providers to create competing networks—and then states that the agencies will examine exclusion under the rule of reason.

The agencies note, importantly, "The focus…is not on whether a particular provider has been harmed…, but on whether the conduct reduces competition among providers in the network and thereby harms consumers," an important point often lost on excluding providers. The statement explains that, in general, "[e]xclusion or referral policies may present competitive concerns…if providers or classes of providers are unable to compete effectively without access to the network, and competition is thereby harmed." A network's exclusion of providers wishing to participate rarely raises a significant antitrust issue.

Finally, and perhaps most importantly, Statement 9 addresses the constraints on price-fixing agreements by networks that are "not substantially integrated." In sum, those networks risk a per se price-fixing violation when creating and using price schedules or negotiating prices with payers. On the other hand, "[a]rrangements that are designed simply to minimize the costs associated with the contracting process and that do not result in a collective determination by the competing network providers on prices or price-related terms, are not illegal per se price fixing."

To avoid the price-fixing problem, non-integrated networks can use some variant of what has become known as the "messenger" arrangement, in which an agent of the network—the "messenger"—can collect from participating providers individually the prices they will accept and "messenger" those prices to the payer. On the messenger's return trip, it can present the payer's contract proposal to network members for their individual acceptance or rejection.

Importantly, in examining appropriate messenger functions, the revisions note that "[t]he agent also may help providers understand the contracts offered, for example, by providing objective or empirical information about the terms of an offer such as a comparison of the offered terms to other contracts agreed to by network participants)."

The revisions include three hypotheticals of valid messenger activity and one example of a per se unlawful price-fixing agreement. The messenger can, for example:

1) obtain from each provider individually the minimum price that provider will accept and then contract on the provider's behalf when the payer offers that price or better;

2) for a specified period of time, bind the provider to any contract offer with prices equal to or higher than those the provider has already accepted; and

3) use the acceptable prices obtained from network providers to construct a "schedule" (not a "fee schedule") showing the percentage of network providers who have authorized the agent to accept contracts at various price levels.

On the other hand, a per se unlawful price-fixing agreement would result if the agent negotiated with the payer to get the best price possible, even if the agent then transmitted the resulting contract offer to each network participant for its acceptance or rejection.

As Statement 9 indicates, the key to implementing a lawful network messenger arrangement is to ensure that is does not result in any agreement or understanding among competing providers about prices. Whether the arrangement actually results in a price-fixing agreement is a factual question. In answering it, the agencies:

> …in particular…will examine whether the agent coordinates the providers' responses in a particular proposal, disseminates to network providers the views or intentions of other network providers as to the proposal, expresses an opinion on the terms offered, collectively negotiates for the providers, or decides whether or not to convey an offer based on the agent's judgment about the attractiveness of the prices or price-related terms.

In the end, the revisions to Statements 8 and 9 do not answer all questions relating to networks and could not, given the predictive, speculative, and fact-specific nature of antitrust analysis. They will not—and should not—satisfy all the critics of the agency's enforcement policies toward networks. They do, nevertheless, provide a great deal of clarification that will benefit provider-controlled networks.

"…to physicians pursuing collaborative ventures—proceed, but with caution."

AUTHOR'S BIOGRAPHY

Mr. Miles is a nationally recognized antitrust lawyer with the law firm of Ober, Kaler, Grimes & Shriver, Washington, DC.

Risk Arrangements Differ in Style, Purpose

Michael P. Lance ■ Megan Neuhard

With the changes this past spring in the regulatory environment (see "Pennsylvania Physicians Can Now Share the Risk," PENNSYLVANIA MEDICINE, May 1996) and the continuing growth of managed care in the state, many physicians and hospital administrators are talking about "accepting risk." Potential deals are being discussed by everyone. However, not all risk arrangements are the same, and if the incentives of the players in the agreement are not aligned, both can lose. Accepting risk does not guarantee success, but understanding the three main types of arrangements is a first step toward success for physicians in leadership positions.

Abstract

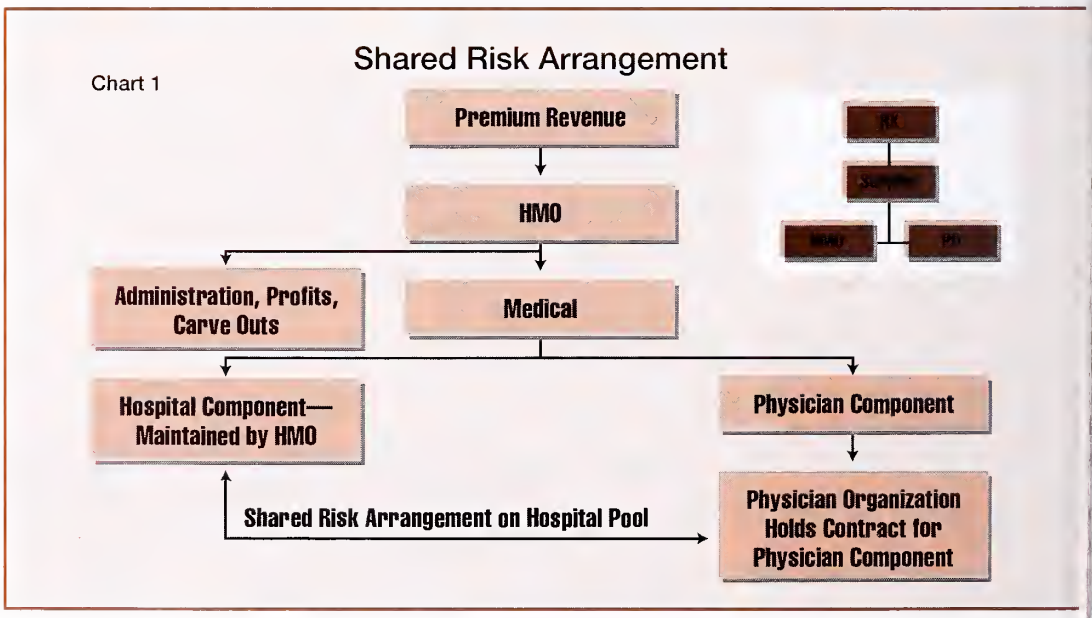
In managed care, not all risk arrangements are the same. And if the incentives of the players in the agreement are not aligned, both can lose. Though accepting risk does not guarantee success, understanding the different types of risk arrangements may help physician groups make more successful choices.

SHARED-RISK ARRANGEMENTS

In a shared-risk arrangement, a physician organization (PO) accepts the risk for the entire professional (physician) component of the premium. In this case, as in the ones that follow, to determine th amount that the PO will need to cover this risk the health maintenance organization (HMO) an the PO must agree on a responsibility matrix.

This process is essential to determinin whether or not enough dollars have been negot ated. While the PO may believe that they hav negotiated for the appropriate percentage of th medical component of the premium dollars, th may not be enough if the PO is responsible for large number of services. There have been man instances in the state of physicians agreeing to va ious types of risk arrangements without knowin what services they are at risk for and responsibl for managing.

The second portion of the insurance premiu is the hospital component. In a shared-ris arrangement, the HMO maintains the manag ment and payment of this piece. The PO negot ates a shared-risk arrangement with the HMO f surpluses generated (see Chart 1 below). This ca be a positive arrangement for the PO if the phys cians are in a community where the hospitals a either not ready to accept capitation or are n willing to work with the PO on a risk arrangemer



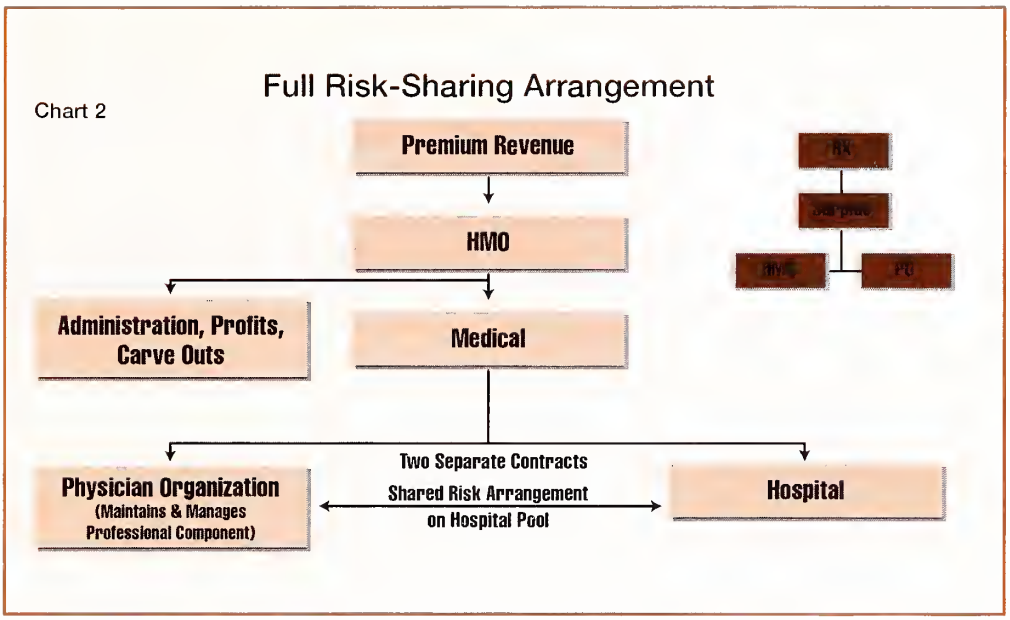
lowever, in this case, the ospital will not benefit from avings incurred.

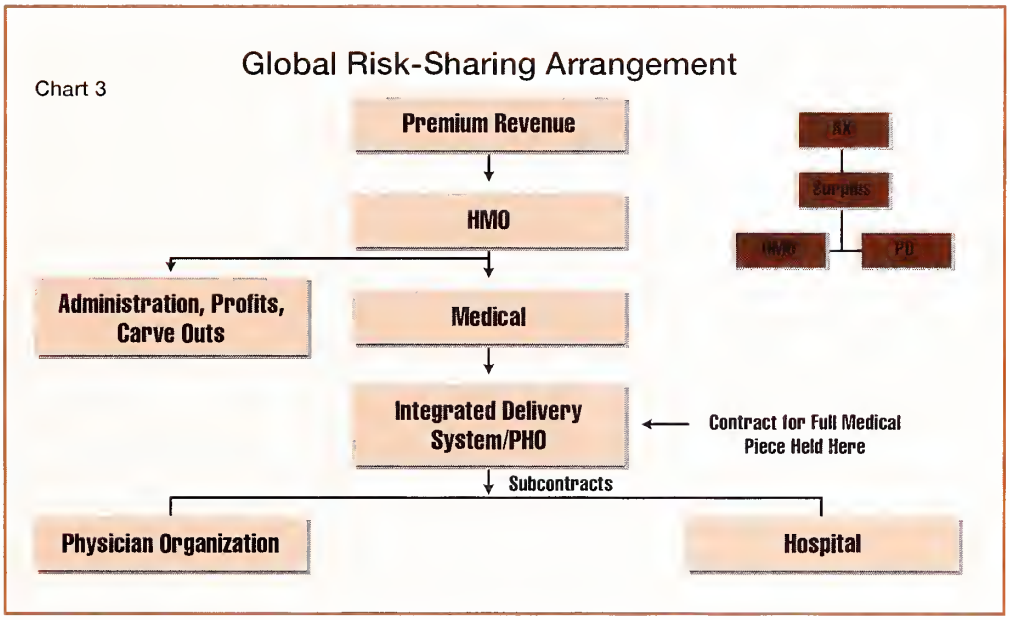
ULL-RISK ARRANGEMENTS

In a full-risk arrangement, s in a shared-risk arrangeent, the PO accepts risk for ie professional component f the premium. The differnce is that in this type of rrangement, the hospital is so at risk.

There are two separate ontracts for the two compoents of the premium: The O is at risk for the profesonal component and the ospital is at risk for the hosital component. Also, there a risk arrangement beveen the PO and the hospil on the hospital piece (see hart 2 above right). This is ecause physicians are reonsible for admitting and seharging, and therefore iey are the ones who ultiately control costs.

For a hospital to do well a mature managed care arket, they must align intives with the physicians. or the POs that the Pennled Member Services ompany (PMSCO) repreents, this is the preferred pe of arrangement. The O maintains ownership of ie contract, so there is no reat of losing this arrangeent if the hospital sells to another owner. In ldition, a shared-risk arrangement allows physians and hospitals to work collaboratively in a utually beneficial business relationship.





LOBAL RISK-SHARING ARRANGEMENT

There is a move under foot, especially in metpolitan areas, by integrated delivery systems DSs) and physician-hospital organizations 'HOs) to go at risk for the entire medical comnent. This is a global risk-sharing arrangement. s shown in Chart 3 (above), the IDS or PHO aintains the contract for the medical piece. ıbcontracts may be held by separate POs and ospitals.

In this type of an arrangement, the IDS or HO "owns" the contract. Potential problems for e physicians may arise if the management of the HO—often hospital administration—changes. In global risk arrangement, the IDS usually wants to maintain some of the dollars generated by savings on the physician component. This type of arrangement also adds a layer of cost that may not be affordable.

While each type of risk arrangement offers different pros and cons, the message for any type of risk arrangement is the same: The key to managed care is the word, "manage." Physicians and hospitals can both lose in capitation or risk arrangements if they do not adopt utilization management concepts and have access to appropriate data and information systems to protect their risk effectively.

AUTHOR BIOGRAPHY

Mr. Lance is chief executive officer and Ms. Neuhard is a health care consultant for the PennMed Member Services Company (PMSCO).

Increase Your Workers' Comp Billing Recovery

Tom Cook, Esq.

Last month, Pennsylvania's workers' compensation system and its various steps and paperwork were overviewed. This month, let's apply those concepts to the everyday work of office staff. Here are 13 items to help them recover appropriate billing in workers' comp cases:

1. THE INTAKE FORM

The intake form is a very important document. The opinion of the initial treating physician about how the patient was injured, where the patient was injured, and the results of such injury are crucial to every aspect of the workers' comp system. Patients are sometimes not the best historians; it is therefore the job of the office staff to clearly and concisely summarize these important facts. Once committed to the intake form, these facts are part of the workers' comp paper chain and may come back to either help or haunt the physician and patient later.

2. RELEASE OF RECORDS

By filing a claim for workers' compensation benefits, the patient implicitly authorizes the release of medical records to the workers' comp insurance company. The claim for workers' compensation does not authorize the release of medical records to other interested persons. It is in the insurance company's interest and the interest of the provider that the insurance carrier promptly have enough accurate information to accept or deny the claim in a timely manner.

It is unclear whether the provider must release office notes as a prerequisite to payment. Many carriers demand them. This is a "gray area" in the law, and there is no absolute answer. It is logical that before accepting a claim, the carrier would want to see such records, and it is probably good practice to provide them.

3. WORKERS' COMP FORMS

When to bill, what to bill, and how to bill in the context of workers' compensation depends on whether the claim is open or closed, whether it is accepted or not accepted, and what the insurance carrier has accepted liability for. Since the provider has no direct right of access to these documents, the provider must rely on the patient t provide them.

Patients often don't realize the significance c the Notice of Compensation Payable or Supplc mental Agreement. Or, understandably, they ma bring in the Employer's Report of Occupation Injury or Disease, a very official-looking docume which means nothing. Intake personnel shoul insist that an injured worker bring in each an every piece of paper from the Bureau of Worker Compensation or the workers' comp insuranc carrier. Be on the lookout for the Notice of Con pensation Payable, which establishes the right t recover billing and describes the conditions fc which the carrier has accepted liability.

4. NOTICE OF COMPENSATION PAYABLE

Suppose the injured worker does not have tl Notice of Compensation Payable or Denial, or ha them but lost them. What to do then? The injurc worker may request them from the Bureau Workers' Compensation or the insurance carric The provider may, on written authorization of tl patient, receive them from the bureau.

The quickest and easiest approach is for the ca rier to release them. The provider should consid providing a form letter signed by the patient an the provider requesting that the insurance carri promptly release any Notices of Compensatic Payable, Denials, or Temporary Notice of Cor pensation Payable, Supplemental Agreemen Agreements, Final Receipts, or Judge's Orders.

5. DOCUMENTATION

We don't need to worry about the worke compensation documentation because our bi are being paid by the workers' compensation ca rier, right? Wrong! Payment of medical bills by t carrier does not mean that the claim has be accepted. A loop hole in the law allows the carr to pay bills without formally accepting liability.

6. BILLING DURING THE CAPTIVE PERIOD

Always find out if a given employer has posted list of physicians in order to know whetl a treating physician can bill within the first 30 90 days. Remember that workers' compensatior

ıot primary, and subsidiary medical coverage may ldways be billed. The patients themselves may or nay not be billed directly, depending on whether ɔr not the claim is compensable.

THE PHYSICIAN'S ROLE

If you are a panel physician, remember that here is no 30- or 90-day requirement; your right o get paid depends on your individual contractual elationship with that employer and/or its insurnce carrier. If you are the treating physician, emember that you may not bill workers' compenation until the 30 or 90 days have gone by, lepending on whether the injury is pre- or postuugust 1996 and whether five days' notice has een provided to the workers' comp insurance arrier or the employer.

How do you know the name and address of the mployer and of the current workers' compensaion insurance carrier for that employer? This nformation is usually contained in the Employer's Report of Occupational Injury or Disease.

Make sure that LIBC 9 is filed with the insurnce carrier within 10 days of the date of the first reatment and every 30 days after that. Also, send copy of the HCFA 1500 or appropriate form.

Practice Tip: *Date stamp the copy of the docuents going to the workers' compensation insurnce carrier and your copy. This is generally onsidered as proof that the bill was sent.*

DIRECTING BILLING TOWARDS THE CONDITION THAT HAS BEEN ACCEPTED BY THE INSURANCE CARRIER

In the description of injury in the Notice of Compensation Payable, the insurance company is nly responsible for paying for treatment related ɔ an accepted work injury. If the treatment is not n its face related to the accepted work injury, the urden of proof is on the provider/patient to ither negotiate with the insurance company or le a petition to have the treatment declared reaonable and necessary and related by a judge.

Practice Tip: *The intake form and its descripon of how the injury took place and what parts of 'e body were involved, is crucial to both an accute Notice of Compensation Payable and a successful challenge, should the insurance company ıter deny liability.*

AVOID SPLIT BILLING

A chart note containing treatment for a workelated injury and a non-work-related injury in the me office visit is inviting denial by the insurance arrier on the grounds of non-relatedness. If a atient has a host of work-related and non-workelated problems, they should be the subject of eparate visits and separate notes.

There are approximately 300 licensed insurnce carriers who can write workers' compensaon coverage in Pennsylvania, 700 employers, and an unknown number of adjusting companies. Billing staff will rapidly learn which carriers are which.

Billing staff should work on establishing a positive rapport with the carriers who are fair and above board. Carriers who constantly deny appropriate bills, constantly put appropriate billing into utilization review, and excessively harass doctors' billing staff should be treated in a different manner. Remember: It is always better to cajole and negotiate, then litigate. On the other hand, litigation in some cases is necessary and appropriate. Know the difference.

FILING FEE REVIEWS

Fee reviews should be filed in appropriate cases where carriers do not pay on a timely basis or arbitrarily downcode. The fee review costs nothing and, while it may take a long time, demonstrates knowledge of the workers' compensation system and a willingness to persevere.

DOWNCODING AND RELATED ISSUES

An insurance company may downcode only when it has sufficient information to make changes consistent with Medicare and after consulting with the provider.

DENIED CLAIMS

Remember that you can always bill a subsidiary carrier. Remember also that once a claim is denied, a claimant has three years to file a claim petition to have the judge adjudicate the controversy. The average length of time to decide or contest a workers' comp case may be a year. In the meantime, find out if the claimant has an attorney, and request that the attorney sign a lien form. Such lien forms should not be over broad, but rather guarantee that the attorney will submit your bill to the workers' compensation judge and do what he can to get it paid. Also, request clarification of the claimant's attorney's representation of your lien before your doctor writes a narrative medical report or gives a deposition.

INTEREST

On any delayed payment of workers' compensation benefits, whether contested or not, the provider is entitled to statutory 10 percent compounded interest.

Billing by the New Rules

Attorney Tom Cook will present the seminar, "A Step-by-Step Approach to Workers' Compensation in Pennsylvania," at five locations in November. Sponsored by the State Society, the seminar will detail the intricacies of workers' comp billing, reimbursement, utilization review, and medical reporting requirements.

Seminar dates and locations are:

November 12	Harrisburg
November 14	Pittsburgh
November 20	State College
November 21	Wilkes-Barre
November 22	West Conshohocken

Cook has also authored a new Society manual, "Workers' Compensation: A Guide for Pennsylvania Physicians," available to physicians and their office staff.

For information about these offerings, call the Society's Department of Physician Services at (800) 228-7823 or (717) 558-7750.

AUTHOR BIOGRAPHY

Mr. Cook is a former director of the Pennsylvania Bureau of Workers' Compensation, and now represents providers and patients in workers' comp matters in Central Pennsylvania.

Bureau of Labs Reaches Agreement with COLA

Jeffrey C. Greenawalt

In the mid 1970s, all physician office laboratories in Pennsylvania became subject to regulation by the Pennsylvania Department of Health's Bureau of Laboratories. We generally count on any regulation of a physician's activities to cause hassles. Fortunately, most physicians in the state found that the staff members of the bureau were fair and helpful in assisting them in complying with the regulations and reducing the hassles as much as possible. Over time, physicians learned to live with the state system of registration and regulation. Then came 1988 and the Clinical Laboratory Improvement Act (CLIA).

CLIA was the federal law that gave the Health Care Financing Administration (HCFA) authority over all clinical laboratories in the country, whether or not they billed federal reimbursement programs. The federal law allowed states that regulate laboratories to have their regulations "deemed" equivalent to CLIA if the regulations were at least as stringent.

CLIA regulations were similar to Pennsylvania's regulations, but not identical. In some regards, Pennsylvania's regulations were more stringent than CLIA, while in other regards they were less so. This forced our physicians to comply with two sets of regulations when operating an office laboratory.

The state's Bureau of Laboratories eventually assumed responsibility for CLIA inspections. However, since state regulation was never "deemed" equivalent to CLIA, state regulators essentially performed dual inspections. This left physicians subject to two sets of survey standards.

But all that changed this past July when the State Bureau of Laboratories and the Commission on Office Laboratory Accreditation (COLA) reached an agreement that allows the Bureau of Laboratories to accept COLA certification in lieu of inspection by the state. Since COLA already was "deemed" equivalent to CLIA standards, physicians in Pennsylvania now have an alternative.

THE COLA ALTERNATIVE

COLA is a voluntary accreditation organization created by organized medicine to provide an alternative to government regulation of physician office laboratories. COLA maintains a board of directors made up of practicing physicians. COLA claims that when developing standards for accreditation, its board considers not only meeting CLIA standards and promoting good laboratory practice but the needs of physician colleagues as well.

COLA accreditation will satisfy the survey element of both state and federal regulations. However, the state surveys about 2.5 percent of accredited laboratories as part of COLA's validation agreement with HCFA. COLA promises to provide assistance to any of its accredited laboratories if they are selected for this survey.

While COLA accreditation resolves many problems for physician office laboratory directors, there are a few things it does not eliminate. Physicians must still register their laboratories with the Bureau of Laboratories and with CLIA. They must also still pay the Pennsylvania licensure fee and HCFA validation/certification fees. However, COLA's staff claims that accreditation can save a typical physician office laboratory over $200 of total fees for each two-year period of accreditation.

Several other advantages exist for laboratories that choose accreditation by COLA. The survey process used by COLA begins with a self-assessment questionnaire that identifies problems prior to the survey. COLA will provide assistance in addressing those problems so they are corrected prior to the actual survey of the laboratory. Further, COLA provides educational and technical materials to help physicians develop good laboratory practices as well as comply with accreditation standards.

Many physicians are expected to seek COLA accreditation. For several years, COLA could not offer a very strong advantage; but this new agreement changes that. If you operate an office laboratory, it's worth a call to COLA at (800) 298-8044 to see how the program may benefit you.

AUTHOR BIOGRAPHY

Mr. Greenawalt is the State Society's director of educational and scientific affairs.

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(formerly Hahnemann University Hospital)

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OCTOBER 1996

October 16th
Advances in Cardiovascular, Renal and Cerebrovascular Medicine with Adenosine
Ami Iskandrian, M.D.
Professor of Medicine
Director, Nuclear Cardiology
Division of Cardiovascular Diseases
Allegheny University Hospitals, Center City
Philadelphia, PA

Luiz Belardinelli, M.D.
Professor of Medicine and Pharmacology
Department of Medicine
University of Florida School of Medicine
Gainesville, FL

Christopher Grange, M.D.
Associate Professor of Medicine
Duke University School of Medicine
Durham, NC

Robert Mentzer, Jr., M.D.
Professor and Chairman
Cardiothoracic Surgery
Director, Cardiopulmonary Transplantation
University of Wisconsin Hospital and Clinic
Madison, WI

October 23rd
Disorders of the TSH Receptor
Martin I. Surks, M.D.
Professor of Medicine and Pathology
Albert Einstein School of Medicine
Head, Division of Endocrinology and Metabolism
Montefiore Medical Center
Bronx, NY

October 30th
Molecular Abnormalities of Cardiac Dysfunction
Milton Packer, M.D.
Professor of Medicine and Pharmacology
Chief, Division of Circulatory Physiology
Director, Center for Heart Failure Research
Columbia-Presbyterian Medical Center
New York, NY

NOVEMBER 1996

November 6th
The Changing Face of Community-Acquired Pneumonias: The Impact of Pneumococcal Resistance
Daniel N. Musher, M.D.
Professor of Medicine, Microbiology and Immunology
Baylor College of Medicine
Chief, Infectious Diseases
VA Medical Center
Houston, TX

November 13th
H. pylori—Revelation to Revolution
David A. Peura, M.D.
Professor of Medicine
University of Virginia Health Sciences Center
Associate Chief, Division of Gastroenterology
Charlottesville, VA

November 20th
Progression of Renal Disease in African-Americans with Hypertension
George L. Bakris, M.D.
Associate Professor of Preventive and Internal Medicine
Department of Preventive Medicine
Director, Rush Hypertension Program
Rush-Presbyterian - St. Luke's Medical Center
Chicago, IL

November 27th
No Grand Rounds

DECEMBER 1996

December 4th
Genetic Models of Hypertension
Richard P. Lifton, M.D., Ph.D.
Associate Professor of Medicine, Nephrology and Genetics
Yale University School of Medicine
Assistant Investigator, Howard Hughes Medical Institute
New Haven, CT

December 11th
Cardiac Auscultation for the Generalist and Office Practice
Bernard L. Segal, M.D.
Clinical Professor of Medicine
Division of Cardiovascular Diseases
Allegheny University Hospitals, East Falls
Philadelphia, PA

Gerald Scharf, D.O.
Clinical Professor of Medicine
Division of Cardiovascular Diseases
Allegheny University Hospitals, Center City
Philadelphia, PA

Dean G. Karalis, M.D.
Clinical Assistant Professor of Medicine
Division of Cardiovascular Diseases
Allegheny University Hospitals, Center City
Philadelphia, PA

Farooq Chaudhry, M.D.
Professor of Medicine
Division of Cardiovascular Diseases
Director, Cardiac Echo Labs
Allegheny University Hospitals, Center City
Philadelphia, PA

John J. Ross, Jr., RCPT, RDCS
Research Assistant Professor
Division of Cardiovascular Diseases
Allegheny University Hospitals, Center City
Philadelphia, PA

December 18th
Advances in the Use of Interferon
Moshe Talpaz, M.D.
Professor of Medicine
University of Texas School of Medicine
Interim Chairman, Department of Bioimmunotherapy
M.D. Anderson Cancer Center
Houston, TX

December 25th
No Grand Rounds

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

OCTOBER 16, 1996
Advances in Cardiovascular, Renal and Cerebrovascular Medicine with Adenosine
Course Director:
Ami Iskandrian, M.D.
Visiting Professors:
Luiz Belardinelli, M.D.
Christopher Grange, M.D.
Robert Mentzer, Jr., M.D.

DECEMBER 11, 1996
Cardiac Auscultation for Office Practice
Course Co-Directors:
Bernard L. Segal, M.D.
Allan B. Schwartz, M.D.
Farooq Chaudhry, M.D.
Dean Karalis, M.D.
Gerald Scharf, D.O.
John J. Ross, Jr., RCPT, RDCS

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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PUBLIC HEALTH

Alert: Injections May Cause Abscesses

The Pennsylvania Department of Health, the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC) are warning the public that an injectable alternative medical treatment may be contaminated with bacteria that can cause a serious infection.

The product, "Adrenal Cortex Extract," bearing the name, "Hallmark Labs, Inc.," is not approved by the FDA. The department urges physicians or individuals who have the product to stop using it.

For more information, or to report use, physicians should contact their local health departments or the Pennsylvania Department of Health's Bureau of Epidemiology at (717) 787-3350.

Society Concerned About Health Delivery Changes

In late summer, the State Society voiced its concerns about proposed changes that could affect health services available to patients on the local level.

Comments were forwarded to Gary L. Gurian, deputy secretary of public health in Pennsylvania, expressing concern about the Department of Health contracting with local providers to offer clinical public health services. These include tuberculosis diagnosis, treatment, and education; sexually transmitted disease diagnosis and treatment; HIV testing and counseling; and child and adult immunizations. The department has developed a draft Request for Proposal (RFP) to begin the contracting process.

While initial State Society concerns about county selections for the project and retention of quality assurance oversight responsibilities were previously addressed by the department, the Society is still concerned some counties will lose services now available through local health centers.

"You have acknowledged that each of the existing centers is unique in its operation and the array of services provided," wrote President Jonathan E. Rhoads Jr., MD, in the letter to Gurian. "Much of that uniqueness is shaped by the community within which the center is located. Any changes in the level and type of services provided must not negatively affect the level of care within the county."

The Society continues to work to assure that services, beyond those listed above, "are not left to fall through the cracks."

Public Health Is Priority for Trust

Public health remains a priority for the Society's Educational and Scientific Trust, as evidenced by the Trust's efforts in several areas this year. Abram M. Hostetter, MD, Trust chairman, overviewed recent efforts in a report to the State Society board last month.

Keystones of Public Health is the basis of the Trust's public health efforts. Activities this year include pilot educational training for physicians and medical professionals to provide information and skills to assist victims of family violence. The Trust is working cooperatively with the Pennsylvania Department of Health, University of Pittsburgh School of Public Health, Pennsylvania Public Health Association, and Pennsylvania Association of Information and Referral to develop the Pennsylvania Public Health Resource Network on the World Wide Web.

The Trust is also involved as a major partner in the Pennsylvania Worksite Health Promotion Conference Committee, Pennsylvania Safe Kids Coalition Advisory Council, Pennsylvania Rural Health Conference Planning Committee, Pennsylvania Stroke Prevention Awareness and Recognition Campaign (SPARC), Pennsylvania Department of Aging's Protective Services Cultural Diversity Outreach Advisory Committee, and Pennsylvania Rural Development Council's Health Committee.

Other resources and education are available to physicians through the Trust's **Institute for Physician Leadership.** Currently, the Institute is producing physician continuing education materials to complement SPARC, the stroke coalition created by the Keystone Peer Review Organization.

Preparations are also underway for the 1997 edition of "Future $hock," a one-day financial planning and debt management program for senior medical students and residents, presented in collaboration with the financial aid office at Penn State's College of Medicine, Hershey. Also planned are CME programs for hospital medical staffs and leadership training for county society officers, county society executives, and medical staff leaders.

For more information on these and other Trust activities, call (800) 228-7823.

Did You See These Headlines?

- The Philadelphia City Council has passed an ordinance aimed at eliminating teen smoking through stricter sales requirements, i.e., a photo ID is required, the products must be sold from behind a counter, and the sale of individual cigarettes is prohibited.
- The state Senate Aging and Youth Committee is developing legislation to expand the PACE program to include more senior citizens by increasing income eligibility by $1,000 a year.
- The newly formed Solid Tumor Oncology Education Foundation last month began a series of free educational programs for community-based oncologists and other health care professionals to help them keep up-to-date on effective diagnosis and treatment of cancer. Call the foundation at (800) 223-8978.

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Commission Goals Include Education

Darlene D. McClendon

THE COMMISSION ON WOMEN PHYSICIANS WAS established by the State Society's Board of Trustees in September 1995 to: 1) explore ways to recruit and retain women physicians as members; 2) address key issues of concern for women physicians and make recommendations to the Society on ways to address these issues; and 3) seek ways to promote women physicians as leaders in medicine. Last month, we began this series of articles introducing you to the eight women working toward this important mission; this month, we continue with Commission Member Christina DeAngelis.

Christina DeAngelis, a native of Buckingham, Bucks County, is a third-year medical student at Penn State's College of Medicine in Hershey. Aside from her work on the Society's Commission on Women Physicians, she is immediate past president of the American Medical Association Medical Student Section (AMA-MSS). She devotes much of her spare time to school and community activities, including in the past as a member of the Child Life Project, a group of medical student volunteers who visit with prediatric patients; secretary of the Emergency Medical Society; a volunteer with a community education and outreach program; and a member of her medical school's Orientation Committee. She currently serves as social chair of her class and continues efforts to educate Bucks County grade and high school students about sexually transmitted diseases.

Q. WHAT FORCES MOTIVATED YOU TO CHOOSE MEDICINE AS A CAREER?

DeAngelis: I always enjoyed working with people, especially when I felt I could help them. My parents always encouraged me to consider medicine as a career, and their support gave me the confidence I needed to apply to medical school.

Q. WHAT HAS INTERESTED YOU MOST ABOUT MEDICINE?

DeAngelis: My clinical experience with the patients I meet. The patients have been the best teachers I've had in many ways. While it is important to learn about the body and disease processes in the classroom, the patients are able to show me what it's like to be affected by a disease process.

Q. IF YOU HAD TO CHOOSE ONE NOTEWORTHY ACCOMPLISHMENT IN YOUR LIFE SO FAR, WHAT WOULD IT BE?

DeAngelis: My favorite accomplishmen while I was AMA-MSS president was when I orga nized a medical student/senior citizen "prom." arranged for about 45 senior citizens from the local personal care facility to be matched up with a date from Penn State's College of Medicine, first- or second-year medical student. We had ove 50 medical students participating in the event

Each student had a flower for his/her date, and we had big band music and food. The mixer was an excellent opportunity for medical students and seniors to socialize outside of a medical environment. The students were able to learn a lot from the seniors' life experiences. Everyone had a great time!

WHY DID YOU GET INVOLVED IN ORGANIZED MEDICINE?

DeAngelis: I decided to get involved in organized medicine because I felt it would be the best way to have an impact on the changes occurring in medicine on a national level. I also felt that it would be a good opportunity to encourage and arrange activities between the medical college and the community to improve communication.

HOW DOES THE STATE SOCIETY'S NEW COMMISSION ON WOMEN PHYSICIANS DIFFER FROM PAST COMMITTEES OF WOMEN PHYSICIANS?

DeAngelis: The practice of medicine and the profile of women physicians have changed through the years. For organized medicine's committees, boards, and commissions to succeed, they must keep pace with changes in medicine. It is our hope that the commission will be more focused on key women's issues and committed to increasing membership among women physicians. By concentrating on a few key objeetives, the commission can more fully address those issues that are important to women physicians.

WHAT IS ONE KEY ACTIVITY FOR THE COMMISSION THIS YEAR?

DeAngelis: In keeping with my interests, the commission is organizing visits to grade schools and high schools. For grade school visits, the approach would be to attempt to eliminate the fear that youngsters have when visiting the doctor's office. For high school students, the purpose of our visits will be to encourage juniors and seniors to consider medicine as a career.

WHAT ARE SOME CHALLENGES YOU FACE AS A STUDENT?

DeAngelis: Students are challenged on a daily basis by the overwhelming amount of information we need to learn to become a good physician. At times, we need to step back from the pressures we place on ourselves to learn "everything" and remember what made us choose medicine and how we can best help our patients.

WHAT DO YOU THINK IS ONE OF THE MORE SIGNIFICANT CHANGES WE'LL SEE IN MEDICINE DURING THE NEXT FIVE YEARS?

DeAngelis: As managed care takes over more of the market, it will be interesting to see how patient care will be impacted. I cannot predict how health care will change, but I do hope that quality of care is held up to the standard that any good physician uses.

DO YOU HAVE ANY ADVICE FOR YOUNGER STUDENTS STARTING OUT?

DeAngelis: I would encourage younger students to take time out from their studies to do things for themselves. Medical school can easily become all-encompassing, but we need to keep a balanced life. If you make too many sacrifices, you become resentful as a physician and lose the excitement which made you choose medicine.

AFTER GRADUATION FROM MEDICAL SCHOOL, WHAT IS NEXT FOR YOU?

DeAngelis: At this point, I don't know what specialty I want to train for in residency since I've only just begun my clinical rotations. I do know that after residency, I will spend four years as a medical physician/officer in the Air Force, because I received an Air Force Health Professions scholarship to attend medical school.

WHERE WOULD YOU LIKE TO BE IN 10 YEARS?

DeAngelis: I see myself in a private practice in the Philadelphia area. I hope to continue my involvement in community education and organized medicine, and I would be interested in holding a leadership position either on the local or state level.

AUTHOR BIOGRAPHY

Ms. McClendon is the Society's professional and corporate development assistant.

The Commission on Women Physicians is interested in your thoughts on how it can best address the issues and needs of women in medicine. Call the Society at (800) 228-7823 or (717) 558-7750, extension 1407, with your suggestions.

Appointed

The Institute for Physician Leadership of The Educational and Scientific Trust of the Pennsylvania Medical Society has appointed a seven-member steering committee to oversee current activities and guide the program's future. **John A. Malcolm Jr., MD,** a State Society trustee and a member of the Society's Organized Medical Staff Section's Governing Council, will chair the steering committee. Other members include: **Barbara Barnes, MD,** Pittsburgh; **Michael Magee, MD,** Philadelphia; **Robert Pyatt, MD,** Chambersburg; **David B. Nash, MD,** Philadelphia; and **Michael J. Gallagher, MD,** Milford. **Martin A. Murcek, MD,** past Society president, will serve as the Trust's board representative.

William Welch, MD, assistant professor of neurological surgery and orthopedic surgery, and co-director of the Comprehensive Spine Center, University of Pittsburgh Medical Center, was named director of neurosurgical spine services in the university's Department of Neurosurgery.

Kevin M. Zakrzewski, MD, Internal Medicine Associates, The Graduate Hospital, Philadelphia, was appointed vice president of medical affairs.

John R. Ball, MD, was appointed president and chief executive officer, Pennsylvania Hospital, Philadelphia.

St. Christopher's Hospital for Children, Philadelphia, has appointed **Rick A. Martin, MD,** director, Section of Clinical Genetics.

Philadelphia College of Osteopathic Medicine has appointed **Allan M. McLeod, DO,** Devon, director of undergraduate clinical education.

Penn State's Milton S. Hershey Medical Center has appointed the following: **Witold B. Rybka, MD,** chief, Department of Medicine's newly combined Division of Hematology and Oncology, as well as professor of medicine; **John A. Ferriss III, MD,** chief, Division of Rheumatology; and **Ralph J. Damiano Jr., MD,** chief, Division of Cardiothoracic Surgery.

Darwin J. Prockop, MD, professor of biochemistry, pathology, and laboratory medicine, Allegheny University of the Health Sciences, Philadelphia, will head a new Center for Gene Therapy at the university.

Robert L. Capizzi, MD, was named Magee professor of medicine and department chairman, Jefferson Medical College of Thomas Jefferson University, Philadelphia.

Elected

Raymond J. Lodise, MD, a Huntingdon Valley specialist in internal medicine, was inaugurated president of the Philadelphia County Medical Society in June 1996. He succeeds Erwin A. Cohen, MD.

Freddie Persic, Pennsylvania Medical Society Alliance past president, was elected a member of the AMA Alliance Nominating Committee. Mrs. Persic was also appointed to the AMA Alliance ERF Committee.

Pennsylvania Academy of Family Physicians has installed **Peter A. Cognetti, MD,** Scranton, as its new board president.

Honored

Jan R. J. DeVries, MD, medical director of both the Siemon's Lakeview Manor Estate and Home Health Nursing Agency, Somerset, has been named the Family Physician of the Year for 1996 by the Pennsylvania Academy of Family Physicians.

Robert A. Partridge, MD, Drexel Hill, has received the Distinguished Leader Founders Medal from the Creative Education Foundation for his work on enhancing communication skills, and developing healthy attitudes and lifestyles for natural balanced stress management.

Dr. Clare

David W. Clare, MD, a retired Pittsburgh surgeon, was honored for a life of service to medicine and his community during a dinner in September. Donations given in honor of Dr. Clare are being used to establish the David W. Clare, MD, Endowment for Education at The Educational and Scientific Trust of the Pennsylvania Medical Society.

Marc I. Rowe, MD, surgeon-in-chief, Children's Hospital of Pittsburgh, is the 1996 recipient of the Ladd Medal, which recognizes outstanding contributions to pediatric surgery.

Larry A. Donoso, MD, director of research, Wills Eye Hospital, Philadelphia, has been recognized by the board of directors of City Trusts, governing body of Wills Eye Hospital, the City of Philadelphia, and the Commonwealth of Pennsylvania. The recognition followed the recent creation of the Dr. Larry A. Donoso Eye Research Laboratory at Queens Medical Center, Nottingham University, England.

Alexander S. Nicholas, DO, professor and chairman of osteopathic manipulative medicine, Philadelphia College of Osteopathic Medicine, has received the 1996 Christian R. and Mary F. Lindback Foundation Award in recognition of his distinguished teaching.

Leonard H. Finkelstein, DO, president and CEO, Philadelphia College of Osteopathic Medicine, was awarded the Sidney Weitberg, DO, Memorial Award from the Lambda Omicron Gamma Medical Society. The award recognizes faithfulness and loyalty to the osteopathic profession.

Allan I. Pack, MD, director, Center for Sleep and Respiratory Neurology, University of Pennsylvania Medical Center, Philadelphia, has received the 1996 Nathaniel Kleitman Distinguished Service Award in recognition of his service in sleep disorders medicine.

OBITUARIES

Richard D. Bausch, MD, Allentown
efferson Medical College of Thomas Jefferson University, 1942; age 80, died July 19, 996. Dr. Bausch was a family practitioner.•

George Beacher Jr., MD, Lancaster
Iahnemann University School of Medicine, 933; age 88, died July 24, 1996. Dr. Beacher vas a general practitioner.•

Paul L. Bradford, MD, Lansdale
Iahnemann University School of Medicine, 937; age 84, died July 25, 1996. Dr. Bradford vas a general practitioner.•

Donald C. Conrad, MD, Middletown
Iahnemann University School of Medicine, 943; age 78, died August 19, 1996. Dr. Conad was a family practitioner.•

ames B. English, MD, Altoona
'emple University School of Medicine, 1936; ge 86, died July 22, 1996. Dr. English was a ardiologist.•

Peter M. Feltwell Jr., MD, Sewickley
Jniversity of Pennsylvania School of Medine, 1936; age 85, died July 12, 1996. Dr. 'eltwell was a radiologist.•

Daniel V. Friedmann, DO, Vest Chester
Philadelphia College of Osteopathic Medicine, 946; age 76, died June 28, 1996. Dr. Friedmann was a general practitioner.•

Clara G. Wertime Gilmer, MD, Chambersburg
'emple University School of Medicine, 1939; ge 80, died August 4, 1996. Dr. Gilmer was a ediatrician.•

Richard H. Horn, MD, Pittsburgh
Jniversity of Pittsburgh School of Medicine, 941; age 81, died July 14, 1996. Dr. Horn was n internist.•

Don E. Johnson, MD, Villanova
ndiana University School of Medicine, 1941; ge 80, died August 12, 1996. Dr. Johnson was psychiatrist.•

Charles F. Milon, MD, Glenside
'emple University School of Medicine, 1949; ge 71, died August 3, 1996. Dr. Milon was an llergist and immunologist.•

Edwin M. Mszanowski, MD, Erie
efferson Medical College of Thomas Jefferson University, 1947; age 73, died August 14, 996. Dr. Mszanowski was a general surgeon.•

• Denotes membership in the Pennsylvania Iedical Society at the time of death.

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Q&A: Drug utilization

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The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug utilization issues. The Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. Call in your question to (800) 228-7823.

Q: What agents are now available over-the-counter to help my patients in their quest to stop smoking?

A: In the past few months, several prescription nicotine products have become available over-the-counter:

Nicoderm CQ® is available in three steps. Step 1 includes 14 patches dosed at 21 mg and retailing for $44.99; Step 2 is seven patches at 14 mg for $26.99; and Step 3 is seven patches at 7 mg for $26.99. An educational program is offered by the manufacturer by calling an 800 number.

Nicotrol® offers a starter kit of one week's worth of patches, dosed at 15 mg and retailing for $27.99, along with an instructional audio tape and booklet. A seven-patch refill retails for $26.99; length of therapy is six weeks. Unlike Nicoderm, the manufacturer of Nicotrol is only marketing its product in one strength; it was found that a shorter, six-week course of therapy at 15 mg is just as effective as a tapering regimen of 12 weeks.

Nicorette® gum, the first product to switch to over-the-counter status this past spring, is available in two dosages—2 mg and 4 mg. Each offers a starter kit of 108 pieces with instructional audio tape; the 2 mg retails for $45.99, the 4 mg for $52.99. Refill kits are available for $27.99 (2 mg) and $31.99 (4 mg).

The gum should be chewed until a tingling sensation is felt, and then for 30 minutes thereafter. The 2 mg dose is recommended for those who smoke less than 25 cigarettes a day and the 4 mg for those who smoke more than 24 cigarettes. The maximum to be chewed per 24-hour period is 24 pieces. After 12 weeks of gum therapy, the patient should be smoke free. If not, the patient should then contact his or her physician for alternative therapies.

Mild adverse reactions include mild headache, appetite stimulation, flushing, insomnia, dizziness, and irritability. The patient should be counseled *not to smoke* during therapy as overdose may occur. Symptoms of overdosage include nausea, vomiting, diarrhea, severe headache and/or weakness, fainting, syncope, hypotension, and seizures.

It is relevant to note, however, that even though these agents are over-the-counter, potentially dangerous drug-drug interactions may occur. Nicotine interacts with insulin, propoxyphene, propranolol, theophylline, and warfarin (and other drugs metabolized by the hepatic P-450 enzyme system), and smoking cessation may increase their therapeutic effects.[1] Enzyme activity may not normalize for three months to two years after the patient has ceased smoking.[2]

The theophylline and nicotine interaction, in particular, can be life threatening in the elderly patient. Theophylline in and of itself has a narrow therapeutic range, thus compromising its safety. The elderly patient clears theophylline more slowly than the middle-aged patient.[3] It is generally accepted that elderly are at an increased risk for toxicity at levels above 25 mcg/mL.[4] The distinguishing symptoms of theophylline toxicity include agitated maniacal behavior, arrhythmias, extreme thirst, palpitation, slight fever, and tinnitus.[5]

Although not an over-the-counter product, a novelty nicotine dosage form has just been marketed. *Nicotrol NS®*, a nasal spray, is available by prescription only. It is packaged in a 10 ml metered spray pump glass bottle and is 10 mg/1 ml. Dosing is one spray (0.5 mg) per nostril per hour initially, increasing as needed to avoid withdrawal symptoms. Dosage should not exceed five doses/hour or 40 doses/day. Initial length of therapy is six to eight weeks, after which dosing is gradually reduced over the next four to six weeks. This may be a viable alternative to those patients not responsive to transdermal or gum therapy.

References available upon request.

Help Your Patients Stop Smoking

Here's a concrete plan to help your patients stop using tobacco products, based on guidelines established by the Agency for Health Care Policy and Research.

Strategies to assist the physician:
- Identify all smokers, and record their status of tobacco use.
- Offer smoking-cessation treatment at every office visit.
- Use nicotine replacement as a component of cessation therapy, when appropriate.
- The more intense the treatment is, the more successful long-term results are.

Motivate the patient:
- Attribute the need to quit to the patient's health, age, family, or social situation.
- Identify the risks of continuing tobacco use.
- Place emphasis on the rewards of quitting.
- Repeat the messages to reinforce learning.

Organize a plan to assist the patient:
- Be emphatic about the importance of quitting.
- Help patient set a quit date.
- Suggest patient ask family and friends to support their effort.
- Tell patient to remove all cigarettes from home, car, and workplace.
- Help patient recognize that challenges will occur, especially during the critical first few weeks.
- Advise that total abstinence is essential.
- Tell patient that drinking alcohol is strongly associated with relapse.
- Inform patient that other household smokers hinder success.

Keep the patient on track by reinforcing the benefits of quitting:
- Improved health, self esteem, and sense of taste and smell.
- Home, car, and breath will smell better.
- Healthier babies and environment for family, friends, and coworkers.
- Will save money.

Encourage with support and follow-up:
- Advise patient you are there when he or she is ready to quit.
- Congratulate, encourage, and stress importance of continuing abstinence.

Coming next issue...

- Has the "alternative" wave hit our shores yet? A look at alternative medicine in Pennsylvania's health care marketplace.
- Exclusive tips on dealing with the complexities of Pennsylvania's workers' compensation system.
- More on managed care, physician networking, group practices, and the practice concerns of Pennsylvania physicians...

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Rothman Institute 21

Home Health Care

CPO2, Inc 43

Medical Personnel Pool 42

Hospitals

Lloyd Noland Hospital 39

Insurance

Medical Inter-Insurance Exchange Cover 2

Medical Protective Company 33

Pennsylvania Blue Shield Cover 4

Pennsylvania Medical Society Liability Insurance Company 11

PIE Mutual Insurance Company 9

Princeton Insurance Company 13

Medical Supply

Caligor Medical Supply Company 41

Pharmaceutical

Bayer Corporation 7-8

Specialized Programs & Services

American College of Physicians 37

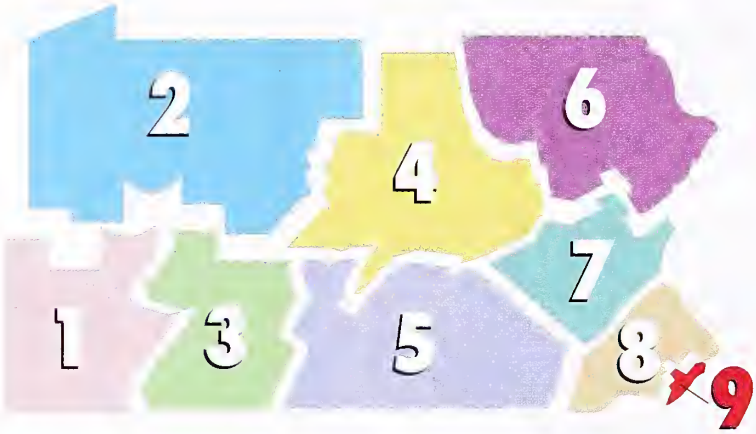
Cejka & Company 42

Pennsylvania Medical Society Center for Professional Drug Education and Information Cover 3

Strelcheck and Associates 42

ANALYSIS OF THE EMERGING HEALTH CARE MARKETPLACE IN PENNSYLVANIA AND BEYOND

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. Fo more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.



Blue Cross of Western Pennsylvania and Genesis Medical Associates, a 16-physician family practice with six offices in the North Hills, reached an affiliation agreement late this summer. The five-year partnership will give Genesis doctors full membership in Blue Cross's managed care network. *[Pittsburgh Business Times]*

On August 22, the board of the York County Physician Organization signed a risk-sharing contract with Health Mate, a Medicaid managed care organization. Also, the board signed a Letter of Agreement/Intent with HealthAmerica for a risk-sharing arrangement, effective October 1.

Community General Osteopathic Hospital and Pinnacle Health System, both of Harrisburg, are discussing affiliation. *[Central Penn Business Journal, Harrisburg]*

HealthGuard of Lancaster is in the final stages of drawing up a risk-sharing agreement with the Lancaster Area Network Company, a nonprofit corporation created by St. Joseph Hospital and the private-practice physicians of the Middle Atlantic Medical Management Alliance. Under the agreement, the doctors and hospital essentially would take over many patient care management decisions currently made by HealthGuard administrators in exchange for a larger share of HealthGuard premium profits. *[Central Penn Business Journal]*

The PennCARE partnership of eight Eastern Pennsylvania hospitals and their medical staffs signed a 10-year agreement with U.S. Healthcare. *[PennCARE press release]*

Primary Health Systems, Wayne, announced it will buy Lower Bucks Hospital for an undisclosed price. *[Philadelphia Inquirer]*

Riddle Memorial Hospital, Media, has joined the Thomas Jefferson University Hospital Cancer Network. *[Physician's News Digest, Narberth]*

Following Aetna Life and Casualty Company stockholders' approval in July to purchase U.S. Healthcare, Aetna says it won't renew its contracts to process Medicare claims for doctors and hospitals. The company says it can make more money by focusing on its managed care business. *[Patriot-News, Harrisburg]*

U.S. Healthcare posted a 5.3 percent increase in second-quarter net income, crediting a 23 percent membership increase in its health care programs. *[Wall Street Journal]*

Pittsburgh-based Allegheny Health Systems is consolidating with five hospitals operated by Graduate Health Systems and two South Jersey facilities. The move has brought opposition from a Philadelphia hospital workers' union, which plans to ask the Federal Trade Commission to block the consolidation. The union contends that the consolidation would give Allegheny Health too great a share of the Philadelphia market. *[Patriot-News; Philadelphia Inquirer]*

Earlier this summer, Independence Blue Cross said it will not renew its contract with four Graduate Health System hospitals when the current contract expires next year. *[Philadelphia Business Journal]*

Jeanes Hospital, Philadelphia, has become a member of the Temple University Health System. *[Physician's News Digest]*

MANAGED CARE MOVES, STATE BY STATE

The Michigan State Medical Society is developing a medical services organization to offer medical practice management services to POs, PHOs, group practices, and sol practitioners. *[American Medical News]*

Though Pennsylvania now has a law requiring health plans to pay for emergency care when a covered person seeks help for something a "prudent layperson" reasonably could thin was a health threat, no federal law exists. But Kaiser Permanente and th American College of Emergency Physicians are out to change that, issu ing a joint statement calling for a federal standard. *[USA Today]*

HUMOR/MEDICINE

Physician to Physician Humor: For Conferences Meetings: Stu Silverstein, MD/Comedian whose work on Humor/Medicine was featured nationally on ABC, is available as an entertaining Keynote Speaker at your next conference or meeting and to write material for your speeches. For more information or a complimentary copy of "Tips on Adding Humor," call (203) 406-4298; fax (203) 978-1951; e-mail *Stuhumor@AOL.com.*

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PENNSYLVANIA MEDICINE publishes this listing of health care-related meetings each month as a service to its readers. Due to space limitations, the magazine is unable to publish complete details about each offering. Call the contact person for specifics such as program topics, speakers, CME credit hours, and registration fees. Send announcements to: Calendar, PENNSYLVANIA MEDICINE, P.O. Box 8820, Harrisburg, PA 17105-8820; fax to (717) 558-7840; e-mail to *mboyer@pamedsoc.org*. Listings may be edited and are used at the discretion of the editors.

OCTOBER

18-20, *Pennsylvania Medical Society Annual Business Meeting*
Hershey Lodge & Convention Center, Hershey
CONTACT: Kay Barrett, (800) 228-7823, ext. 1406

22, 23, 24, *One-Day Seminar: Getting Started in Medical Practice*
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CONTACT: Linda Boyer, (800) 228-7823, ext. 1488

24, *One-Day Seminar: Managing A Physician's Office Laboratory*
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JANUARY 1997

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16-18, *American Medical Association Leadership Conference*
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APRIL

11-13, *Pennsylvania Medical Society Leadership Conference*
Lancaster Host Resort, Lancaster
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16-18, *Pennsylvania Chapter American College of Emergency Physicians Scientific Assembly*
Sheraton Station Square, Pittsburgh
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16-19, *Pennsylvania Orthopaedic Society Spring Scientific Meeting*
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18-20, *Pennsylvania Society of Anesthesiologists Annual Meeting*
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8 Alternative Medicine

Unconventional Therapy in Pennsylvania Practices

Pennsylvania physicians have reacted cautiously but are showing increasing interest in unconventional therapies integrated into conventional medical practices.

16 Workers' Compensation

Answers to Commonly Asked Questions

In this final of three articles overviewing Pennsylvania's workers' compensation system, the author answers some of the most commonly asked questions from providers.

30 Medical Economics

New Act Expands Efforts Against Fraud and Abuse

The new Health Insurance Portability and Accountability Act of 1996 includes a major initiative to expand federal efforts to combat fraud and abuse. Significant elements of the act are highlighted.

Cover photo by Spencer Jo
FPG International C

Pharmacies Recognized for Anti-Tobacco Efforts
pages 37-38

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ssues of Interest

12 Integration Insider
Continued analysis of the emerging health care marketplace

20 Group Practice Snapshot
UPMC Medicine: marketing accessibility in Pittsburgh

24 Physicians' Update
Recent board actions and news on managed care and economics

28 Public Health
State lab is partner in diagnosis and treatment of TB

40 Drug Education
The latest information about Schedule II prescriptions

oices in Medicine

4 President's Viewpoint
The syndrome: we vs. they. The cure: us.

4 Letters to the Editor
Physician—heal thyself
Wanted: vigorous support for Senate Bill 790

34 Opinion
Quality improvement in an era of managed care

Deadline News Insert:
Tort Reform Alert and CAT Fund Update

epartments

2 People in Medicine/Obituaries
8 Advertisers' Index
42 Classifieds
44 Calendar

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PRESIDENT'S VIEWPOINT

We-They Syndrome: The Cure—Us

In my travels and discussions throughout the state and at the various meetings that I have had the privilege to attend, I keep hearing familiar themes that ring true constantly:

Dr. Greco

- Young physicians versus old
- Generalists versus specialists
- Private practice versus group practice
- Rural physicians versus urban
- Academic physicians versus practitioners
- They versus we

Constantly, I hear this repetitive mantra. This idea and thought process is destructive to each and every one who partakes in this type of thinking.

We must never lose sight of the fact that we are all physicians with one purpose in life—to be our patients' advocate, and more than that, to practice medicine for the benefit of our patients' well-being. If we practice with that thought uppermost in our minds, it matters not what stage in the development of our professional life we are in or where it is that we practice.

Our adversaries—and there are many of them—take advantage of our own splintering and our own dissension within the ranks to tear us farther apart and subject us to their whims, and to their legislative and economic fancies.

Regardless of how long we have been in the practice of medicine, we have seen many changes which have placed the physician between a rock and a hard place. We are faced with daily decisions as to what is best for our patients' well-being and care; yet, we are constantly reminded of the "bottom line."

We need to realize that we can accomplish just about anything we want to in our profession if we act as one unified body of physicians. It does not mean that we have to subject our individuality or personality to any organization, to any group, or to any select members. We can continue on and do what we do best—that is take care of patients—but we can still be united and speak with one voice.

We can do that through organized medicine—on the county, state, and national levels. We who are members of the Pennsylvania Medical Society should urge, with all that is within us, other physicians to join this excellent organization, and we should all support the Society in its endeavors, because the truth of the matter is that the Pennsylvania Medical Society, which is a membership-driven Society, wants to do what the members want it to do.

We must get rid of this we-they syndrome. We can cure this we-they syndrome if we act in a unified way and respond by being US! THAT IS THE CURE!

Victor F. Greco, MD, President
Pennsylvania Medical Society

Rural physicians versus urban

Academic physicians versus practitioners

They versus we

LETTERS TO THE EDITOR

Physician—Heal Thyself

Is democracy dying? Fewer people voted for Clinton in 1992 than for his opponents. Fewer people voted at all than stayed home. Fewer physicians choose to be members of the AMA than choose non-membership. The reasons for lack of participation are varied and range from apathy to deliberate non-participation.

The AMA symbolizes organized medicine, an all-inclusive term encompassing county and state medical societies throughout the United States, an organizational structure developed by the AMA in 1901. The formation of medical specialty societies and now the evolution of managed care physician organizations are recent additions to the family of organized medicine. In 190(only 9 percent of the nation's 100,000 physicians were AMA members. Internal bickering and decades of efforts to discredit homeopathy harmed its public image, according tc some historians. The establishment o *JAMA* and the reorganization mentioned above considerably strengthened organized medicine.

In the early years of this century, organized medicine supported a number of outstanding public health efforts, including the Pure Food and Drug Act (9106), milk inspection, school health programs, safer food anc water supplies, improved sanitation, and wider use of vaccines.

Why would physicians fail to be enthusiastic supporters of an organiza tion with such a lofty record of accom plishments? Unfortunately, the recorc also includes some significant questio able efforts including strong oppositio to Medicare, Medicaid, group hospita ization plans, and maternal and child health subsidies.

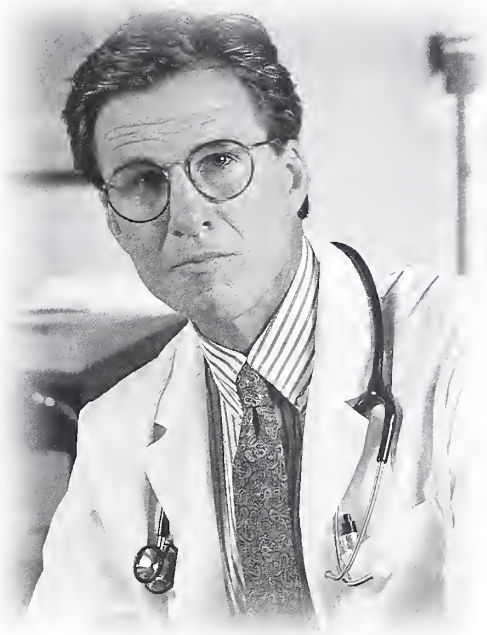
In recent years the profession has become tarnished by its affluence which was closely and expectedly followed by the escalation of malpractic suits. Growing impersonalization is closely linked to the increase in speci ization and technology. While one ca ascribe to the leadership of organized medicine poor judgment in some soci legislation issues, the public perceptic of a profession that has lost its idealis is the responsibility of some individu physicians.

Physicians who do not participate organized medicine offer a number o

ANOTHER PMSLIC PROFILE

"The courtroom

is no place to practice medicine. A couple of years ago one of my patients sued me for failing to diagnose her breast cancer. Her argument was emotional — even compelling. I felt myself being drawn into an argument of what was right and what was wrong. We could have lost that case. But we held our ground, presented the facts... and our defense prevailed. I can't tell you how important it was to hear a verdict in my favor. It's reassuring to know that PMSLIC is an insurance company that believes in defending good medicine. PMSLIC supported me with a team of doctors and insurance professionals. As doctors, we all get solicitations from companies promising to save thousands in premiums. But now I know why they say "you get what you pay for." I'll never take another chance with my practice, or my peace of mind. I'll always be insured by PMSLIC."



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Continued from page 4

reasons and rationalizations for standing aloof:

- "It costs too much." Although not insignificant, membership dues represent only a tiny fraction of the average total physician income. The true reason for nonparticipation is the lack of perceived value of membership benefit for the dollars paid.
- "Organized medicine does not represent me." In fact, each sector of organized medicine has a broad constituency with a litany of tangible and intangible benefits, but has failed to articulate these in a manner attractive to the busy practicing physician.
- "My specialty society is more relevant and important to my practice." This is true in some respects, especially in helping maintain competency and currency of one's medical practice. But a specialty society is like one side of a coin, because it cannot present a coherent view of all aspects of health care delivery.
- "Organized medicine fails to anticipate and control the forces of change." This impossible expectation is only a dream for any national organization. The group that could predict and control change would rule the world.
- "Organized medicine is a part of the problem by promoting self-interest over change for the public good." At first this self-righteous indignation seems naive and idealistic, yet the complaint is not without foundation. No organization is perfect, and past sins must be acknowledged, corrected, and avoided.

A future generation will look back on this time as one of great upheaval in the medical profession. We must remind ourselves that professions in our society originally described only a few groups: lawyers, clergy, university scholars, and sometimes, but not always, physicians. These groups were distinguished by their special knowledge, and society conferred special stature and privilege. These professions formed organizations intended to promote the common good by setting standards of performance and defining ethical behavior, realizing that otherwise government would do so.

Physicians are now moving rapidly away from the independence of a self-regulating profession. What are you going to do about it, doctor? Here are some things you *must* do:

1) Unite with all physicians. We are diverse, but should not be divided, whether a clinician, diagnostician, academician; primary care or specialist; salaried, fee-for-service, or capitated; independent or "managed." Changes in health care delivery will take place with or without participation of the medical profession, and if we cannot show unity, then we will be easy to ignore.

2) Learn more about the activities of organized medicine. Much of the disconnect between the busy practice of medicine and local, state, or national medical societies relates to ineffective communication. The practicing physician must have available concise, clear, and complete answers to questions and must take the time to assimilate this information.

3) Become a member of organized medicine. Help direct efforts to deal with the problems we face. At this time it is not enough to be a caring, conscientious, and competent physician; one must also give attention to the needs of the profession.

4) Participate to improve your medical organization. Your county medical society is eager for concerned physicians to serve on its board and in other offices. As the local representative of medicine, the county society can have a high profile in the media and a broad interface with civic and community organizations, if you are willing to work at it.

5) Recognize that these stressful times tempt one to seek not only easy answers but easy causes—to blame organized medicine for causing or failing to solve the problems we face. Organized medicine is not better and no stronger than the membership allows it to be.

I do not believe that democracy is dying, nor that organized medicine will disappear unless too many of us decide not to participate. I was one in a small group on the Acropolis of Athens where democracy originated almost 2,500 years ago. Our guide used the scaffolding for repair work on the Parthenon as an inspiring allegory for the constant work needed to maintain democracy. Don't be like the ugly American among us whose indifferent reaction was, "The sun is hotter than hell, I want to get in the shade!" Get in the heat—you can make a difference!

Stephen T. Bush, MI
Johnstow

Wanted: Vigorous Support for SB 790

Editor's note: This letter was excerpted with permission from the September issue of the Bulletin of the Delaware County Medical Society.

The PIC Insurance Company announced this summer that as of January 1, it will not be renewing medical malpractice insurance policies. The company said it will be withdrawing from the malpractice market until suc time that rate levels are more reasonable, and/or legislation regarding meaningful tort reform is enacted to protect health care providers and thei insurers. This is just another piece of evidence that the current malpractice liability situation is intolerable... another example of why we must all vigorously support Senate Bill 790.

When malpractice reform was attempted in the 1970s, the bill passe the House and died in the Senate. We must prevent that from repeating a se ond time. December 1996 marks the end of a legislative session. If Senate Bill 790 does not pass, tort reform mu start over again with another introduc tion in the House. Needless to say, th would make the tort reform process even more difficult. That is why we must all try to influence our state sen tors to support this bill.

Robin B. Scheiner, MD, Preside
Delaware County Medical Soci

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ALTERNATIVE MEDICINE

Unconventional Therapy in Pennsylvania Practices

Fred D. Baldwin, PhD

The *National Enquirer* periodically announces that apple cider vinegar is good for almost anything from athlete's foot to cancer. But interest on "alternative therapies" isn't confined to tabloid journalism. They've been covered sympathetically in recent issues of *Life*, *Time*, and *Modern Maturity*, as well as by periodicals seldom seen at supermarket checkout counters, such as *Cancer*, *Medical Economics*, and *New England Journal of Medicine*.

Abstract

The public's interest in "alternative" medicine is well documented, and recent attempts to integrate unconventional therapies into conventional medical practices have been widely publicized. Pennsylvania physicians have reacted cautiously but are showing increasing interest. This article summarizes the perspectives of physicians who employ at least some of what they prefer to call "complementary" or "adjunctive" therapies—including acupuncture, hypnosis, and herbal remedies.

An appreciable number of Pennsylvania physicians take an active interest in unconventional health strategies, which they prefer to call "adjunctive" or "complementary" therapies. Indeed, future medical school graduates may take for granted their need for training in acupuncture, herbal remedies, and mind-body relaxation techniques, just as they do now for computers.

"Ten years ago, there were people interested in it, but it certainly wasn't the kind of thing you'd put up a banner about in medical school," says John L. Randall, MD, who chairs the Division of Family Medicine at Jefferson Medical College of Thomas Jefferson University, Philadelphia. "There's much more openness at least to discuss some other methods. Physicians are much more accepting about patients trying alternative things."

Marc Micozzi, MD, executive director, College of Physicians of Philadelphia, agrees. Dr. Micozzi, who also holds a PhD in anthropology, is the author of *Fundamentals of Complementary and Alternative Medicine*, a textbook that carries an introduction by C. Everett Koop, MD, former U.S. Surgeon General.

"A year ago," Dr. Micozzi says, "few of the medical schools in Philadelphia were teaching courses in complementary medicine. A year later, every one of them is either teaching or organizing a course, and I'm involved in two of them and in a night class being taught at the National Institutes of Health in Bethesda, Maryland."

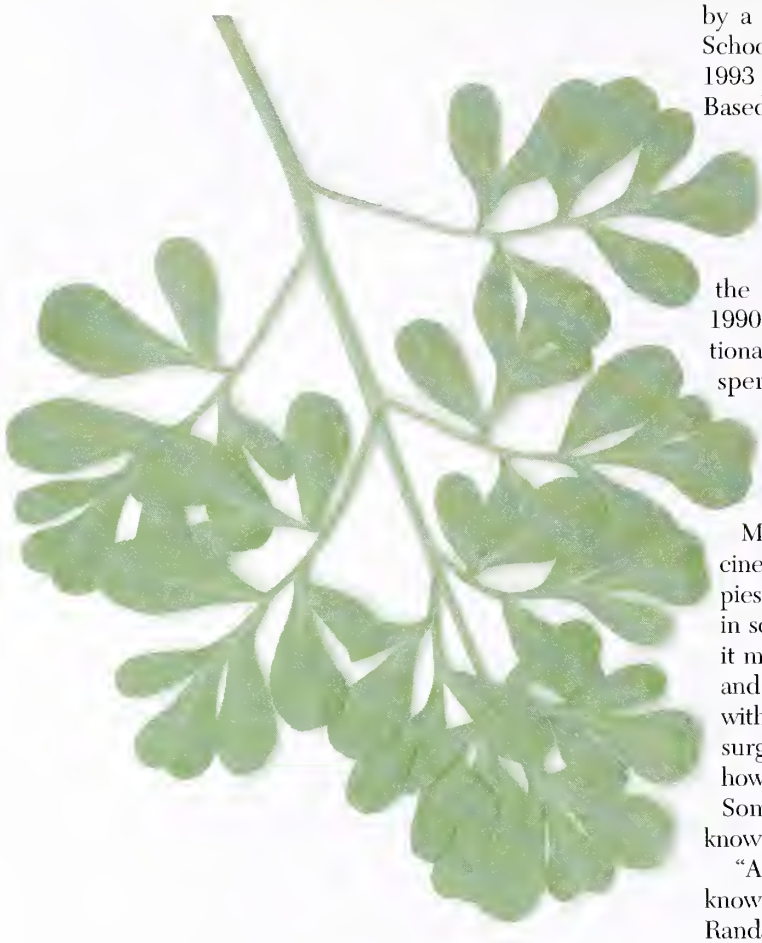
The term "alternative medicine" is a catch-all for a wide assortment of treatments and disciplines:

- body work such as acupuncture, chiropractic, and therapeutic message;
- nutritional and herbal remedies and supplements, not just from the American and European pharmacopoeia, but from those of China and India;
- exercise regimes like yoga and taiqi (or tai chi);
- mind-body techniques such as hypnotism, meditation, and guided imagery;
- homeopathy; and
- therapies based on energy, including not only electricity, magnetism, or radiation, but "subtle" forces whose very existence cannot be scientifically verified, much less measured.

Sometimes it's also used to refer to approaches that are based on testable hypotheses but unproved (e.g., chelation therapy for heart disease). Many physicians already consider some of these approaches—notably acupuncture, chiropractic, and massage—as more or less in the medical mainstream when used appropriately.

According to the Pennsylvania Bureau of Occupational Affairs, the number of registered acupuncturists in the state has grown from only 15 in 1987 (the year after a registration law took effect) to 292 in 1996. Over 30 percent of Pennsylvania's acupuncturists are licensed physicians. As a condition of registration, acupuncturists must take course work at accredited institutions and pass an examination administered by the National Commission for the Certification of Acupuncturists.

The distinction between "licensed" and "registered" is that acupuncturists are not recognized by law as independent medical practitioners. They must work either under a physician's direct super-



vision (e.g., in a clinic) or accept only patients referred by physicians. The twenty-fold increase in registrations over the past decade evinces physicians' increasing acceptance of acupuncture since a non-physician acupuncturist cannot survive economically without physician support.

Pennsylvania does license chiropractors—currently about 3,350 of them. The state does not license other "holistic" health practitioners, such as massage therapists and homeopaths, nor does it require them to be registered. Individual practitioners may (or may not) have undertaken rigorous courses of study.

None of the physicians interviewed for this article view conventional and unconventional therapies as either-or alternatives. They use acupuncture, hypnosis, and sometimes herbal remedies within their conventional medical practices. They also may themselves go, or send family members, to providers of unconventional therapies.

These physicians are also unanimous in thinking that all practicing physicians should know more about unconventional options. They offer two reasons: First, like it or not, a lot of patients are already using them; second, when employed appropriately, unconventional approaches work, often better than "mainstream" treatments.

In support of the first contention, a frequent reference point is an article by a faculty member at the Harvard Medica School, David M. Eisenberg, MD, published i 1993 in the *New England Journal of Medicine.* Based on telephone interviews with over 1,50 adults, Dr. Eisenberg and his co-author found that one in three respondents ha used at least one unconventional therap during the previous year. Extrapolatin their results to the population of the U.S. the researchers concluded that Americans i 1990 made more visits to providers of unconven tional therapy than to physicians and that the spent about $13.7 billion on them, seldon reimbursed by insurance.

"There are patients out there using thes therapies and often not telling their physi cians about them," says Steven C. Halbert MD, who teaches a course in alternative medi cine at Jefferson Medical College. "[These thera pies] can complement conventional therapies o in some cases, conflict with them. For example it may be important to tailor particular vitamin and minerals in a certain way so as not to confli with chemotherapy. Or for a patient undergoin surgery and on Vitamin E, you need to kno how Vitamin E may impair the clotting response Some herbs can do that. So it's important t know everything."

"Anyone in primary care or a specialty needs t know where their patients are going," says D Randall. "It sounds sort of facetious, but it's lik 'Do you know where your patients are?' "

That minimalist argument, of course, doesn explain why physicians like Dell R. Burkey an Patrick J. LaRiccia, both Philadelphia-area MD decided to become acupuncturists themselves. D Burkey has been chairman of the Department c Anesthesia at Northeastern Hospital, a division c the Temple University Health System, for 1 years. His training in acupuncture began with 200-hour course of study given through the Uni versity of California at Los Angeles (UCLA). H began exploring acupuncture after treating s many patients who'd been told that they "had t learn to live with pain."

"I said to myself," he recalls, "'how can yo learn to live with pain? I've done the tradition things. They're taking medicine and spending a lo of money, and they're still not better. What else i out there?"

"It's a valuable modality," he continues. "I gives you another tool to use in treating patient In my practice in acute and chronic pain prob lems, it's been successful in 60-80 percent c patients who have not responded well to othe therapies."

Dr. Burkey finds it significant that patient referred to him by other physicians now are likel to say that they've been told by their doctor specifically to "try acupuncture," whereas onc they'd have been referred merely "for evaluation. He also makes some use of hypnosis and herb

† Unconventional medicine in the United States. *N Engl J Med* 328:246-52, 1993.

medicines, but emphasizes that herbs, in particular, require serious study.

Dr. LaRiccia has a private practice of "adjunctive medicine" at Presbyterian Hospital, Philadelphia, and is director of the Acupuncture Pain Clinic of the Hospital of the University of Pennsylvania. He says it's important to recognize both the strengths and the limitations of conventional allopathic medicine:

"If we look at very acute cases, say, an automobile accident or a heart attack, we're good at being able to use our drugs and our surgery to prevent death. In the acute situation we really shine. But once the patient gets out of the hospital, or he's in a chronic situation, we aren't doing so well. Our drugs and our surgery cause many problems. There is a significant morbidity and mortality from our 'standard and accepted' treatments. We would like to have a middle ground between doing nothing and using very potent measures—in terms of weapons, something between nothing and nuclear bombs."

As noted earlier, insurance reimbursement for unconventional therapies is rare in Pennsylvania. At least six states, however, require insurers to offer coverage for acupuncture. In 1994, Blue Cross of Washington and Alaska launched a pilot program in the Seattle area covering services of acupuncturists, homeopaths, and naturopaths.

Asked which alternative or complementary therapies deserve most serious consideration, almost all physicians interviewed mentioned acupuncture, chiropractic, massage therapy, and various mind-body techniques, notably hypnosis and guided imagery. Several suggested herbal remedies, but cautioned that there's a lot there to learn. One indicated that he thought both homeopathy and chelation therapy merit more respect and investigation than they usually receive. Dr. Burkey's response was fairly typical: "Start with a well-known holistic practice. See for yourself, gain confidence, and then decide what else out there you might be able to use."

These physicians are well aware that few of these therapies lend themselves to validation through controlled experiments. Acupuncture, for example, permits single-blind but not double-blind studies. As for the placebo effect in this context, Dr. Randall comments: "There is a significant veterinary acupuncture practice in China. You can't fool animals, and you certainly can't fool farmers."

A small body of serious research into alternative and complementary therapies is proceeding under the auspices of the Office of Alternative Medicine (OAM), established in 1991 as part of the National Institutes of Health. A Senate Appropriations Committee report at that time commented that "many routine and effective medical procedures now considered commonplace were once considered unconventional and counter indicated. Cancer radiation therapy...once was considered to be quackery." The OAM's critics contend that its very existence legitimizes unscientific thinking; its supporters complain of its "homeopathic funding."

The physicians interviewed for this article are well aware of the existence of cranks and quacks. Dr. Randall, for example, worries about "the enormous commercialization that's going on." He says, "Untested measures coupled with large profits are always a danger sign. When you're dealing with something where people make a lot of money, and in addition it's not measurable, it doesn't take a genius to figure out that there's a problem."

That situation, he believes, only strengthens the case for serious research, including well-documented case studies for modalities that do not lend themselves to randomized, double-blind trials. He and others add that inquisitive, open-minded physicians should not be put off even by concepts foreign to modern science.

"You have to remember," Dr. Burkey says, "that acupuncture is 2,000 years old. They hit on something important, but couldn't use present-day terminology because it didn't exist." Dr. LaRiccia agrees, adding that the exact workings of many effective conventional therapies are poorly understood.

"In the end, it really doesn't matter," he says. "Only two things matter. Number one, is the treatment safe? 'First, do no harm.' Number two, does it work? That is, is it effective? Once you have those, the mechanism of how it works does not matter. If we as physicians know about safe and effective treatments and hold them back from our patients because we do not know the mechanisms of action, then we're doing something wrong."

Resources

Physicians wanting more information on alternative and complementary therapies have access to many resources:

- Commercial bookstores carry guides listing national organizations of alternative practitioners. Dr. Micozzi's book, *Fundamentals of Complementary and Alternative Medicine* (Churchill Livingstone, 1996) is available where medical texts are sold or by calling (800) 553-5426. Various information packets are available from the Office of Alternative Medicine at (301) 402-2466 or (301) 402-4741 (fax).
- The American Academy of Medical Acupuncture (AAMA) represents 850 physician-acupuncturists nationwide. Physicians interested in information should call (213) 937-5514. AAMA also maintains an 800-number for patients seeking referrals to physician-acupuncturists: (800) 521-2263.
- Internet sites relating to unconventional therapies abound. On CompuServe, for example, the "Natural Medicine Forum" brings physicians and lay practitioners together and offers a library of hundreds of files. On the Web, the single best starting point is a page headed "Natural Medicine, Complementary Health Care and Alternative Therapies." Don't be put off by the sponsoring organization's name, Alchemical Medicine Research and Teaching Association (AMRTA). Address: *http://www.amrta.org/~amrta.*

AUTHOR BIOGRAPHY

Dr. Baldwin, who lives in Carlisle, is co-author of *Infomedicine, A Consumer's Guide to the Latest Medical Research,* published by Little, Brown & Company.

ANALYSIS OF THE EMERGING HEALTH CARE MARKETPLACE IN PENNSYLVANIA AND BEYOND

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

1 Pittsburgh Mercy Health System and the Western Pennsylvania Healthcare System are creating a third hospital network, Community Health Partners. The two systems have partnered with 150 primary care physicians in this for-profit, physician-run health system. *[Pittsburgh Business Times]*

Warrendale-based Hospital Shared Services entered into a long-term affiliation with Shared Health Services Corporation, LaCrosse, Wisconsin. The partnership was created to benefit both organizations' members by providing "complete, flexible, and competitive group purchasing." *[Hospital Shared Services press release]*

8 9 ▶ The Philadelphia County Medical Society incorporated the Physician Association of the Delaware Valley, an independent practice association which will be associated with a management services organization. The physician association was created to contract with purchasers of and payers for medical services, hospital systems, and other providers of medical services. It will perform these services on behalf of physicians who join. At press time, the Bucks, Chester, Delaware, Montgomery, and Philadelphia county medical societies were distributing information seeking physician participation. *[Philadelphia Medicine]*

▶ Oncology Physician Network, Rockledge, signed a contract to provide medical oncology services to 150,000 employees under a managed care plan covering members of 11 labor unions throughout Pennsylvania, New Jersey, and Delaware. The network's 54 physicians are based in practices and hospitals in five Pennsylvania counties—Bucks, Chester, Delaware, Montgomery, and Philadelphia—as well as eight New Jersey counties. *[Oncology Physician Network press release]*

▶ Methodist Hospital signed a formal agreement to merge with Thomas Jefferson University Hospital. *[Philadelphia Business Journal]*

▶ Chestnut Hill HealthCare and the Germantown Hospital and Medical Center are considering an affiliation. *[Physician's News Digest]*

▶ Main Line Health System is reorganizing some of its facilities' services; most notably, Lankenau Hospital will specialize in cardiac care. *[Philadelphia Inquirer]*

▶ Allegheny Health, Education, and Research Foundation has taken over management of the Delaware Valley Medical Center. *[Philadelphia Inquirer]*

▶ Wills Eye Hospital, Conshohocken, announced the opening of the Wills Eye Surgery Center of Plymouth Meeting. *[Wills press release]*

FACTS, FIGURES, ETC.

▶ Income for the average doctor fell four percent in 1994, according to the AMA's annual survey of economic trends. The drop is attributed to the growing impact of managed care on the U.S. health care system. *[Wall Street Journal]*

▶ Despite business's success in controlling their health insurance costs, more and more working Americans and their families are losing health insurance at work, according to a study of the American Hospital Association. As of 1990, about 78 percent of working Americans and their families got insurance on the job. That figure dropped to 73.9 percent in 1995 and is forecast to fall to 70.4 percent by 2002. Overall, the number of uninsured in the U.S. is expected to climb from 39.3 million in 1995 to 45.6 million by 2002. Currently, one in four of the uninsured—about 10 million—are children or teens. *[Pittsburgh Post-Gazette]*

▶ Because of the growth of managed care, the demand for general practitioners is catching up to the demand for specialists. *[Pittsburgh Post-Gazette]*

▶ Sixty-five percent of American doctors believe HMOs are the future of medical care, yet 79 percent feel that the growth of HMOs makes it less desirable to be a doctor, according to a recent survey of Scientific American Medicine. More than eight of 10 doctors say fee-for-service can be structured to make it more cost effective, and 64 percent of respondents believe a balance can be achieved between the savings forced by HMOs and sound medical care. *[BusinessWire]*

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"What a doctor needs the most in a situation like this [malpractice lawsuit] is someone that really knows the law, but is also able to listen to the medical side of the case. On every occasion that I approached my lawyer, I felt that in addition to having an expert, I had someone who was befriending me. Every time I reached out to him, he was available. Every detail of the case that I thought was valid at the medical level, was addressed or questioned at the legal level.

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Continued from page 12

MANAGED CARE MOVES, STATE BY STATE

▶ Empire Blue Cross and Blue Shield, one of the largest nonprofit health care companies in the U.S., said it would seek approval from New York State to become a for-profit insurance company and could no longer be directly responsible as insurer of last resort for the sickest people of the state. Empire intends to establish a charitable plan to continue to help uninsured New Yorkers. *[New York Times]*

▶ Newly developing in Illinois is the Illinois Medical Physician Services Organization (PSO), an independent, for-profit organization dedicated to providing solo and group practitioners with support and services in negotiating and contracting, practice development, managed care operations, administrative and financial planning, and capital formation. It will be owned by physician investors in the company's preferred stock and the Illinois State Medical Holding Company, a wholly owned subsidiary of the Illinois State Medical Society. *[Illinois Medicine]*

▶ The Texas Medical Association has endorsed Florida-based InPhyNet Medical Management to offer practice management, managed care, and consulting services to its over 34,000 physician members. *[PR Newswire]*

▶ Through a regional management services organization, doctors in Southern Maryland and Northern Virginia are banding together to assert some control over their future under managed care. Some 270 primary care physicians are majority owners of Doctors Health System, based in Owings Mills, Maryland. Another 800 doctors, many of them specialists, have become affiliated with the system through independent practice associations that have referral arrangements with the system or that contract for practice management support services. *[Illinois Medicine]*

▶ Kaiser Permanente's Northwest Division in Oregon has entered into merger talks with Group Health Cooperative of Puget Sound. The proposed merger would create a large regional HMO in the Pacific Northwest with 1.1 million members and an annual budget of $2 million. *[Wall Street Journal]*

▶ California-based Foundation Health Corporation, a provider of managed health care, said it is discussing a possible "merger of equals." The other party involved has not been named. *[New York Times]*

▶ United Healthcare Corporation has outbid Prudential Insurance for the health insurance business of the American Association of Retired Persons (AARP). The bulk of the AARP contract is for supplemental medical o drug benefits for 5.7 million people on Medicare. It also includes hospital cov erage and nursing home insurance. *[New York Times]*

▶ Foundation Health Corporation and Health Systems International are in merger talks that could create a giant HMO with more than $6 million in combined revenues and about five million members in California and other states. *[Wall Street Journal]*

A Closer Look at HMOs

Newly Revised in September 1996

Information on the operations and finances of HMOs is now available to physicians in "A Closer Look at HMOs," published by the Pennsylvania Medical Society. The publication, now available in its second edition, includes updated general program data and financial data for HMOs licensed in Pennsylvania, and has been expanded this year to include a new section, "Quality and Utilization Data," and several appendices. This information is critical to physicians making decisions about contracting with HMOs or signing up as a premium-paying enrollee.

"A Closer Look at HMOs" is available to State Society members for $19, and to nonmembers and non-physicians for $49.

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Workers' Comp Reimbursement: Commonly Asked Questions

Tom Cook, Esq.

Abstract

In this final of three articles overviewing Pennsylvania's workers' compensation system and its various steps and paperwork, the author answers some of the most commonly asked questions from providers.

Q: ***What can a treating doctor do to maximize workers' compensation reimbursement?***

A: First, designate one person in your office to become very familiar with workers' compensation forms and procedures. The most frequent reason that workers' compensation claims are not honored is incorrect paperwork. Second, understand the differences between recurrence, aggravation, and a new injury. If the patient has a long-term problem and several employers, insurance companies are likely to deny payment by trying to point the finger at another insurance company.

A recurrence in workers' compensation parlance is an old injury which spontaneously recurs. An aggravation means that a new work stressor has made an existing problem worse, resulting in medical treatment and disability. An aggravation is the equivalent of a new injury. The word "exacerbation" is not recognized in workers' compensation terminology. Imprecise use of these terms causes confusion and leads to denials.

Third, understand the difference between a refusal and a denial. Frequently, workers' compensation insurance companies will refuse claims for any number of reasons; yet, if the workers' compensation paperwork is correctly done and your treatment is on its face related to an accepted work injury, the bill must be paid. A denial on the official bureau form means that no part of the claim is being accepted and the injured worker has three years to file a petition.

This brings up a final important point. It is far more practical for the patient's attorney to defend your billing. In the case of a denial, you should probably find out if your patient is represented by a competent workers' compensation attorney and arrange to have your bill protected.

Q: ***There are hundreds of workers' compensation insurance carriers and adjusting companies, all of whom have different approaches to workers' compensation billing. How do we deal with the myriad companies?***

A: I suggest you keep a list of the workers' compensation insurance carriers or adjusting companies by adjuster, and keep track of whether they treat you fairly or not. Try and have your workers' compensation billing coordinator develop a personal relationship with each adjuster. The companies that treat you fairly should receive reciprocal treatment from you—be willing to respond to reasonable requests for information, consider varying the 30-day turnaround time for payment of medical bills without the filing of a fee review application, etc.

The companies that treat you unfairly, however, should receive an equally appropriate response. Assuming all of the paperwork is in order as discussed in the past two issues, providers have many rights under the law which can be vindicated by Application for Fee Review or a petition filed by the patient's attorney in front of a workers' compensation judge.

Q: ***Can you briefly discuss fee review applications?***

A: The fee review application process takes two steps: The first step is on paperwork only; the second step involves a hearing in Harrisburg. The only issues addressed by fee review are timeliness and amount of payment.

Physicians should consider filing for fee review where payment is late or where arbitrary downcoding occurs. The amounts involved can be sizable where, for example, a trauma center seeks usual and customary reimbursement rather than the approved workers' compensation reimbursement for emergency care. Even where the amount involved is small, fee review is important to

"Designate one person in your office to become very familiar with workers' compensation forms and procedures."

demonstrate that a provider is concerned about the billing and willing to pursue it.

Q: ***We saw a lot of utilization reviews performed on our treatment in the year following the passage of Act 44 of 1993. Now we don't see as many; however, we are still trying to decide whether or not we should participate in these. Should we?***

A: The utilization review (UR) procedure in workers' compensation has been simplified with the passage of Act 57. Now, instead of three steps, there are only two—the application for utilization review and the petition before the workers' compensation judge. There's now no reason not to participate since the cost of a negative utilization review is not assessed against the provider.

There are several reasons to participate in URs. First, the application may be filed by a patient acting on behalf of the provider in situations where the insurance carrier is refusing to pay for treatment. Second, the assignment by the Bureau of Workers' Compensation to reviewers is still random, unlike peer review in the auto context. Since there is an element of chance, providers have the expectation of having at least some of them come back favorably for treatment.

Third, providers should consider having the patient's attorney or their own attorney represent them in front of a workers' compensation judge since this can be done for modest cost. Providers should be proactive.

Q: ***Assuming that our office designates a person to follow each case for workers' compensation reimbursement, what steps should we take to be proactive?***

A: At the time the intake is done, see if the claim has been accepted. If it has not and you are the company panelist, check on your contractual agreement with the employer/insurance company. If you are not a company panelist, inform the patient that the carrier need not pay for the services of a non-panel physician for the first 90 days of treatment, except for emergencies. After the 90-day period is up, and the claim is accepted, the patient may switch to a doctor of his or her choice upon five days' notice to the insurance company or employer. Under certain circumstances, an additional 90-day captive treatment period is provided for in Act 57.

If the claim has been denied, you may always bill a subsidiary insurance carrier; make sure you attach the denial. You must file LIBC 9 within 10 days and 30 days thereafter. Date stamp LIBC 9 to indicate the date of mailing, and keep a copy. If the bill is not paid within 30 days, file an Application for Fee Review. If the claim is denied or refused, check with the claimant's attorney to see if he or she will protect your interest.

Q: ***Should I have my patient's attorney sign a lien form?***

A: Both the attorney and your patient should sign a properly worded lien form. The time to get a lien form signed is early in the litigation when the claims attorney needs your records report or deposition.

Lien forms should be appropriately worded; they frequently are overly broad, and attorneys legitimately do not want to sign them. Your form is considered overly broad if it demands that the doctor be paid first, even out of the claimant's share. This is a "third-party" type of lien form not appropriate to workers' compensation. Your lien form should provide that reasonable and necessary medical benefits will be protected by the claimant's attorney, that your lien will be pre-

sented to the judge, and that appropriate steps will be taken by the claims attorney to effectuate and defend the lien.

Q: ***What do adjusters and workers' compensation judges look for in determining whether treatment is reasonable and necessary, and thus, reimbursable?***

A: Both adjusters and judges want to see injured workers receive appropriate treatment and return to work, even on a trial basis. You should indicate in your office notes the reasons why you arrived at your particular diagnosis, and if possible, support it with objective findings. Document the success of your treatment plan, and impose reasonable restrictions on your patient to encourage even a trial return to work. Your opinion as to disability is less persuasive than your documented findings and your opinion regarding work restrictions.

Q: ***You have indicated that we providers have many rights guaranteed by the workers' compensation law. Our experience has been a frustrating one, and we haven't found this to be accurate. What are we doing wrong?***

A: If you designate one person in your office to become knowledgeable on workers' compensation reimbursement issues, and document your files as discussed in this and previous articles, the law provides that not only should bills be paid in a timely basis, but that penalties of up to 50 percent can be awarded by a workers' compensation judge for violations. I suggest that your contacts with insurance companies be by letter—or by phone call memorialized by a letter, so that you can demonstrate your adherence to the workers' compensation billing requirements and the failure of the workers' compensation insurance company to properly respond.

Doctors and staff with more questions about workers' compensation reimbursement are encouraged to attend the upcoming seminars, detailed below. They can also direct their questions to Mr. Cook at his law office: 212 Locust Street, Harrisburg, PA 17101, (717) 231-1640, or in care of the editors of this publication.

AUTHOR BIOGRAPHY

Mr. Cook is a former director of the Pennsylvania Bureau of Workers' Compensation, and now represents providers and patients in workers' comp matters in Central Pennsylvania.

Workers' Comp: Billing by the New Rules

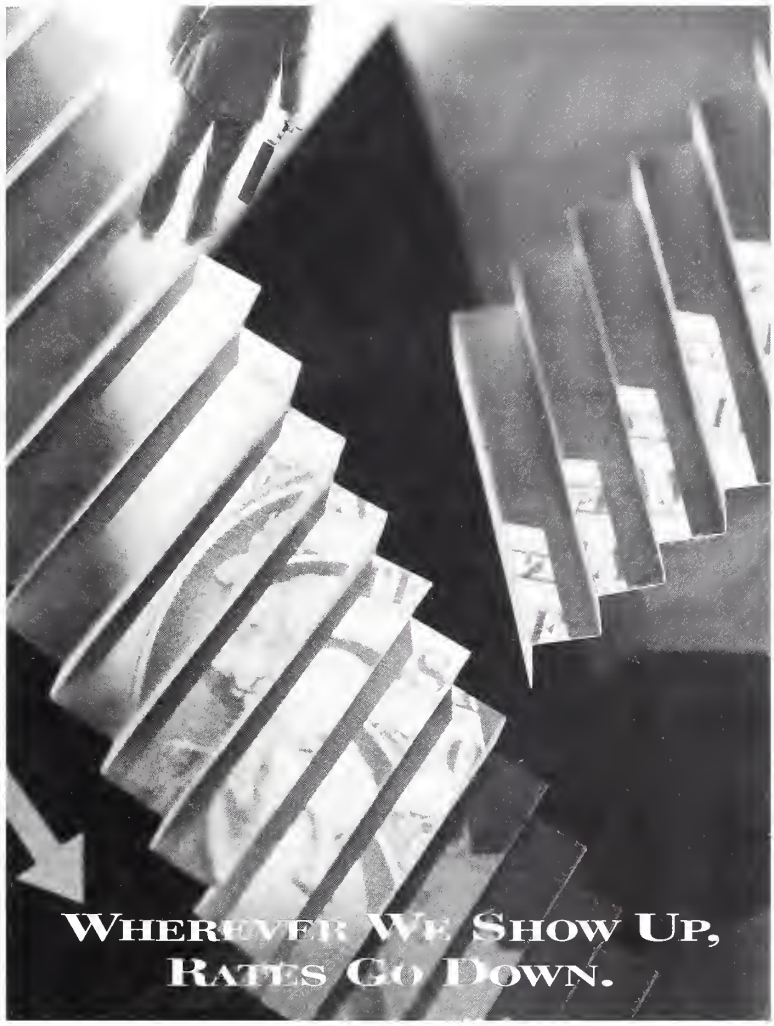
Attorney Tom Cook will present the seminar, "A Step-by-Step Approach to Workers' Compensation in Pennsylvania," at three remaining locations this month. Sponsored by the State Society, the seminar will detail the intricacies of workers' comp billing, reimbursement, utilization review, and medical reporting requirements.

Seminar dates and locations are:

NOVEMBER 20	Nittany Lion Inn, State College
NOVEMBER 21	East Mountain Inn, Wilkes-Barre
NOVEMBER 22	Philadelphia Marriott West, West Conshohocken

Cook has also authored a new Society manual, "Workers' Compensation: A Guide for Pennsylvania Physicians," available to physicians and their office staff. The manual is a concise office reference that guides medical practices through complex billing and review processes.

For additional information about both offerings, call the Society's Department of Physician Services at (800) 228-7823 or (717) 558-7750.



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Marketing Accessibility in Pittsburgh

Sandy Marrone

Abstract

Surviving in the practice management world these days isn't quite like it used to be. It requires innovative marketing and expanded efforts. In this second in a series of articles profiling group practices and their administrators, the author focuses on management of an academic group.

Almost none of today's physicians, not even those in academic medicine, can carry on as before, laments Kathy Siker, administration director for the University of Pittsburgh Medical Center Department of Medicine. "We can no longer live with the field-of-dreams concept that if we build it, patients will come."

Competition for health care dollars is so keen that the strategic plan for Siker's 300-physician practice is to enhance its marketability by being more accessible to patients. To achieve that accessibility, the department is branching out from the university center in Pittsburgh's Oakland section. While the primary outpatient facility is still Falk Clinic in Oakland, the practice has opened seven satellite centers in the region so far.

"We're like a wheel with spokes. It's less important for us to be at the University of Pittsburgh Medical Center proper," says Siker. "In fact, the opposite is important. We must be in the community."

The situation is do or die. Not earning enough money to survive means not just the demise of a medical practice—a tragedy in itself—but also the end of vital research and teaching.

"We must look at our environment and place ourselves in a position to educate and have a stimulating environment for research," Siker says. "Therefore, we strive to maintain quality care so the pressures of economics will not be so hard that we lose precious things that would be hard to rebuild."

"Some of our branches are barely breaking even. They're loss leaders that we're willing to have, and a significant problem is staff members who don't understand that," Siker continues. "I wish I could spend more time answering questions from physicians and their staffs on why we do it. Another problem is understanding and agreeing on where to cut costs so we can have a unified position when dealing with expenses."

Even cutting expenses and being a presence in the community aren't enough to achieve marketability. The ability to compete demands that Siker's department also take the next step of landing capitated contracts and maintaining patient flow just like any other practice—and all the while keeping abreast of constant changes in the health care business.

In a practice with 14 specialties, where some doctors are paid a salary and others are paid a salary plus an incentive based on relative value units, it's a challenge to find a logical way to distribute capitation income, says Siker. "If we get $15 a month to perform routine services for each member of a capitated plan, that capitation covers all the specialties. Does anesthesia get 25 cents? Does a primary care provider get $3? How do you divide it up to pay physicians correctly? We have some physicians in the group who over-utilize our resources. We should be able to track who they are, and they should have money withheld [from their pay]." Logically, then, those physicians would learn to modify their behavior.

Another strain, one that is inherent in dealing with capitated plans, is the change in relationships with other physicians. "It's frustrating when physicians can't refer to someone they've had confidence in for many years, just because that doctor is not on the list supplied by the patient's insurance," Siker says. "That makes physicians have to think more about referrals."

Having 300 doctors who are governed by a huge university, but working throughout an urban area in inpatient, outpatient, and academic settings, makes dealing with changes especially hard. While Siker has spent her entire 22-year practice management career at Pitt, she has been a consultant to outside specialty groups. That experience taught her that it's easier to make changes in practices outside academia because they are smaller and more independent. "They're not hooked in to multiple factors," she says. "Here, it's harder to influence our own destiny, and it's critical to understand how something impacts the whole medical center."

"Outside practices are more in control of their own destiny. As a consequence, they're more savvy

business people, and they respond to changes quickly because they don't have to filter through an entire medical center," Siker says. "Here, there is autonomy in some ways, but it is a fiefdom."

As an example, Siker points to her department's recent need to modify the form used for patients' initial history and physical examinations. "We had to meet with the hospital forms committee and make sure everything on the form was in compliance with hospital association guidelines," says Siker. "But we were really lucky in that it only took a month. That's lightening speed around here." A private practice can institute such changes in a few days.

Yet, Siker is quick to mention that her corner of the university can initiate action. "We don't have to wait till someone on top sends an order down, but it takes a while to turn around a steam ship versus a little boat."

Right now, that ship is rocking. The department has made changes in scheduling patients, responding to referrals, and improving the prescription system. "We're very much in the middle of a tumultuous time, and my number-one priority has to be helping the staff understand the changes and help them go smoothly," Siker says. "We must also be clear to the public—be patient-friendly—by making it as easy as possible for them to get into the system, so they want to come back. They shouldn't have to figure us out."

As important as accessibility is, Siker maintains, "Each arm of this business—clinical practice, teaching, and research—has a different priority." And for that reason, the professional relationships deemed important vary from person to person within the department. "For some it's the University of Pittsburgh. For some it's the medical center. For others it's the consultant physician. Sometimes it's Blue Cross and Blue Shield, as well as insurers at large."

Currently, those insurers and private-pay patients are billed from within the department, but that system, too, is in the midst of transition to centralized billing by the medical center. While Siker notes that billing is a big job, she doesn't like to talk about employee and patient numbers. "There's too much of a sensitivity about numbers," she says.

As a member of the Pennsylvania Medical Society's Group Practice Committee, Siker finds easy access to information that helps her deal with insurance companies and other aspects of her work. "If something like an insurance carrier is really troubling us, I can talk to colleagues about what's happening, ask for suggestions, and find out what others are doing," says Siker. "Then I feel a little saner and reinvigorated when I go back to the front lines."

To partake in even more exchanges of information, Siker belongs to the Medical Group Management Association (MGMA) Academic Practice Assembly and the Administrators of Internal Medicine.

Though half of Pitt's Department of Medicine physicians belong to the Pennsylvania Medical Society, only 15 to 20 percent are members of the Allegheny County Medical Society. "Historically, physicians in academic settings participate with their specialty society, but that's changing because now they're with peers in private practice every day," Siker explains. "Today it's more important to be able to go outside department boundaries. Instead of thinking of specialty, physicians must think in the broad sense."

While thinking broadly, blending professional relationships, maintaining academia, and enhancing marketability all move up on Siker's priority list. She says sleep is the only priority that's pushed down.

AUTHOR BIOGRAPHY

Ms. Marrone, a former practice administrator, is now a freelance writer from Palmyra whose profiles appear in numerous publications. This series of articles on group practices began in PENNSYLVANIA MEDICINE this past September.

The University of Pittsburgh Medical Center Department of Medicine is:

- Located to provide service in the entire Pittsburgh area.
- Staffed by 300 physicians, not counting residents, who practice inpatient and outpatient care and/or teach and/or conduct medical research.
- Governed by the University of Pittsburgh.
- County/State Society affiliated—About half the doctors belong to the Pennsylvania Medical Society; 15 to 20 percent belong to the Allegheny County Medical Society; virtually all belong to their specialty societies.
- Inclusive of many specialties—cardiology, endocrinology, hematology, bone marrow transplantation, clinical pharmacology, infectious diseases, nephrology, rheumatology, general internal medicine, geriatric medicine, gastroenterology and hepatology, pulmonary and critical care medicine, transplantation medicine, and medical oncology.
- Affiliated with many area hospitals—Children's Hospital of Pittsburgh, Magee-Womens Hospital, Western Psychiatric Institute & Clinic, Montefiore University Hospital, Presbyterian University Hospital, and Veterans Affairs Hospital.

Appointed

Penn State's University Hospital at The Milton S. Hershey Medical Center has appointed **William P. Graham III, MD,** chief, Division of Plastic and Reconstructive Surgery.

Children's Seashore House, Philadelphia, has made the following appointments: **Susan E. Levy, MD,** medical director, developmental disabilities; **Joyce Mauk, MD,** medical director, behavioral rehabilitation; and **Angelo Giardino, MD,** acting medical director, pediatric rehabilitation.

Jefferson Medical College of Thomas Jefferson University, Philadelphia, has appointed **Peter J. O'Dwyer, MD,** as associate director, Division of Neoplastic Diseases. Dr. O'Dwyer was also named professor of medicine and professor of pharmacology.

Marjorie A. Bowman, MD, was appointed the first chair, Department of Family Practice and Community Medicine, University of Pennsylvania Medical Center, Philadelphia.

Edward M. Kaye, MD, associate professor of pediatrics and neurology, Allegheny University of the Health Sciences, Philadelphia, was appointed co-chief, Section of Neurology, St. Christopher's Hospital for Children, Philadelphia.

Allegheny University Hospitals, Philadelphia, has appointed **Stanley B. Fiel, MD,** chief of pulmonary and critical care medicine.

Honored

In recognition of his seminal contributions to the field of organ transplantation, the program that **Thomas E. Starzl, MD,** established at the University of Pittsburgh Medical Center in 1981 now bears his name. Formerly known as the Pittsburgh Transplantation Institute, it has been renamed the Thomas E. Starzl Transplantation Institute.

Former Philadelphia Commissioner of Public Health, **Maurice C. Clifford, MD,** and his wife, Patricia Johnson Clifford, have been named as the American Heart Association's 1996 Edward S. Cooper, MD, Award recipients. Dr. Clifford and his wife are being recognized for their decades of outstanding service to the medical community and to championing causes relating to the health and welfare of residents throughout Southeastern Pennsylvania.

Students at the Pennsylvania College of Podiatric Medicine Foot and Ankle Hospital, Philadelphia, have honored **Youssef M. Kabbani, DPM,** academic director of podiatry, as the 1996 Clinician of the Year.

Elected

Vincent J. Cristofalo, PhD, Audrey Meyer Mars professor of gerontology, and professor of pathology and laboratory medicine, Allegheny University of the Health Sciences, Philadelphia, has been elected president of the American Federation for Aging Research.

OBITUARIES

Harry J. Crits, MD, Lafayette Hill
University of Pennsylvania School of Medicine, 1948; age 73, died September 9, 1996. Dr. Crits was an internist.•

Claude W. Kirby, MD, Cresson
Georgetown University School of Medicine; age 89, died September 11, 1996. Dr. Kirby was a general practitioner.•

Samuel A. Musmanno, MD, Coraopolis
University of Pittsburgh School of Medicine, 1952; age 75, died July 3, 1996. Dr. Musmanno was a general surgeon.•

Herman Rannels, MD, Marietta
University of Pennsylvania School of Medicine, 1938; age 86, died June 28, 1996. Dr. Rannels was an obstetrician/gynecologist.•

• Denotes membership in the Pennsylvania Medical Society at the time of death.

Society Mourns Loss of Former Executive

Lester H. Perry, former executive director of the Pennsylvania Medical Society, died on September 23, 1996, in Mechanicsburg. He was 92.

Lester Perry

A graduate with an A.B. degree from the University of Pittsburgh, Perry began his career in organized medicine in 1931 as executive secretary of the Allegheny County Medical Society. In 1934, he was appointed executive secretary of the State Society by the Board of Trustees and served as executive director until 1969.

Perry was a member of Pennsylvania Blue Shield's first board and was the last of its founders to retire. He served as Blue Shield's first executive director and as its secretary.

He is survived by his wife, Margaret, and two children. Memorial contributions may be made to Messiah Village Special Care Unit, 100 Mount Allen Drive, Mechanicsburg, PA 17055.

Insert to
PENNSYLVANIA
MEDICINE

November
1996

PENNSYLVANIA MEDICINE®

A special publication for Pennsylvania Medical Society members.
An urgent message for all Pennsylvania physicians.

State Society Takes Action for Tort Reform, CAT Fund Relief

More than 250 physicians met October 18-20 in Hershey to debate policy for the Pennsylvania Medical Society during its annual business meeting. The proposed 254 percent CAT Fund surcharge on medical liability premiums and the need for medical liability tort reform consumed the debate.

"The timing of this meeting was perfect," said State Society President Victor F. Greco, MD. "Physicians are livid about the current tort system in this state, which is reflected in the proposed CAT Fund surcharge. They provided our Society with strong direction on their wishes for action between now and the end of the legislative session."

The Society publicly announced its position on tort reform and CAT Fund issues at a Capitol news conference on Wednesday, October 23. Our message was loud and clear to the governor and the legislature: We've had enough of the current medical liability system and demand tort reform in the commonwealth before the end of this legislative session.

ACTION PLAN

Dr. Greco presented the State Society's immediate plan of attack:

- **Demand that the legislature pass and the governor sign meaningful tort reform legislation this year.** The House of Representatives has already passed Senate Bill 790, now before the Senate for consideration. The Society demands the bill be passed before the end of this legislative session on November 26.

- **If tort reform is not signed into law, the Society will recommend that physicians suspend payment of the CAT Fund surcharge.** The Society is also contemplating legal action to block the proposed 254 percent CAT Fund surcharge.

- **Seek immediate rollback of the 1997 CAT Fund surcharge amount to this year's level of 164 percent.** The 1997 surcharge calculations are being reviewed by Society experts and others at the Pennsylvania Medical Society Liability Insurance Company, with the purpose to justify the immediate rollback.

- **Work toward abolition of the state-mandated CAT Fund.**

"Our opponents have said that there is no crisis, that Pennsylvania physicians pay less for their malpractice coverage than other states. They are wrong. We have 1996 statistics from the largest medical malpractice insurer in America...In 1996, Pennsylvania's premiums are the ninth largest in the country, and Philadelphia has the highest rates of any metropolitan area."

—State Society President Victor F. Greco, MD, at the Society's October news conference in Harrisburg

What You Can Do

THE STATE SOCIETY HAS INITIATED A sustained effort to bring large numbers of physicians to lobby the Pennsylvania legislature for meaningful tort reform before the end of the session on November 30.

A concentrated barrage of Senate office visits by groups of physicians is slated to begin following the November 5 election. A statewide call has been issued to all physicians to visit Capitol Hill or to call, fax, e-mail, or write their senators during this time.

At press time, immediate meetings with Governor Ridge had been requested, with the intent of seeking the administration's public support for tort reform and the CAT Fund changes outlined above.

State Society members were informed of the action plan and the House of Delegate's decisions via numerous e-mails, faxes, and mailings immediately following the annual business meeting. Nonmembers were also informed via mailings.

GRASSROOTS LOBBYING

- **Call or fax your Senator** to urge passage of Senate Bill 790.
- **Call local media** to offer your perspective and explanation of this complex issue; offer to appear on local radio and television talk shows.
- **Write letters to the editor** of your local newspapers explaining why physicians are angry about the medical liability climate in the commonwealth, what it means to your practice, and what it could mean to health care in the long run.
- **Come to Harrisburg** on one day of the legislative session from November 12 through 26 to visit your senator (see box at right).
- **Tell your patients about the CAT Fund crisis** and the medical liability problem in our state; offer them literature available from the State Society or your county or specialty society.
- **Take every opportunity to enlist your colleagues** to join our active campaign—members of the State Society and nonmembers alike are urged to ***TAKE ACTION NOW.***

"And the call is loud and clear: We must have some meaningful tort reform from our legislators and signed by the governor before the end of this legislative session or we're not going to pay the CAT Fund surcharge."

—State Society President Victor F. Greco, MD, at the Society's October news conference in Harrisburg

Primary Reason for the 1997 Surcharge Level

THE CALCULATIONS FOR THE 1997 surcharge, which led to the filing by the CAT Fund administrators for a 254 percent rate, were affected by two main factors: 1) an insanely competitive medical liability insurance market characterized by deep discounting of the filed premium rates by the primary insurers; and 2) efforts by the Philadelphia courts to reduce the large case backlog. The underlying problem is the absence of tort reform to control costs.

This year, the premium base declined from an estimated $183 million to $135 million. Since the surcharge is a percentage of the $200,000 basic premium, the decrease in premium base means that the surcharge must be a higher percentage to raise the same amount of money.

The CAT Fund's Unfunded Liability

THE CAT FUND IS A PAY-AS-YOU-GO funding mechanism. Instead of using actuarial projections to estimate how much money will be needed to pay a claim in the future, the CAT Fund collects enough money each year to pay off claims and administrative expenses for the year.

When applied to the CAT Fund, "unfunded liability" means the extra amount of money the fund would have collected over the years if it were a traditional occurrence-based insurance company. Changing from a pay-as-you-go funding mechanism to an occurrence insurance system would involve catching up on past liabilities.

Currently, the fund's "unfunded liability" amounts to approximately $1.9 billion dollars. The Society's resources are directed to working with actuaries and Insurance Department representatives to develop a fair and reasonable means to minimize the impact of this amount on present and future generations of physicians in the commonwealth.

Scheduled legislative session days as of press time are: November 12, 13, 18, 19, 20, 25, and 26.

Check the State Society's Tort Reform hotline for daily updates.

For updates on State Society strategy, and background materials on tort reform and the CAT Fund, physicians can access:

The Society's web site at *www. pamedsoc.org*

The Society's Tort Reform NOW! hotline at *(800) 566-TORT (8679)*

The Society's Governmental Affairs Office at *(800) 228-7823*

The Society via e-mail at: eschultz@pamedsoc.org

Chadwick Amendment to Senate Bill 790

Frivolous lawsuits

Empowers courts to sanction attorneys who file frivolous lawsuits. Attorneys must make reasonable inquiries into the facts of the case. Sanctions may include paying defendants' reasonable expenses such as court filing fees and attorney fees. Also requires plaintiff to certify that a properly qualified expert has concluded, based on preliminary review, that the case has merit. Also requires early exchange of expert reports.

Collateral sources

The court shall deduct any public or group benefits received or to be received by the claimant unless the premium was paid by the claimant or the benefits are from life insurance, a pension, or profit-sharing plan. The court may also be advised of a right to subrogation. This provision does not erode a victim's ability to be compensated, but directs that the court shall deduct any duplicate payments.

Punitive damages

Reasonable limits will be placed on punitive damage awards in two ways. First, punitive damage can only be accorded with clear and convincing evidence that the defendant acted with an evil motive or disregarded a high degree of risk. Second, punitive damages will be limited to not more than 200 percent of compensatory damages. Finally, the issue will be divided so that a court must first decide that punitive damages shall be assessed before a hearing to set the amount. This preserves the doctor's confidentiality with respect to assets.

Informed consent

Physicians are required to obtain informed consent prior to a "major invasive procedure" except in emergency situations or where the court deems appropriate. The patient must be given a description of the procedure along with any risks and alternatives. The physician does not have to advise the patient of information that should already be known or that the patient requested not to be revealed. Further, information detrimental to the patient's health is not required to be conveyed by the physician. A written consent signed by the patient presumes informed consent was given. The information to be provided must be that which a reasonable physician would provide.

Statute of limitations

Medical negligence claims must be filed within two years of discovery or four years from the act which caused the injury, whichever is earlier. The four-year limit does not apply to injury caused by foreign objects left in the body. Cases involving injured minors under the age of eight, must be filed within four years after the parent/guardian knew or should have known of the injury, or within four years of the minor's eighth birthday, whichever is earlier.

Risk management

Mandates that institutions which qualify as health care providers under the act, medical professional liability carriers, and self-insurers must develop approved risk-management programs.

Expansion of coverage

The proposal includes a redefinition of professional liability insurance coverage and other changes throughout the bill which make it clear that any claim brought against a health care provider under Act 111 for medical professional liability will be covered even if brought by a third party.

Pre-treatment agreement to arbitrate

The legislation would include language permitting voluntary use of such pre-treatment agreements. The legislation would set forth safeguards to assure that patients are not coerced to sign such agreements and have the opportunity to reconsider after receiving treatment. The proposal would require that the CAT Fund be bound by such agreements.

Periodic payment of future damages

If the final verdict includes an award of future damages over $200,000, payment will be made by periodic or installment payments. The parties to the action may also petition the court requesting periodic payment regardless of the amount of the award. The court will determine the dollar amount of the periodic payments. As a condition to authorizing periodic payments of future damages, the judgment debtor must post security or purchase an annuity to assure full payment awarded by the judgment. Payments will not be terminated by the death of the person receiving the payments, unless they die with no dependents.

A plaintiff may elect to accept payment for future damages reduced to its present value instead of periodic payment.

Mandatory reporting/ risk management

Any payment made by a medical malpractice insurer to satisfy a settlement or award of a medical malpractice action is currently required to report to the National Practitioner Data Bank. Under this provision, a copy of that report must also go to the appropriate state licensing board.

Tort Reform NOW! Take A Stand:

- **Call your Senator**
- **Come to Harrisburg**
- **Tell your patients why you're angry**
- **Post a flyer in your office; Call the Society's Tort Reform NOW! hotline for a flyer and petition**
- **Ask other physicians to support our efforts**
- **Retain your State Society membership**

Board Actions Seek A Better Future

Always looking to ensure a better future for physicians, patients, and the State Society, the Board of Trustees approved a series of actions and programs at its regular meeting, held September 10-11 in Harrisburg. Taking center stage were issues of membership, advocacy, and electronic communications:

MEMBERSHIP INITIATIVES

In an effort to enhance communications to physicians—members and nonmembers alike—about what the Society is doing, the board authorized development of a pilot speakers' bureau of physician leaders.

The speakers would attend hospital medical staff meetings to briefly discuss current Society efforts and lead a question-and-answer session. The Society's exposure on the "front line" is expected to boost membership, bring new ideas back to the Society, and encourage grassroots support of legislative efforts.

Two other initiatives approved by the board also seek to benefit members: 1) a managed care seminar series will educate members on how to take more control in the medical marketplace; and 2) continued development of the Society's Web page—*http://www.pamedsoc.org*—will provide timely communications between physicians and the Society.

ADVOCACY ISSUES

Health advocacy—"doing the right thing" for patients and physicians—remains a priority for the Society. A motion to adopt a position that out-of-state health care practitioners "must meet Pennsylvania licensure requirements" to be permitted to provide telemedicine services garnered much discussion.

The issue emerged at the national level when the AMA established a policy that state medical licensing boards should establish a "license to practice telemedicine across state lines." Though the Pennsylvania State Board of Medicine is considering this licensure, the Society is concerned with the application of such licensure.

"When does one cross the line between providing consultation acceptable under the current Medical Practice Act and practicing telemedicine?" asked Richard T. Bell, MD, chair of the Council on Health Policy and Advocacy, in his report to the Society's board. And, will entities such as managed care plans force physicians to use technology to obtain approvals and test interpretations from practitioners not qualified to practice in the state?

To address these concerns, the board adopted a position that out-of-state health care practitioners "be licensed to practice medicine in the state of Pennsylvania" to be permitted to provide telemedicine services. The Society intends to forward this policy to the State Board of Medicine as information.

The board also:

- directed the council to initiate legislation to require physicians' bills for medical services be promptly paid by HMOs and other private insurers; and
- approved reports written by the council in response to 1995 resolutions of the House of Delegates addressing restrictive covenants, physicians' financial interests in nursing homes, workers' compensation costs, utilization and peer review activities, Medicare reimbursement of home health agencies, and candidacy for blood donor status. The reports were forwarded to the 1996 House for consideration last month.

ELECTRONIC COMMUNICATIONS

Keeping up with the changing pace of electronic media is a challenge to any member organization. To address these matters, the board two years ago appointed a Communications Technology Committee to monitor for possibly three years emerging methods of communications, explore possible applications to the Society's member communications, and make recommendations to the board as part of the Society's annual planning process.

Recognizing the need for continued guidance, the board in September agreed to extend the life of the committee for a third year. Also with the board's approval, the committee will expand its membership to include non board members and work internally to coordinate technical development among the Society and its subsidiaries. Committee efforts this year will also include research into the potential for teleconferencing.

OTHER ACTIONS

In other actions, the board:

- approved the recommendation of the Resident Physician Section calling for a pledge by each trustee to bring young, nonmember physicians to Society meetings and functions to expose them to Society workings and efforts;
- authorized the appointment of a special anniversary committee to prepare and plan events for the Society's 150th Anniversary in 1998; and
- approved reports on health care delivery models, the status of the HealthChoices program, and development of an "employed physicians forum" for consideration by the 1996 House of Delegates.

Look for a complete wrap-up of the House's annual meeting next month.

ON THE HILL

Action Sought on Health Plan Accountability

The State Society is working hard to ensure that some action is taken on House Bill 2797, the Health Plan Accountability Act, prior to the closing of the 1996 legislative session on November 30.

The Society's Managed Care Priority Work Group reviewed the legislation, developed with the Hospital

Association of Pennsylvania (HAP), prior to introduction by Representative Pat Vance (R-Cumberland) in June. In August, Jonathan E. Rhoads Jr., MD, then Society president, testified in support of the legislation as a positive step to address problems related to utilization review, selection of health care network providers, and consumer disclosure within all forms of health insurance and managed care plans.

Because the bill represents a compromise with HAP, it does not address every concern of the Society or all of the concerns of various specialty societies. However, the Society will attempt to amend the bill to clarify and strengthen its provisions.

While there appears to be support among members of the House of Representatives' Insurance Committee, doubt still exists about whether the committee chairman will call for a vote on the bill and send it to the House floor before the close of the session. If Society efforts for action are unsuccessful this session, we will lobby for reintroduction in the 1997-98 legislative session.

MEDICAL ECONOMICS

Blue Shield Announces PT Code Changes

Pennsylvania Blue Shield late this summer announced changes to the payment policies and coding structure for manipulation and physical therapy services. The changes became effective on October 1 and include a new multilevel coding structure across all Private Business product lines, such as traditional medical-surgical, Premier Blue, major medical, and comprehensive programs.

New codes and terminology are outlined in an August 28, 1996, *Special Bulletin*. Local procedure codes W0801 through W0805 have been developed to report manipulation and mobilization of the spinal region(s); codes W0806 through W0810 are to be used to report manipulation and mobilization of body regions other than the spine. The following codes have been deleted as of October 1: A2000, 97260, 97261, 97265, 98925, 98926, 98927, 98928, 98929, W0710, W0711, W0712, W0713, and W0714.

Treatment plans must be submitted for manipulation and/or physical therapy services that exceed 15 medically necessary encounters per patient per calendar year. A new treatment plan form (Form 3861) has been developed to report the plans. Services performed prior to October 1, 1996, will not count toward the 15 service policy threshold in Calendar Year 1996. Treatment plans are not necessary in the following instances:

- members in the comprehensive program in the Western Region (Blue Cross Plan Code 363) and any 40,000 series group number;
- encounters with hospital inpatients;
- members with contracts that already require precertification for manipulation or physical therapy; and
- members in a point-of-service or HMO program.

Also, Medicare claims and supplemental Medicare claims are excluded. Follow Medicare payment and reporting guidelines.

Pennsylvania Blue Shield has established a dedicated unit that will work with professional consultants in various specialties to review physical therapy and manipulation services. Direct questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

Society Comments on HCFA Payment Project

State Society leaders met with representatives of the Health Care Financing Administration (HCFA) on September 20 about its proposal to test a per-case payment system for physician and hospital services provided to Medicare recipients during each inpatient episode—often referred to as a "combined DRG payment."

HCFA plans to select up to 10 demonstration sites in Pennsylvania, New York, and New Jersey. The actual projects will begin in January 1998 and last a minimum of three years.

The concept of establishing a per-case payment for inpatient and outpatient care is similar to the concept of shifting risk for the medical component of an insurance premium, Society analysts explain. This type of risk arrangement will create opportunities for physicians to share in savings they create from reduced inpatient utilization.

Of concern, however, is the structure of the contracting entity. HCFA's proposal refers to making the payments to a contracting entity "that already represents a hospital and its physician for other contracting purposes." The Society believes the potential exists for the demonstration project to make the per-case payment to a hospital-dominated or -controlled organization. This, in essence, would result in HCFA reimbursing hospitals for physician services.

In our meeting with HCFA, our leaders suggested modifications that will help ensure that a physician-led contracting entity will be a minimum requirement to be considered for a demonstration project. Other issues discussed in the meeting include limiting the downside risk for volunteers in the project, compensation for claims processing and administration management for the venture, and clarifying the process by which the per-case payments will be established.

HCFA—which is seeking input from the Society and other medical and hospital associations in designing and implementing the projects—indicated that it is anxious to work with us cooperatively and willing to consider initiatives that would take the insurance middleman out of the equation.

The Society also met with the Hospital Association of Pennsylvania

(HAP) to discuss HCFA's proposal. Both the Society and HAP agreed to work cooperatively to structure contracting in the most appropriate way. At press time, the Society—at HCFA's request—was developing a written response to the administration's proposed projects.

PO Leaders Meet in Pittsburgh

The need for taking risk and energizing physicians was discussed at the first meeting of the Physician Organization Leader Network of Western Pennsylvania, held in September. The group comprises 21 physicians representing 12 organizations.

Physician organization (PO) leader networks are being developed around the commonwealth by the State Society's Organized Medical Staff Section (OMSS). The purpose of the meetings is to facilitate communication between PO leaders and to strengthen support for POs operating in various network configurations.

In addition to regional meetings, the OMSS plans to hold a statewide PO leader meeting annually in conjunction with the State Society's Leadership Conference in the spring. For more information, contact Sharon Orlowski at (800) 228-7823 or via e-mail at *sorlowski@pamedsoc.org*.

New President Appoints Councils, Commission

State Society President Victor F. Greco, MD, appointed the following physicians as members and officers of the Society's councils and commissions for the 1996-97 term:

Council on Health Policy and Advocacy

Chair—Richard T. Bell, MD, *Berks*
Vice Chair—Jeffrey H. Chaby, DO, *Lancaster*
Lawrence L. Altaker, MD, *Dauphin*
James D. Balshi, MD, *Northampton*
Carl A. Frankel, MD, *Dauphin*
Richard M. Gash, MD, *Philadelphia*
Barbara M. Harley, MD, *Allegheny*
Donald E. Harrop, MD, *Chester*
James J. Houser, MD, *Venango*
Wilma C. Light, MD, *Westmoreland*
Lynn Michele Lucas-Fehm, MD, *Philadelphia*
Arthur H. McTighe, MD, *Union*
Gordon S. Perlmutter, MD, *Berks*
Mark A. Piasio, MD, *Clearfield*
Robert S. Pyatt Jr., MD, *Franklin*

Commission on Continuing Medical Education

Chair—Carl A. Frankel, MD, *Dauphin*
Vice Chair—John H. Esbenshade II, MD, *Lancaster*
Thomas F. Freenock Jr., MD, *Clarion*
Brian W. Little, MD, *Lehigh*
Carmela F. deRivas, MD, *Montgomery*
Bradford K. Strock, MD, *Dauphin*
Mark E. Thompson, MD, *Allegheny*
Martin D. Trichtinger, MD, *Montgomery*
Ned M. Weiss, MD, *Montgomery*

Commission on Health Care Cost and Quality Data

Chair—Donald E. Harrop, MD, *Chester*
Marc S. Berger, MD, *Berks*
A. Craig Brown, MD, *Erie*
George R. Green, MD, *Montgomery*
Ancil A. Jones, MD, *Delaware*
Thomas L. Schaefer, MD, *Allegheny*
David J. Shulkin, MD, *Philadelphia*

Commission on Quality

Chair—Robert S. Pyatt Jr., MD, *Franklin*
Paul N. Casale, MD, *Lancaster*
James A. Cowan, MD, *Northampton*
Enrico J. DiRienzo, MD, *Bucks*
Michael J. Gallagher, MD, *Lackawanna*
Lila S. Kroser, MD, *Philadelphia*
Michael J. Kush, MD, *Jefferson*
Marlon T. Maus, MD, *Philadelphia*
Frank C. Polidora, MD, *Luzerne*
Ratnakar S. Shetty, MD, *Beaver*

Council on Membership and Services

Chair—Arthur V. Stein, MD, *Lehigh*
Vice Chair—Mary J. Hudak, MD, *York*
Domingo T. Alvear, MD, *Dauphin*
Barbara E. Barnes, MD, *Allegheny*
Raphael J. Bonita, MD, *Luzerne*
Peter A. Cognetti, MD, *Lackawanna*
Charles Cutler, MD, *Montgomery*
William S. Lovrinic, MD, *Chester*
Marlon T. Maus, MD, *Philadelphia*
Joseph G. O'Neill, DO, *Bucks*
Rodger F. Rothenberger, MD, *Chester*
Fred Teichman, MD, *Union*
Edward V. Twiggar II, MD, *Northumberland*
William B. West Jr., MD, *Berks*
Anne M. Woods, MD, *York*

Commission on International Medical Graduates

Chair—Domingo T. Alvear, MD, *Dauphin*
Arvind Bhasin, MD, *Beaver*
Diego J. Gonzalez, MD, *York*
Srinivas R. Nalamachu, MD, *Philadelphia*
Satish D. Patel, MD, *Luzerne*

Commission on Women Physicians

Chair—Anne M. Woods, MD, *York*
Judith E. Black, MD, *Allegheny*
Stella M. Boron, MD, *Indiana*
Christina T. DeAngelis, *Dauphin*
Patricia A. Graham, MD, *Delaware*
Mary F. Pascucci, DO, *Montour*
Mary A. Simmonds, MD, *Dauphin*
Jennifer E. Trottman, MD, *Montgomery*
Gloria J. Watkins, MD, *Westmoreland*

President's Ad Hoc Committee

Marcia A. Fitzpatrick, MD, *Delaware*
Joseph T. Ichter, MD, *Luzerne*
John S. Parker, MD, *Westmoreland*
Herbert C. Perlman, MD, *Cumberland*
C. Richard Schott, MD, *Delaware*
Robert B. Sklaroff, MD, *Philadelphia*
Robert L. Yoxtheimer, MD, *Chester*

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Diagnosis, Treatment of TB: State Lab Is Partner

Bruce Kleger, DrPH ■ Robert J. Kantor, MD

Abstract

Between 1992 and 1995, there was a 14.5 percent decline in the number of TB cases reported annually in the United States and a 10.3 percent decline in Pennsylvania.[1] The CDC credits improved laboratory methods to allow prompt identification of *M. tuberculosis* and the broader use of drug-susceptibility testing among the factors responsible for the decline.

National reporting of tuberculosis cases began in 1953. By 1984 the number of cases of tuberculosis in the U.S. had declined to an historic low. Concomitant with this decline in cases was a decline in resources for studies and control of TB and funding for public health microbiology laboratories. However, 1985 marked the beginning of a steady increase in the number of cases which peaked in 1992 with 26,673 cases reported in the U.S. In Pennsylvania, the peak was reached in 1991, with 782 cases. Public health laboratories, including the Pennsylvania State Public Health Laboratory in Lionville, using outdated testing methods and reporting practices, could not at that time provide laboratory data required for effective patient management.

In 1992, the Centers for Disease Control and Prevention (CDC) held a conference to discuss ways that the increasing problem of tuberculosis, especially multi-drug resistant tuberculosis, could be controlled.[2] The critical role of the laboratory was discussed, with emphasis on the crucial need for more rapid turn around times (TATs) for *Mycobacterium tuberculosis* testing and reporting.

The specifics of how to accomplish this task were discussed in 1993 at the First National Conference on Laboratory Aspects of Tuberculosis, cosponsored by the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD) and CDC.[3] A Second National Conference on Laboratory Aspects of Tuberculosis, held in 1995 and again sponsored by the ASTPHLD and CDC, reviewed and refined the recommendations made after the first conference.[4]

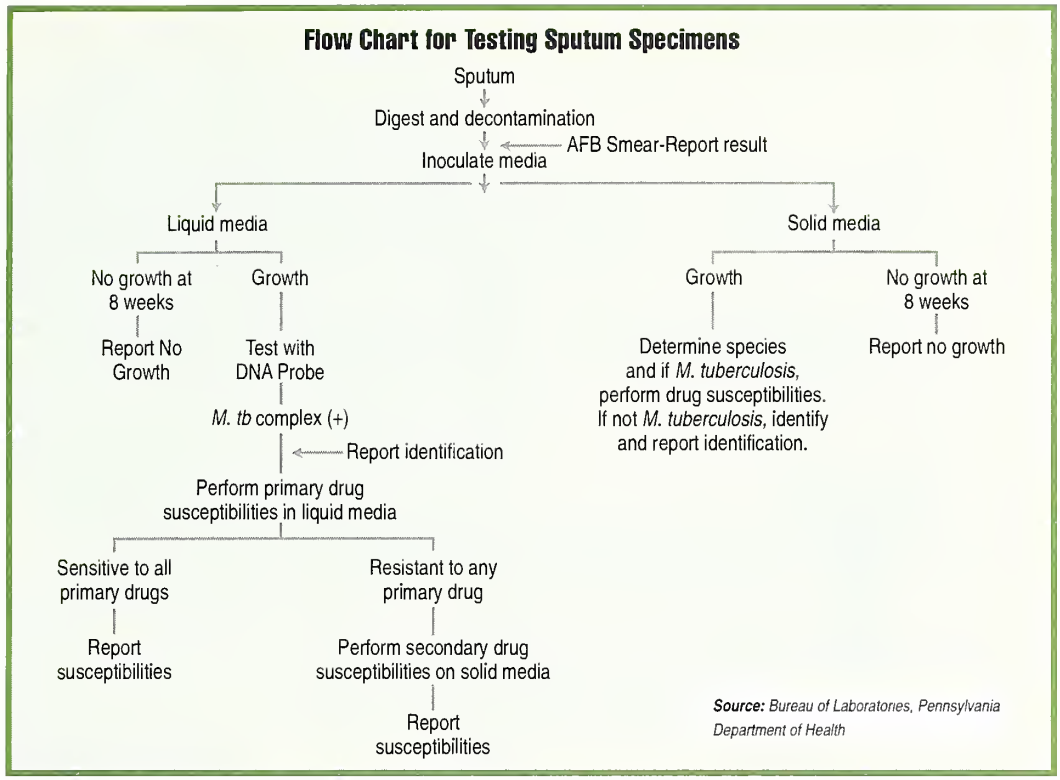
The recommendations of the three conferences were implemented and are current practice at the State Public Health Laboratory. The improvements were largely funded by the CDC. Funding designated for Pennsylvania allowed the State Public Health Laboratory to adopt state-of-the-art technology. The state lab is not alone in upgrading its mycobacteriology laboratory. Three recent publications have reported on improved capabilities for tuberculosis diagnosis at hospital and public health laboratories throughout the United States.[5-7]

The protocol for testing sputum specimens for *M. tuberculosis* is shown in the flow chart on next page. Specimens are decontaminated and digested upon receipt, a smear is made, and the smear examined by fluorescence microscopy within 24 hours of receipt of the specimen. Positive results are phoned to the submitting physician, hospital or clinic, and written reports, both positive and negative, are mailed within 24 hours. Given the clinical impression, a positive result is often sufficient to institute therapy.

Regardless of the smear result, the specimen is inoculated the same day on liquid media (Bactec vial) and solid media (Lowenstein-Jensen slant and 7H10 purity plate). If there is growth with the Bactec system, the culture is tested with a DNA probe for *M. tuberculosis* complex (*M. tuberculosis, M. bovis,* and *M. africanum*). If positive for *M. tuberculosis* complex, primary drug susceptibilities are performed on the Bactec system. If sensitive to all primary drugs (INH, rifampin, streptomycin, and ethambutol), a final report is issued.

If resistant to one or more primary drugs, secondary drug (ethionamide, kananyim, cycloserine, and capreomycin) susceptibilities are performed by the conventional proportion method. A protocol for performing secondary drug-susceptibility tests using the Bactec system has not been established. After control cultures attain adequate growth, the results for secondary drug-susceptibility testing are reported. An acceptable protocol for susceptibility testing for pyrazinamide using the Bactec system at the Bureau of Laboratories has not been established.

In keeping with CDC recommendations, a susceptibility profile is determined for each culture-proven case in order to individually tailor both



the medical regimen and duration of treatment. Drug susceptibility is performed on additional isolates from patients whose cultures fail to convert to negative within three months of beginning of therapy, or if there is clinical evidence of failure to respond to therapy.

The Bureau of Laboratories has recently adopted the use of the Bactec 9000 TB fluorescent series instrument for isolation of *M. tuberculosis* and other mycobacteria. This new instrument, which eliminates the radioactive marker used in earlier models, uses MYCO/F-Sputa media, which is a liquid medium with added CO_2 and a fluorescent indicator. The sample to be tested is inoculated into the Bactec vial, which is then inserted into the Bactec 9000 instrument for incubation and periodic reading. Each vial contains a fluorescent sensor which can detect decreases in dissolved oxygen caused by respiration of viable aerobic microorganisms. The sensor is monitored by the instrument for increasing fluorescence which is proportional to decreasing dissolved oxygen content.

A positive reading enables the instrument to determine if the vial is culture positive. The inoculated vials are read by the instrument every 10 minutes. A distinct advantage of this instrument over earlier models that determined radioactivity is the fact that readings are made without entering the vial, essentially eliminating cross-contamination between positive and negative vials, and the problem of radioactive waste is eliminated.

The use of the latest available technology and methods has permitted the Bureau of Laboratories to reduce by at least a week the time to detection of growth, the identification of the isolate, and the time to determine antimicrobial susceptibility, thereby reducing overall turnaround time by more than three weeks. Protocols are constantly being refined to achieve a goal of complete reporting, including susceptibility testing, within four weeks.

Methodologies for tuberculosis diagnosis continue to evolve. The Bureau of Laboratories will evaluate the sensitivity, specificity, and cost effectiveness of nucleic acid amplification and direct identification of *M. tuberculosis* from clinical specimens using high power liquid chromatography.

The laboratory and physician share responsibility for the quality of laboratory results in tuberculosis diagnosis:

- The laboratory director's responsibilities include availability of a laboratory with appropriate safety measures, the hiring of qualified personnel, the establishment of required protocols, the provision of accurate and timely results, knowledge of new procedures and equipment, and establishing and maintaining a good relationship with the physician.
- The physician, when considering tuberculosis in the differential diagnosis, should obtain an adequate specimen and submit it in a timely fashion for testing by a qualified laboratory.

And both must continue to work together to ensure that the dramatic decrease of TB in the state continues.

References available upon request.

AUTHOR BIOGRAPHY

Dr. Kleger is director of the Bureau of Laboratories, Pennsylvania Department of Health, Lionville, and Dr. Kantor is epidemiologist and consultant in infectious diseases, Pinnacle Health System, Harrisburg.

New Act Expands Effort Against Fraud and Abuse

Dennis L. Olmstead

Abstract

President Clinton on August 21 signed into law the Health Insurance Portability and Accountability Act of 1996. Though much of the publicity surrounding passage of the bill centered on the provision of insurance portability, limits on preexisting condition exclusions, and the establishment of a medical savings account pilot project, the bill also includes a major initiative to expand federal efforts to combat fraud and abuse. This overview highlights the most significant elements of that initiative.

The nation's new Health Insurance Portability and Accountability Act of 1996 addressed several important areas of health insurance, including insurance reforms, medical savings accounts, administrative simplification, and changes to health care tax rules for long-term care expenses and the self employed. But perhaps of most interest to the medical community are provisions to combat fraud and abuse.

Specifically, the act:

- establishes a criminal health care fraud statute;
- creates a self-perpetuating account for health fraud investigations;
- extends certain criminal Medicare and Medicaid fraud penalties to other federal health care programs;
- expands the exclusion authority of the secretary of Health and Human Services (HHS);
- extends Medicare and Medicaid civil monetary penalties (CMPs) to other federal health care programs;
- increases CMP amounts and establishes CMPs for additional violations;
- establishes a process for additional guidance regarding the application of health care fraud and abuse sanctions, including the mandatory issuance of advisory opinions; and
- creates an exception to the anti-kickback statute for risk-sharing arrangements.

Let's take a look at these provisions, most of which become effective on January 1, 1997.

CRIMINAL HEALTH CARE FRAUD STATUTE

Rather than rely on existing laws which impose criminal penalties on persons engaged in health care fraud, the new act creates a statute for fraud involving a "health care benefit program," defined as "any public or private plan or contract, affectin commerce, under which any medical benefi item, or service is provided to any individual, an includes any individual or entity who is providing medical benefit, item, or service for which pay ment may be made under the plan or contract."

Also created are five new crimes that specif cally reference or involve federal health car offenses: 1) health care fraud, 2) theft or embez zlement, 3) false statements relating to health car matters, 4) obstruction of criminal investigation of health care offenses, and 5) money laundering The applicable penalties for these offenses rang from terms of five years to life, plus extensive fine and the forfeiture of property derived from th proceeds of the crime. Although some action would already be covered under pre-existing crim inal statutes, the new statute expands the law coverage.

FRAUD AND ABUSE CONTROL ACCOUNT

A cornerstone of this act's anti-fraud provision is a new Health Care Fraud and Abuse Contr Account in the Medicare Hospital Insurance Tru Fund. In addition to an annual appropriation– estimated to be as much as $2.5 billion over th next seven years—the trust fund is authorized t accept money gifts and bequests. Additionally, ce tain criminal fines and civil money penalties an assessments will be transferred to the fund.

The act also provides for a nationwide healt care fraud and abuse control program coordinate by the Office of Inspector General and the Atto ney General. The program will:

- coordinate federal, state, and local la enforcement programs to control fraud an abuse with respect to "health plans";
- conduct investigations, audits, evaluation and inspections;
- facilitate the enforcement of the crimin laws, civil money penalty sanctions, an exclusion authorities; and
- provide for the modification and establish ment of safe harbors, issue advisory opinion and Special Fraud Alerts, and provide for th

"Physicians...must be cognizant of the potential for prosecution for wrongdoing...."

reporting and disclosure of certain final adverse actions taken against health care providers, suppliers, and practitioners.

CRIMINAL SANCTIONS FOR OTHER FEDERAL PROGRAMS

The act expands Section 1128B of the Social Security Act, which previously covered only Medicare and Medicaid, to cover all federal health care programs (except the Federal Employees Health Benefit Program). The following actions, if committed knowingly and willfully in any of the covered federal programs, could be considered criminal violations:

- making a false statement or representation of a material fact in any application for any benefit or payment,
- soliciting or receiving any benefit in return for patient referrals,
- making false statements concerning the condition or operation of any institution for which certification is required,
- charging rates in excess of applicable Medicaid or state-established rates, or
- repeatedly violating the terms of a participating physician agreement.

EXPANDED EXCLUSION AUTHORITY

Also expanded is the authority of HHS to exclude providers from Medicare and state health programs (including Medicaid) under certain circumstances. The act limits mandatory exclusions to felony convictions, compared to the current law which includes felonies and misdemeanors—and the government will now consider a provider's non-Medicare and non-Medicaid activities in determining eligibility to participate. Thus, mandatory exclusions could result from criminal activity involving the delivery of private health care services or from improper activities relating to the performance of any government contract.

The scope of the government's authority with regard to permissive exclusions is broader as well. At the discretion of the HHS secretary, owners of sanctioned entities will be subject to exclusion if they knew or should have known of the entity's improper actions. Officers and managing employees of the sanctioned entities will be subject to exclusion even if they were unaware of the wrongdoing.

CIVIL MONETARY PENALTIES

The act extends the Medicare and Medicaid civil monetary penalty provisions to similar violations involving other federal health programs. It also increases CMPs under Section 1128A(a) of the act from $2,000 to $10,000 for a number of offenses in current law, and increases the assessment to which a person may be subject from twice the amount to not more than three times the amount claimed.

Provisions add two practices to the list of prohibited practices for which CMPs may be assessed. The first occurs when a person engages in a pattern or practice of presenting a claim for an item or service based on a code that the person knows will result in greater payments than appropriate. The second is the practice whereby a person engages in a pattern of submitting a claim or claims that the person knows or should know is for a medical item or service which is not medically necessary.

Although these provisions remain potentially troublesome, the AMA succeeded in adding critical language to the act clarifying the intent standard and defining "should know" to mean that a person "acts in deliberate ignorance of the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information." This section provides that the standard does not require proof of "specific intent to defraud."

The maximum civil money penalty imposed against practitioners and persons for failure to comply with statutory obligations regarding the provision of medically necessary services and the quality of items or services is changed from "the actual or estimated cost" to "up to $10,000 for each instance."

"Physicians...should take steps to reduce their risk exposure...."

Also authorized is a CMP in situations where inducements are offered to individuals enrolled under certain programs or plans—including in some circumstances the waiver of co-insurance and deductible amounts—which the person knows or should know are likely to influence him or her to order or receive from a particular provider, practitioner, or supplier any item or service for which payment may be made, in whole or in part, under Medicare and Medicaid.

APPLICATION GUIDANCE

By January 1, 1997, and at least annually thereafter, HHS will publish a notice in the *Federal Register* soliciting proposals which will be accepted during a 60-day period for modifications to existing safe harbors, additional safe harbors, advisory opinions, and special fraud alerts.

The statute also provides the criteria which may be considered in determining whether a safe harbor should be created. These criteria include considerations regarding access, quality of care, patient freedom of choice, competition among health care providers, the ability to provide services in medically underserved areas, costs to federal health care programs, the potential for the overutilization of health care services, and the existence or non-existence of a potential financial benefit to a health care professional.

This section of the act also requires the secretary to issue advisory opinions regarding:

- what constitutes prohibited remuneration under the anti-kickback statute,
- whether an arrangement satisfies the requirements of an exception to the anti-kickback statute,
- whether an arrangement satisfies the criteria for an existing safe harbor,
- what constitutes an inducement to reduce or limit services to individuals under Medicare or Medicaid, and
- whether an activity or proposed activity constitutes grounds for the imposition of criminal or civil sanctions.

Advisory opinions will no address issues of fair marke value or bona fide employment, th act states. Advisory opinions will be bind ing on both the secretary and the party or partie requesting the opinion. Opinions must be issue within 60 days after the request is received, and fee will be charged to the party requesting th advisory opinion.

APPLICATION TO FEDERAL PROGRAMS

Current fraud and abuse sanctions ar expanded under the act to "federal health car programs," which are defined as "any plan or pro gram that provides health benefits, whethe directly, through insurance, or otherwise, which i funded directly, in whole, or in part, by the Unite States Government" other than the Federa Employees Health Benefit Program.

With the addition of this new statute, it is very obvious that the federal government is serious about combating health care fraud and abuse. Physicians, therefore, must be cognizant of the potential for prosecution for wrongdoing in their practices and should take steps to reduce their risk exposure such as investing in a corporate compliance program.

This brief overview is by no means meant to be all encompassing. Direct specific questions about the fraud and abuse provisions of the Health Insurance Portability and Accountability Act of 1996 to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

AUTHOR BIOGRAPHY

Mr. Olmstead is the State Society's group director of medical economics.

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November 13th
H. pylori—Revelation to Revolution
David A. Peura, M.D.
Professor of Medicine
University of Virginia Health Sciences Center
Associate Chief, Division of Gastroenterology
Charlottesville, VA

November 20th
Progression of Renal Disease in African-Americans with Hypertension
George L. Bakris, M.D.
Associate Professor of Preventive and Internal Medicine
Department of Preventive Medicine
Director, Rush Hypertension Program
Rush-Presbyterian - St. Luke's Medical Center
Chicago, IL

November 27th
No Grand Rounds

DECEMBER 1996

December 4th
Genetic Models of Hypertension
Richard P. Lifton, M.D., Ph.D.
Associate Professor of Medicine,
Nephrology and Genetics
Yale University School of Medicine
Assistant Investigator, Howard Hughes Medical Institute
New Haven, CT

December 11th
Cardiac Auscultation for the Generalist and Office Practice
Bernard L. Segal, M.D.
Clinical Professor of Medicine
Division of Cardiovascular Diseases
Allegheny University Hospitals, MCP Division
Philadelphia, PA

Gerald Scharf, D.O.
Clinical Professor of Medicine
Division of Cardiovascular Diseases
Allegheny University Hospitals,
Hahnemann Division
Philadelphia, PA

Dean G. Karalis, M.D.
Clinical Assistant Professor of Medicine
Division of Cardiovascular Diseases
Allegheny University Hospitals,
Hahnemann Division
Philadelphia, PA

Farooq Chaudhry, M.D.
Professor of Medicine
Division of Cardiovascular Diseases
Director, Cardiac Echo Labs
Allegheny University Hospitals,
Hahnemann Division
Philadelphia, PA

John J. Ross, Jr., RCPT, RDCS
Research Assistant Professor
Division of Cardiovascular Diseases
Allegheny University Hospitals,
Hahnemann Division
Philadelphia, PA

December 18th
Advances in the Use of Interferon
Moshe Talpaz, M.D.
Professor of Medicine
University of Texas School of Medicine
Interim Chairman, Department of Bioimmunotherapy
M.D. Anderson Cancer Center
Houston, TX

December 25th
No Grand Rounds

JANUARY 1997

January 1st
No Grand Rounds

January 8th
Domestic/Spousal Abuse
Sarah Buel, J.D.
Adjunct Professor
Harvard School of Medicine and University of Texas School of Law
Special Counsel, Texas District and County Attorneys Association
Austin, TX

January 15th
Telemedicine - The Future of Medical Education and Practice
Jay H. Sanders, M.D.
Senior Scientist
Georgia Institute of Technology
President, American Telemedicine Association
McLean, VA

January 22nd
Reversing Endothelial Dysfunction with ACE Inhibitors
D.B. John Mancini, M.D.
Professor and Head
Department of Medicine
University of British Columbia
Vancouver Hospital and Health Sciences Center
Vancouver, British Columbia, Canada

January 29th
Indications and Findings of Lower GI Endoscopy
Jerome Waye, M.D.
Clinical Professor of Medicine
Mt. Sinai School of Medicine
Chief, GI Endoscopy Units
Mt. Sinai Medical Center and Lenox Hill Hospital
New York, NY

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Cardiac Auscultation for Office Practice
Course Co-Directors:
Bernard L. Segal, M.D.
Allan B. Schwartz, M.D.
Farooq Chaudhry, M.D.
Dean Karalis, M.D.
Gerald Scharf, D.O.
John J. Ross, Jr., RCPT, RDCS

JANUARY 22, 1997
Advances in Diagnosis and Management of Cardiovascular Disease
Course Co-Directors:
Marc Cohen, M.D.
Susan Brozena, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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Quality Improvement in an Era of Managed Care

Michael J. Slavin, DO

Abstract

As health care costs have escalated, government and business have become bold in their willingness to interfere in the clinical decision-making process in order to save money. Their tendency is to cut services, and physicians fear that the potential medical consequences of such cutbacks are only secondary considerations. These efforts threaten physician autonomy and authority. Doctors find themselves in an environment of uncertainty and vulnerability.

Medicine is equally an art and a science, and distinctions between desirable and undesirable variation are not always well defined. Too often, payers, physicians, and health care executives do not share common insights regarding optimal patient care or the definition of quality itself. We acknowledge that our common interest is the patient, but we execute that interest from conflicting viewpoints. Physicians are troubled in their belief that nonphysicians simply do not have the information or insight necessary to make rational decisions concerning these issues.

One important goal of Continuous Quality Improvement (CQI) and Total Quality Management (TQM) is to "tame the beast of unintended variation."[1] A paradox lies in the fact that variation in physician practice often originates from controversies that may arise because of ambiguous or incomplete scientific evidence supporting the value of any one specific approach. The interpretation of quality has been subject to debate as well, and there is increasing concern that true quality may be compromised in the context of health care reform.[2]

Medical practice and organization are submerged in a sea of uncertainty and rapid change. Health care reform has been on the agenda of virtually every politician and policy maker. The environment is complex and dynamic. One would think that an organic organizational design would be more conducive with success than the mechanistic structure that is evolving as a result of third-party influence.[3] The very essence of medical education which tries to inculcate imagination, initiative, and independent thinking into each student has been threatened by control, desired predictability, and the elimination of variability. Professional discretion, medical practice styles, and the individuality of patient care are under scrutiny. Physicians have been transformed into *providers* who are continually tracked by computer programs capable of reporting the smallest deviation from standards that may be arbitrary and controversial. Reimbursement protocols are being designed that often curtail incentives for productivity.

We are witnessing the erosion of physician autonomy.[4] The organizational structure that was once characterized by separate dual lines of authority with emphasis on individual and collective autonomy for physicians has begun to crumble. There is legitimate concern that the medical profession may ultimately be reduced to a trade. This prospect is enhanced by a collective inertia among physicians in assuming responsibility for the task of effectively developing and negotiating acceptable practice criteria that will not allow professional standards to be jeopardized.

It is within this environment, clouded by distrust, anxiety, and paranoia, that physicians are being asked to become proactive in reassessing and modifying practice behavior in a manner that is both quality driven and cost effective. Until recently, clinicians have been somewhat isolated from and resistant to efforts concerning cost containment and practice standardization. Physicians, hospital administrators, and other health care professionals have sought to protect their own turf, each viewing the other as a potential threat or adversary rather than an ally.

It is obvious that a new enlightened era of professionalism must evolve where all can have input into decisions that impact their ability to successfully care for patients. Health care organizations and physicians capable of an alliance based on common values and goals will find themselves better positioned to meet the financial, personal, and societal challenges that lie ahead.

THE ISSUE OF QUALITY

The supreme challenge today is to contain costs without compromising quality. In a society

of limited resources, every dollar that is spent in one area is a dollar that cannot be spent in another. It has not been until relatively recently that physicians have been required to consider this public perspective. For us, it had always been the patient first, regardless of cost.

In a society of competing needs, however, it is possible to price health care out of people's grasp. Publicly assumed costs are limited by people's ability to pay for other needs. The escalating cost of health care threatens the public's access to it, which in itself compromises quality.

Much of what has been learned in recent years tells us that, within limits, this trade-off need not necessarily exist. In many instances, cost reduction may be consistent with increased quality. The amount spent per case on a given malady often bears no relation to the outcome for the patient. Outcome analysis is critical to guide appropriate resource utilization in ensuring quality patient care. Participants from many different disciplines and perspectives are essential in this regard as "quality is in the eye of the beholder."[5]

Quality is not always easy to define—and the term "cost effective" must be more precisely applied.[6] Knowledge of the effectiveness of different medical strategies with regard to their respective costs is often insufficient. It is difficult at best to consistently identify a single clinical strategy as being the most effective for a particular condition.

The optimal criteria for cost effectiveness may assume more than one dimension. Scholars say one strategy is more cost effective than another if it is: a) less costly and at least as effective; b) more effective and more costly, its additional benefit being worth its additional cost; or c) less effective and less costly, the added benefit of the rival strategy not being worth its extra cost.[7] It is often difficult to base medical decisions on both health and monetary considerations.

Physicians are appropriately concerned that attempts to do so by third-party payers will result in more of an emphasis on cost-saving measures. The biased application of practice guidelines by insurance companies is an example of this type of occurrence. Another fear is that this practice will lead us into an era of "cookbook medicine" where the bedside judgment of the physician will be compromised or even eliminated.

"In many instances, cost reduction may be consistent with increased quality."

Two components should be considered in evaluating physician performance in the context of quality assessment. The first, technical performance, refers to the degree of knowledge and judgment utilized by the clinician in affording patients state-of-the-art care. Quality would be achieved, regardless of outcome, if the care provided conformed to that which would have been expected to achieve the best result.[8]

The second deals with the interpersonal relationship between physician and patient. This is the vehicle by which technical care is executed to assure personalized care, individualized and informed decisions, and the appropriate utilization of available technologies. This constitutes a less tangible feature of quality and is considerably more difficult to measure. What best serves one patient may be totally inappropriate for another, depending on preferences and the specific features of each situation. Practice guidelines are less adequate in directing these unique aspects of patient care.[9]

The average patient is not a rational or well-informed consumer inasmuch as most people know relatively little about medical care. In this sense, the physician typically acts as the patient's agent or advocate, ideally making those decisions that the patient would make if he or she knew as much about medicine as the physician. For this reason, patients may be more inclined to evaluate

quality on the basis of the proficiency of their doctors in maintaining good interpersonal relationships.

An incompetent physician with good communication skills is far less apt to be sued than a highly qualified, but antagonistic and contentious counterpart. It makes sense that hospitals and physicians capable of maximizing perceptions of quality are more successful.[10] Limitations in hospital reimbursement, however, often reduce the means available to promote such amenities.

A NEED FOR GUIDELINES

An ideal area in which to indoctrinate physicians to TQM is in the development of practice guidelines.[11] The intended goal of such guidelines should be more than an attempt to reduce inappropriate care. Physicians interpret protocols issued by third-party payers as more cost than quality driven. Within a TQM context, however, guidelines are a badly needed form of process specification. It is important and necessary for hospitals and managed care organizations to help physicians engage in the challenge of reducing undesirable variation.

The guidelines should be designed to facilitate the standardization of preferred practice patterns without serving to curtail intuitive decision making or acceptable variation in clinical medicine.[12] Physicians must be actively involved for this to be achieved. Guidelines developed without physician input are often unrealistic and only serve to antagonize those directly responsible for providing patient care. Physicians, however, must have the benefit of formal analytic data including outcome analysis and cost data in order to develop meaningful and functional protocols.[13]

RECRUITMENT OF PHYSICIAN COOPERATION

Managed care organizations must consistently behave responsibly and credibly to acquire physician respect and cooperation. Physicians will be more inclined to modify practice behaviors if provided objective data demonstrating alternate methods consistent with quality enhancement. Cost-containment strategies cannot be driven by attempts to ration care by devising methods of bureaucratic chicanery.[14] Health organizations must assume the responsibility for informing their members of limitations in coverage. It is not appropriate for physicians and hospitals to bear the burden of responsibility in limiting care they feel to be optimal and proper because of insurance contract issues.

Methods of medical cost containment must be rational, fair, precise, free from deception, and above all, quality driven. Within this scheme, physicians are more apt to become active participants in the effort to reconcile the myriad of problems inherent within our current health care system.

AUTHOR BIOGRAPHY

Dr. Slavin is clinical assistant professor of nephrology and hypertension, Thomas Jefferson University, Philadelphia.

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Deibler's Drug Store, *Lykens**

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Joe Serpento Pharmacy, *Republic**
Smithfield Pharmacy, *Smithfield*

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Forest County Medical Center Pharmacy, *Tionesta*

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The Medicine Shoppe, *Punxsutawney*

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Total Life Care Pharmacy, *Mifflintown*
Mifflintown Pharmacy, *Mifflintown*

Lackawanna County
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Myers Drug Store, *Norristown**
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Advantage Health Services, *Willow Grove*
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Northampton County
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Bath Drug, *Bath*
CRX Pharmacy #59, *Bethlehem*
Family Prescription Center, *Bethlehem*
Smith's Pharmacy, *Easton*
Nazareth Pharmacy, *Nazareth*
Bechtel's Pharmacy, *Walnutport*

Northumberland County
Uptown Pharmacy, *Mt. Carmel*
The Medicine Shoppe, *Shamokin*
Medical Center Pharmacy, *Sunbury**

Perry County
Emerald Drug Store, *Duncannon*
West Perry Pharmacy, *Loysville*
Bloomfield Pharmacy, *New Bloomfield*
Welfley Pharmacy, *Newport*

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Center Pharmacy, *Philadelphia*
Drug Emporium #212, *Philadelphia**
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Park Prescriptions, *Philadelphia*
Pharmacy Plus (Red Lion Rd.), *Philadelphia*
Pharmacy Plus (Frankford Ave.), *Philadelphia*
Rosica Pharmacy, *Philadelphia*
Raker's Pharmacy, *Philadelphia**
Rubino Pharmacy, *Philadelphia**
Wayne Apothecary, *Philadelphia**
Wyoming Avenue Apothecary, *Philadelphia*

Potter County
Galeton Drug, *Galeton*

Schuylkill County
Siro Pharmacy, *Schuylkill Haven*
Stine's Pharmacy, *Schuylkill Haven*
The Medicine Shoppe, *Tamaqua*
Williams Valley Pharmacy, *Tower City*
Tri-Valley Pharmacy, *Tremont**
Tri-Valley Pharmacy, *Vallew View*

Snyder County
Shade Mountain Pharmacy, *Mt. Pleasant Mills*

Somerset County
Yough Valley Pharmacy, *Confluence**
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Susquehanna County
Lenox Pharmacy, *Kingsley*

Tioga County
Lemon's Pharmacy, *Blossburg*

Warren County
The Medicine Shoppe, *Warren*

Washington County
The Medicine Shoppe, *Canonsburg*
The Medicine Shoppe, *Monongahela*
Annex Pharmacy, *Washington**

Wayne County
*Martin's Pharmacy, Honesdale

Westmoreland County
Union Prescription Center, *Greensburg*
Mosso's Pharmacy, *Latrobe**
The Medicine Shoppe, *New Kensington*
Hayden's Pharmacy, *Youngwood*

Wyoming County
Lech's Pharmacy, *Tunkhannock**

York County
Gruber's Pharmacy, *Dillsburg*
Hanover Apothecary, *Hanover*
Fairview Professional Pharmacy, *Etters*
Witman's Pharmacy, *Hanover**
Brockie Pharmacy, *York*

*New recipient for 1996 that was not recognized in 1995 program.

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The battle against smoking has hit cyberspace. At this new site, electronic anti-tobacco activists help you contact elected representatives, agitate for tough state laws, support smoke-free restaurants, and invest in tobacco-free funds. Log on at *http://www.smokescreen.org.*

Advertisers' Index

CME Programs
Allegheny University Hospitals **33**
Allegheny Health Sciences **15**
American College of Cardiology **43**
Jeanes Hospital **43**

Home Health Care
Medical Personnel Pool **42**

Hospitals
Magee Rehabilitation **27**
University of Pennsylvania Health System **41**

Insurance
Colburn Bertholon Rowland **7**
Dodson Insurance Company **23**
Medical Inter-Insurance Exchange **Cover 2**
Medical Protective Company **1**
Pennsylvania Blue Shield **Cover 4**
Pennsylvania Medical Society Liability Insurance Company **5**
PIE Mutual Insurance Company **19**
Princeton Insurance Company **13**

Specialized Programs & Services
Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**
Widerman & Company **39**

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Elaine S. Herrmann _____ Date 9/13/96

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Q&A: Schedule II Prescriptions

Marshall P. Burnside, RPh

Providing Schedule II (narcotic) medication to patients in a timely manner and fulfilling all the requirements of the Drug Enforcement Administration (DEA) can be challenging for the physician, pharmacist, and nurse. This Q&A is meant to ease some of that challenge.

First, it is important to understand that the burden of proper documentation is placed on the physician, while one of the responsibilities and obligations of the pharmacist is to report to the DEA any issues of irregularities or noncompliance of regulations. Also, there are four groups of patients: routine outpatients (walk-ins), terminally ill (hospice) patients, long-term care facility patients, and patients in acute care facilities (hospitals).

Q: How do I prescribe for outpatients?

A: A 72-hour emergency supply may be accepted by way of a telephone order. It is the pharmacist's responsibility to positively identify the physician or "agent" placing the call. ("Agent" is defined as an individual *employed* by the physician.) The physician must send the pharmacy a prescription to cover the "emergency" supply. It is against DEA regulations for the pharmacy to send a computer-generated prescription to the physician for signature. The ongoing medication needs must be obtained by a written prescription. Prescriptions for this group of patients *cannot* be faxed to the pharmacy.

Q: How do "terminally ill" patients differ?

A: For oral medications, a 72-hour emergency supply will be accepted by way of a telephone order. It is the pharmacist's responsibility to positively identify the physician or agent placing the call. The physician must send the pharmacy a prescription to cover the emergency supply.

The ongoing medication needs of a terminally ill patient may be accommodated by partially filling a prescription. Both the pharmacist and the prescribing practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill patient. The pharmacist will telephone the physician to discuss the available partial-filling option and discuss with the physician that he or she may write a prescription for a quantity not to exceed a 60-day supply.

As an example, for a patient taking two tablets of a medication every six hours, the physician could prescribe 480 tablets. The pharmacist will then dispense partial quantities according to the patient's needs and established pharmacy operations procedures. The notation "terminally ill" must be made at the top of the prescription.

Prescriptions for oral medications for this group of patients *cannot* be faxed to the pharmacy.

Q: My patient needs immediate intravenous pain therapy. Can I fax to the pharmacy?

A: This applies only to terminally ill patients and only for IV meds. Prescriptions for home infusion/IV pain therapy may be transmitted by the practitioner or the practitioner's agent to the home infusion pharmacy by facsimile. The facsimile document received by the pharmacy may be considered a "written prescription" as required by 21 U.S.C. 829(a). It is not necessary for the original prescription to be delivered to the pharmacy. The facsimile copy of the prescription *must* contain the following information: date issued; full name and address of the patient; name, strength, and quantity of medication; and name, address, DEA registration number, and signature of the practitioner. The pharmacist will communicate with the physician about the quantity of medication being used to prepare the IV therapy. The pharmacist will also discuss the partial-filling service which will accommodate the ongoing needs of th patient.

Q: Can I fax a prescription to th pharmacy from my office to cover 72-hour supply and ongoing needs in a long-term care facility (LTCF)

A: Schedule II prescriptions writter for patients in LTCFs which are filled by and delivered to the facility by a pharmacy may be transmitted via facsimile to the pharmacy by the practitioner or the practitioner's agent. The facsimile copy may be considered a "written prescription" as required by 2 U.S.C. 829(a). The facsimile copy of th prescription *must* include date issued; full name and LTCF address of the patient; name, strength, and quantity o medication; and name, address, DEA registration number, and signature of the practitioner. If these requirements are not met, a written prescription mus be sent to the pharmacist.

Q: I'm very busy and cannot fax an order for my patient in a LTCF. What do I do?

A: The typical everyday practice of a LTCF attending physician does not always allow facsimile requirements to be fulfilled. Therefore, in the absence of a facsimile copy prescription as described above, the following LTCF patient procedure should be followed: The pharmacist will accept a 72-hour emergency supply telephone order from the facility. The physician must send the pharmacy a prescription to cover the emergency supply dispensed. The pharmacist will follow up with the physician's office for this prescription.

For the ongoing CII medication needs of a LTCF patient, the pharmacist will contact the physician to discuss the partial-filling option available for LTCF patients. A 60-day supply should be determined. The physician must

send or fax a prescription for the determined quantity. The pharmacist will then dispense partial quantities according to the patient's needs and established pharmacy operations procedures. The notation "LTCF patient" must be made at the top of the prescription.

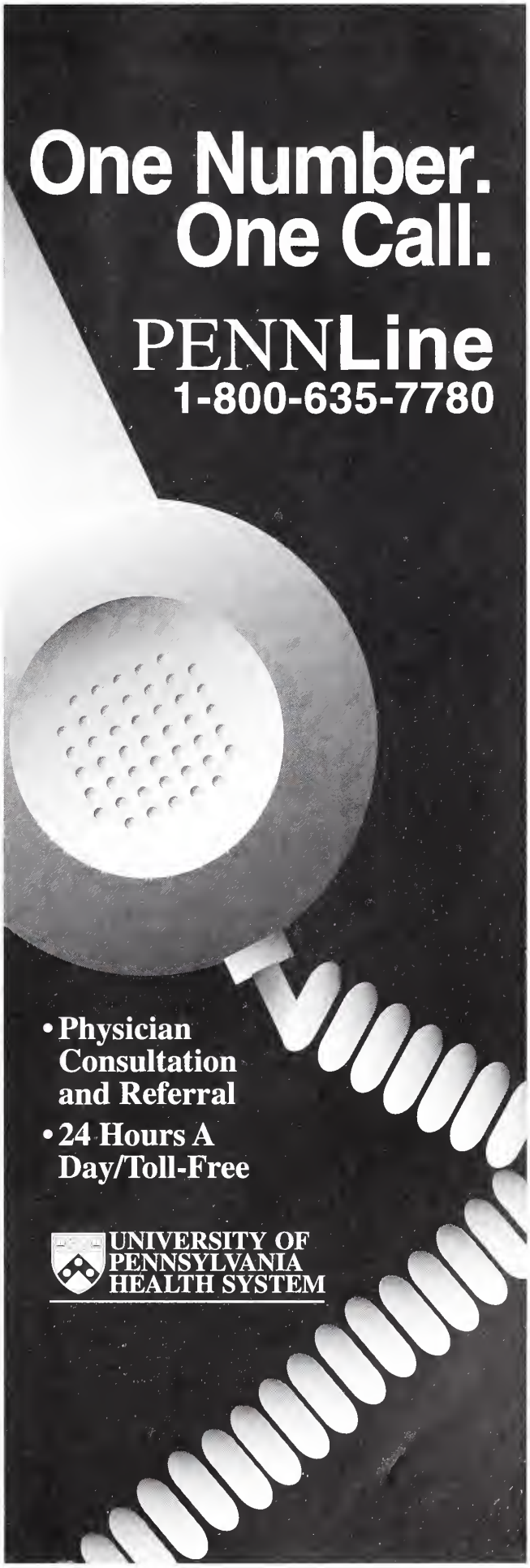
Q: What is the difference between a prescription and an order?

A: A prescription, as defined by the Department of State Standards of Practice, shall show the name of the patient, the name and address of the prescriber, the name and quantity of the drug prescribed, directions for its use, the date the prescription was compounded and dispensed, the name or initials of the dispensing pharmacist, and, when required by statute, the address of the patient, the date the prescription was issued, and the BNDD number of the prescriber. Prescriptions for Schedule II controlled substances shall be written with ink or indelible pencil or typewriter and shall be manually signed by the prescriber. The DEA registration of the prescriber must also be contained on the prescription.

Medication dispensed in a hospital-based skilled nursing facility environment, where the dispensing is under the authority, supervision, and control of hospital registration, are given as an order for medication. The physician writes an order and sends it by fax of some other internal procedure. The dispensing record should appear on a use record, patient record, or other means by which the administration is recorded after it has been dispensed by the hospital pharmacy. In a non-hospital-based LTCF, which is not under the authority, supervision, and control of the hospital registration environment, a true prescription is required.

AUTHOR BIOGRAPHY

The contributing author, Marshall P. Burnside, RPh, is vice president of operations, Emerald Drug Stores, Harrisburg, and a member of the Pennsylvania Department of Public Welfare's Drug Utilization Review Board. Fax your questions about this topic to him at (717) 238-2441; please include your fax number for a quick response. References also available upon request from the author.



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PENNSYLVANIA MEDICINE publishes this listing of health care-related meetings each month as a service to its readers. Due to space limitations, t magazine is unable to publish complete details about each offering. Call the contact person for specifics such as program topics, speakers, CM credit hours, and registration fees. Send announcements to: Calendar, PENNSYLVANIA MEDICINE, P.O. Box 8820, Harrisburg, PA 17105-8820; fax (717) 558-7840; e-mail to *mboyer@pamedsoc.org*. Listings may be edited and are used at the discretion of the editors.

DECEMBER

8-11, *American Medical Association Interim Meeting*
Marriott Marquis, Atlanta, GA
CONTACT: AMA, (800) 262-3211

9-11, *Pennsylvania Chapter American College of Emergency Physicians 2nd Annual Emergency Department Information Systems Symposium*
Doubletree Hotel, Philadelphia
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

JANUARY 1997

17, *Pennsylvania Society of Colon and Rectal Surgeons Meeting*
Union League, Philadelphia
CONTACT: Samuel S. Laucks II, MD, (717) 848-2067

MARCH 1997

7-9, *Robert H. Ivy Society of Plastic and Reconstructive Surgeons Annual Scientific Meeting*
Park Ridge Hotel and Conference Center, Valley Forge
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

16-18, *American Medical Association Leadership Conference*
Marriott, Philadelphia
CONTACT: AMA, (800) 262-3211

20-21, *Pennsylvania Chapter American College of Emergency Physicians The Successful ED*
Valley Forge Hilton, Valley Forge
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

APRIL 1997

11-13, *Pennsylvania Medical Society Leadership Conference*
Lancaster Host Resort, Lancaster
CONTACT: Linda Harder, (800) 228-7823, ext. 1443

16-18, *Pennsylvania Chapter American College of Emergency Physicians Scientific Assembly*
Sheraton Station Square, Pittsburgh
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

16-19, *Pennsylvania Orthopaedic Society Spring Scientific Meeting*
Charleston Place Hotel, Charleston, SC
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

18-20, *Pennsylvania Society of Anesthesiologists Annual Meeting*
Hyatt Regency Baltimore on the Inner Harbor, Baltimore, MD
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

29-May 1, *Pennsylvania Medical Society Alliance Confluence*
Toftrees Hotel Resort & Conference Center
CONTACT: Susan Bryan, (800) 228-7823, ext. 1432

MAY 1997

1-3, *Pennsylvania Association of Pathologists Annual Meeting*
Hotel Hershey, Hershey
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

JUNE 1997

19-21, *Pennsylvania Academy of Otolaryngology-Head and Neck Surgery Annual Meeting*
Nemacolin Woodlands Resort, Farmington
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

22-26, *American Medical Association Annual Meeting*
Hyatt Regency, Chicago, IL
CONTACT: AMA, (800) 262-3211

26-29, *Pennsylvania Allergy and Asthma Association 49th Annual Meeting*
Hotel Hershey
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

SEPTEMBER 1997

12-14, *Pennsylvania Society of Gastroenterology Annual Meeting*
Doubletree Hotel, Philadelphia
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

25-27, *Pennsylvania Oncologic Society and the Pennsylvania Society of Hematology and Oncology 2nd Annual Joint Scientific Meeting*
Yorktowne Hotel, York
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

NOVEMBER 1997

13-16, *Pennsylvania Orthopaedic Society Fall Scientific Meeting*
Hotel DuPont, Wilmington, DE
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

Board Meetings of the Society and its Subsidiaries

Board meetings of the State Society and its subsidiaries are held periodically throughout the year, usually at Society headquarters in Harrisburg. Below is a listing of meetings scheduled during the next year. If you have questions about the workings of a board, or if you would like to have an issue considered, contact your district trustee or a company director, or write to the chairman of the board of the appropriate entity.

Pennsylvania Medical Society Board of Trustees
P.O. Box 8820, Harrisburg, PA 17105-8820
January 7-8, 1997; March 11-12, 1997; May 13-14, 1997; July 8-9, 1997; September 9-10, 1997

Pennsylvania Medical Society Educational and Scientific Trust Board of Directors
P.O. Box 8820, Harrisburg, PA 17105-8820
December 2, 1996

PennMed Member Services Company (PMSCO) Board of Directors
P.O. Box 8820, Harrisburg, PA 17105-8820
January 16, 1997; April 16, 1997; July 17, 1997; October 8, 1997

Pennsylvania Medical Society Liability Insurance Company (PMSLIC) Board of Directors
P.O. Box 8375, Harrisburg, PA 17105-8375
January 15, 1997; April 9, 1997; June 5-7, 1997; September 17, 1997; November 12, 1997

Keystone Peer Review Organization (KePRO) Board of Directors
P.O. Box 8310, Harrisburg, PA 17105-8310
December 4, 1996

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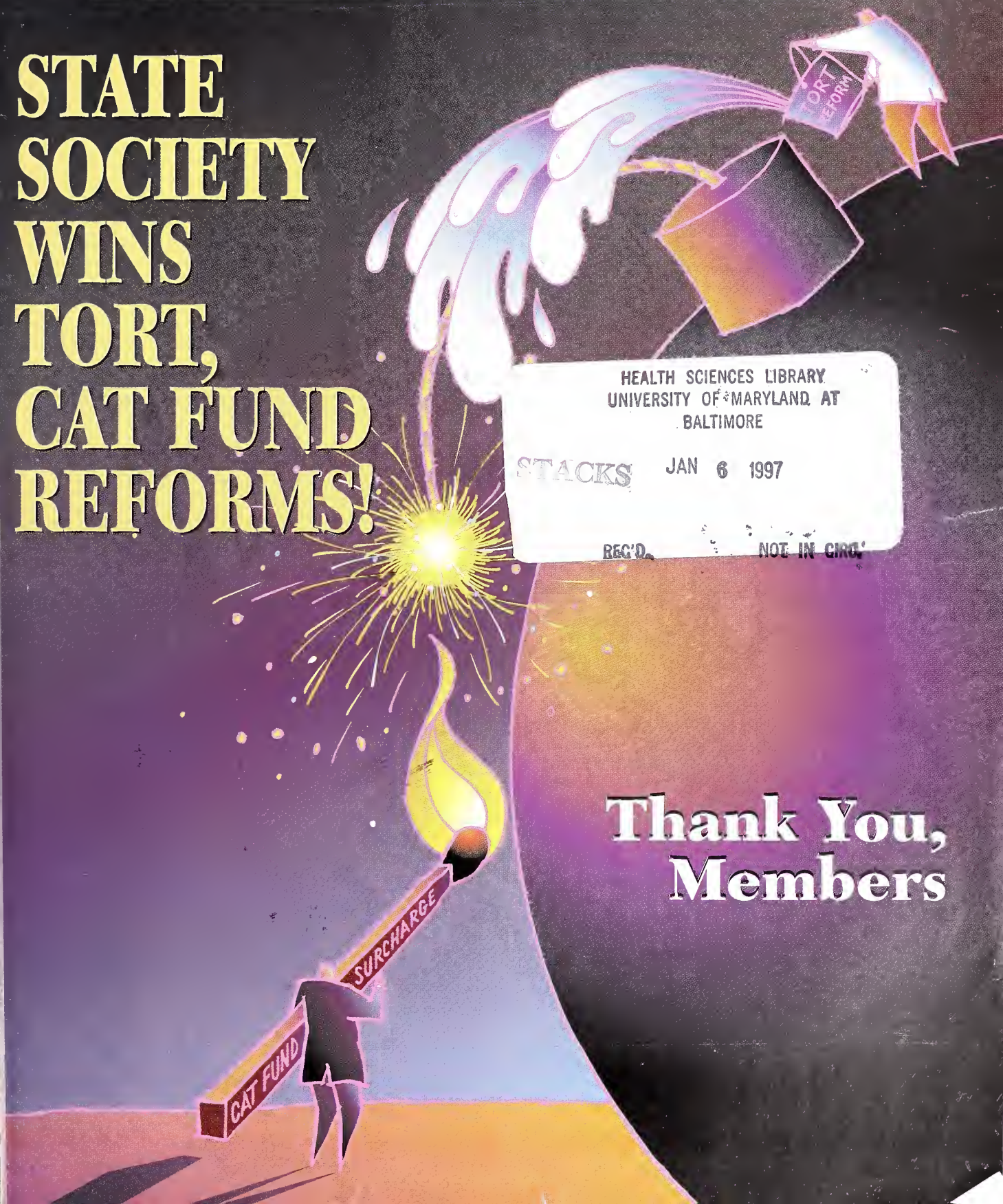

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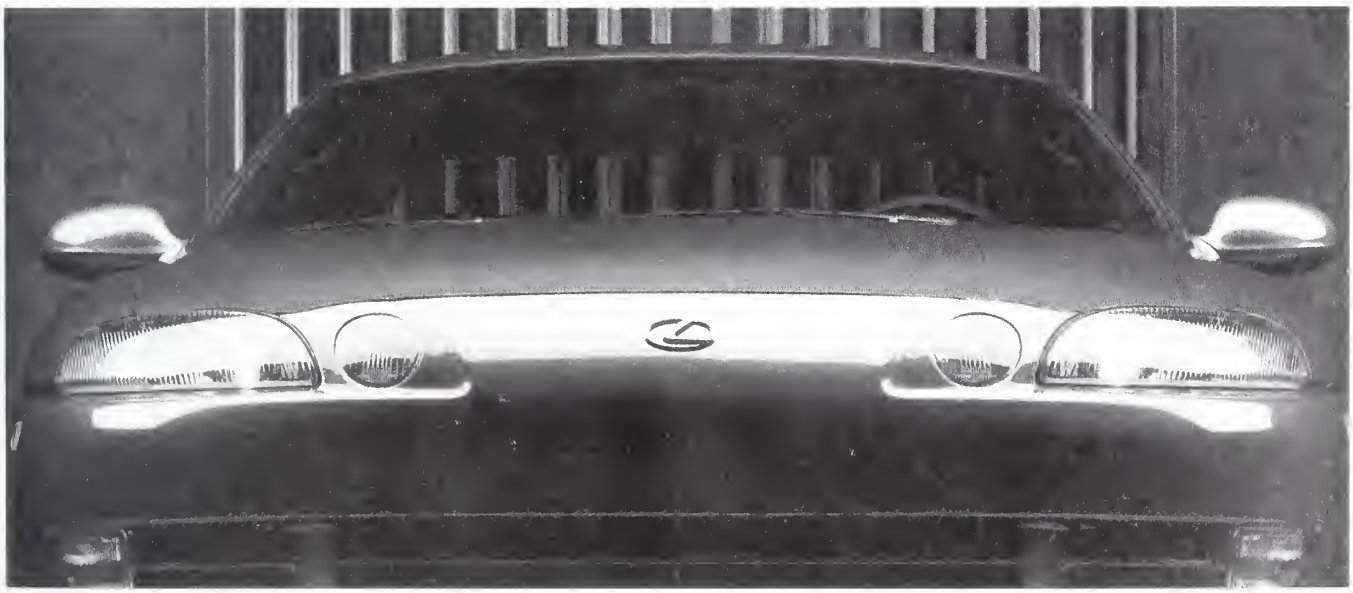

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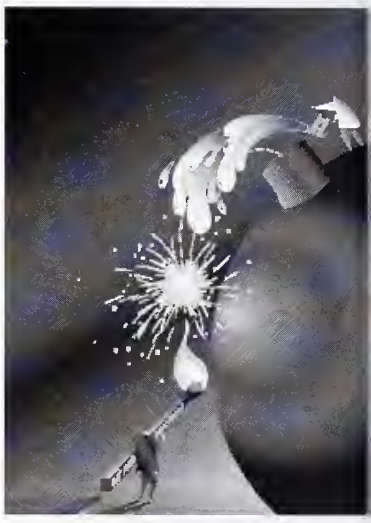
8 Annual Meeting

Tort Reform Consumes House Debate

Your delegates gave a strong message to state government: TORT REFORM NOW! and CAT Fund relief.



Cover illustration by Tad Herr, Stephan and H
Illustration and Graphic Design, Marietta,

14 Annual Meeting

Assuring Relevancy in Changing Times

In this strong inaugural address before the House of Delegates in October, Society President Victor F. Greco, MD, discussed public health, patient advocacy, and tort reform. Complete coverage of House actions begins on page 16.

20 Membership-Driven Process

Regaining Control

State Society delegates agree with the latest stats from the Society's MDP Review Panel: Regaining physician control in managed care needs to remain top priority.

CME Alert
page 31

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Issues of Interest

16 Annual Meeting
Resolutions before the 1996 House of Delegates

24 Drug Education
DUR program moving ahead in fourth year

26 Medical Economics
Billing for CRNP services

30 Women in Medicine
Women physicians gather at annual caucus

32 Integration Insider
Continued analysis of the emerging health care marketplace

34 Medicine & Law
Are doctors ignoring living wills?

38 Physicians' Update
News on the November election, the Alliance, and member benefits

Voices in Medicine

4 Editor's Viewpoint
Your membership is our power
Update: November 2 board actions

6 Letters to the Editor
Give that tired, old manager a break

Special Insert: Tort, CAT Fund Reforms Won!

Departments

40 People in Medicine/Obituaries
42 Classifieds
43 Advertisers' Index
44 Calendar

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EDITOR'S VIEWPOINT

Your Membership Is Our Power

Your State Society headquarters has been a frenzy of activity since the House of Delegates meeting October 18-20. The Board of Trustees met immediately after adjournment of the House to reorganize: James Regan, MD, was elected chairman; Edward Dench, MD, vice chair; and I was appointed chairman of the Finance Committee. The 1997 budget was approved with the $20 dues increase as recommended by the House.

Needless to say, we may end up with a budget shortfall this year because of the activities now in progress for our tort reform/CAT Fund priority. Analyzing plans for those activities, as well as all House actions related to the priority, were the tasks assigned to the Executive Committee. They reported back to the full board at an emergency meeting on November 2 (see update below).

As I'm writing this near Halloween, I must hasten to say that we Pennsylvania physicians have had enough of a legal system that has taken us for headless ghosts and tried to bury us with the R.I.P.: "Pay your surcharges and continue to practice medicine."

By the time this reaches you in the December issue of this publication, the results of our efforts to pass Senate Bill 790 will be known. That does not deter me from sending my message to you. If we are successful in passing the bill, there will still be more to do. If we are unsuccessful, my words will still hold true, and we must band together even more strongly to hold the course in the next legislative session.

I fully appreciate the frustration of our members and nonmembers alike, as the present tort system in this state saddles them with unacceptable surcharges year after year and tries to fix the blame on the malpractice carriers because they discounted premiums. Yes, "discounting" does directly affect the CAT Fund intake, but the much larger portion of the deficit is directly related to poor CAT Fund management—fiscally and judicially. Large numbers of "backlogged" malpractice cases from the Philadelphia area were recently settled—a trend which has

Update: November 2 Board Actions

Editor's Note: Following are the actions approved by the State Society's Board of Trustees at a special November 2 meeting. These actions pertain to the tort reform priority and CAT Fund initiatives recommended by the House.

Priority-One Recommendations

- Rollback the 1997 CAT Fund surcharge, to the extent possible, with the target being no higher than the 1996 surcharge. The implementation plan calls for efforts at several levels—by pushing aggressively for legislative and/or regulatory relief, and by lobbying the Insurance Department on a variety of key claims. If no success at the legislative/regulatory level is achieved, the Society will consider the possibility of legal action against the CAT Fund.
- Pass Senate Bill 790, with key cost-saving provisions of the bill.

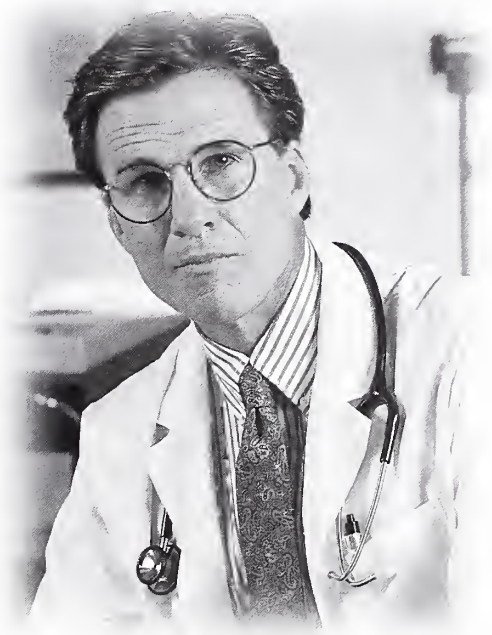
Priority-Two Recommendations

- Continue to recommend to physicians that they suspend payment of the CAT Fund surcharge until such time as meaningful tort reform is achieved. Each physician is free to reach his or her own decision on this recommendation. For those who suggest the action is illegal, the answer is that the CAT Fund surcharge is like a disputed bill. If the bill is too high, most people will not pay until the bill is reduced or satisfactorily explained.
- Distribute information to physicians on the recommendation to suspend payments of the CAT Fund surcharge which outlines the issues physicians need to address in considering the recommendation, including timing issues and possible consequences of a decision not to pay the surcharge.
- Reevaluate the recommendation to suspend payment of the CAT Fund surcharge following the legislative and/or regulatory actions expected before the end of 1996.
- Develop an incremental plan to abolish the CAT Fund, with emphasis on the need to complete the elimination of the fund in an expeditious manner; and further evaluate alternative funding sources for the fund's unfunded liability, recognizing that the unfunded liability is a societal responsibility.
- Support the reduction in the overall liability limits from the present $1.2 million to $1 million to bring Pennsylvania in line with other states.
- Request the AMA to investigate the feasibility of collecting liability insurance payment information nationwide for the purposes of updating the Medicare malpractice geographic practice cost indexes. Also, request that the AMA seek the necessary legislative changes to permit more current data to be used in updating the Medicare reimbursement levels.

ANOTHER PMSLIC PROFILE

"The courtroom

is no place to practice medicine. A couple of years ago one of my patients sued me for failing to diagnose her breast cancer. Her argument was emotional — even compelling. I felt myself being drawn into an argument of what was right and what was wrong. We could have lost that case. But we held our ground, presented the facts... and our defense prevailed. I can't tell you how important it was to hear a verdict in my favor. It's reassuring to know that PMSLIC is an insurance company that believes in defending good medicine. PMSLIC supported me with a team of doctors and insurance professionals. As doctors, we all get solicitations from companies promising to save thousands in premiums. But now I know why they say "you get what you pay for." I'll never take another chance with my practice, or my peace of mind. I'll always be insured by PMSLIC."



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Continued from page 4

been blamed for the CAT Fund surcharges in recent years and which seems to be ongoing.

I firmly believe that the time for real action is NOW! We've tried to make changes in a polite and orderly manner, by the legislative route, for more than 20 years, and have been stonewalled by the Senate. On the federal level, a trial attorney—President Clinton—and the United States Senate have done the same stonewalling.

In substance, Senate Bill 790 is a step in the right direction, though it falls short of the cap on pain and suffering sorely needed in this state. Just look at California with such a cap in place for the last 10-plus years: They've proven that a cap can be a very effective cost-saving measure. Unfortunately, a constitutional amendment will be necessary for such a cap in our state.

What will happen if we don't achieve meaningful tort reform this year? Many feel we'll lose members at an alarming rate in the upcoming 1997 dues cycle. Personally, I feel this is exactly what the trial bar in Pennsylvania wants to happen, because it would extensively limit the Pennsylvania Medical Society's efforts at tort reform and CAT Fund reform, as well as our other efforts on behalf of patients and all physicians in the commonwealth.

The State Society has already had to curtail our 1997 budget due to gradual membership losses from previous years. While we may not always be successful in our legislative and judicial efforts, we are really the only "game in town"—the only organization in the state that represents and speaks for *all* physicians. Who else represents your patients and you? Your HMO? Blue Cross and Blue Shield? Health America? No way!

Please realize that without your dues and support, our efforts will be stymied. The trial bar would then be overjoyed, for the last impediment to their billion-dollar industry would be silenced. We can't afford to let the trial bar and the legislature continue to dominate us in the ever-encroaching managed care environment, when our fees, for all intents and purposes, are fixed and our practice costs continue to escalate.

The words of our wise Pennsylvania statesman, Benjamin Franklin, echo loudly these days: "Gentlemen, we must hang together or we will surely hang separately." In other words, continue your membership—and get one new member to join the cause.

John W. Mills, MD
Medical Editor

LETTERS TO THE EDITOR

Give that Tired, Old Manager a Break

I read the feature article, "Will Your Practice Manager Survive A Merger?," originally published in the July 1996 issue of PENNSYLVANIA MEDICINE and republished by the Professional Association of Health Care Office Managers. I direct my comments to the end of this article which suggests that a manager near retirement could "find work in maintenance, the cafeteria…." Now, wouldn't that be a satisfying transition job!

Please don't think I feel maintenance, cafeteria, security, or gift shop work is demeaning. But it is a considerable number of baby steps downward from, say, managing a staff of 15 or so.

If physicians in general would pay their help, including their office managers, according to their experience, education, and abilities, and perhaps include a retirement plan in the compensation package, perhaps the manager who "can't keep up with the changes" would be able to just retire.

My advice to physicians everywhere would be to employ qualified people, pay them accordingly; and they would not have to worry about relocating their employees—managers, clinical, clerical, et al.—in the event of a merger. Even the office manager of a one-physician office, if qualified, should be able to make the transition to the larger practice setting with some help in areas such as personnel management. And if the individual is not qualified in the first place, why are they in a job that carries the responsibilities of a medical office manager?

Unfortunately, I don't think physicians over the years have given their managers the credit they deserve. I don't think physicians realize what their managers, clinicians, and accounting staff do to keep the practice alive and well. Conscientiously performing the tasks involved in a day-to-day office practice; keeping up with all the changes over the years; helping the practice grow and maintain healthy revenues; listening to all manner of problems, praise, and complaint; being a manager, nurse, biller, supply coordinator, secretary, telephone operator—dealing with it all—qualifies many of us to become superwoman (because, most of us in the profession are women).

Basically, my opinion—which is formed from the experience of many years functioning in all roles in a medical setting and currently as manager of a recently merged practice—is that a manager would be discouraged by the suggestion the author proposed. Give that "tired old manager" a break—pay them severance, and let them walk off into the sunset years with memories of all the patients they helped and all the money they made for their employer over the years. Oh, and give them a dozen roses from that hospital gift shop while you're at it.

Carol E. Charie
Warwick, Rhode Island

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TORT REFORM
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Tort Reform Consumes House Debate

Compiled by Maria M. Boyer

"What do you want? Tort reform! When do you want it? NOW!" Those words echoed into the halls of the Hershey Lodge and Convention Center during the House of Delegates Annual Meeting in October, just as they had echoed through the streets of Harrisburg and the halls of the Capitol in May at the Society's Tort Reform Rally.

Physicians are fed up with the current medical malpractice situation in Pennsylvania! It's time for reform! Physician delegates—on behalf of the Society's membership—gave this strong message to the state government through House actions at the annual meeting. For a press time wrap-up of the outcome of our tort reform and CAT Fund strategies, see center insert.

Just prior to the annual meeting, the word hit the street: The 1997 CAT Fund surcharge was proposed at 254 percent—a 90 percent jump from last year's 164 percent surcharge. As reported in the "Deadline News" insert of the November issue of PENNSYLVANIA MEDICINE, the proposed surcharge and the need for tort reform consumed the House of Delegates debate, leading to adoption of several actions.

Immediately following the close of the House on October 20, its actions were formed into a plan of attack, and on October 23, State Society President Victor F. Greco, MD—on behalf of the Society—publicly announced the following action plan at a Capitol news conference:

- Demand that the legislature pass and the governor sign meaningful tort reform legislation this year.
- If tort reform is not signed into law, the Society will recommend that physicians suspend payment of the CAT Fund surcharge. The Society is also contemplating legal action to block the proposed 254 percent surcharge.
- Seek immediate rollback of the 1997 CAT Fund surcharge amount to this year's level of 164 percent.
- Work toward abolition of the CAT Fund.

At press time, that Society's campaign to implement this plan was in full swing with a new grassroots lobbying campaign. One major effort had large numbers of physicians in the Capitol every day of November's legislative session to meet with their senators and urge passage of tort reform legislation. Physicians who could not make it to the Capitol were asked to call or write their senators supporting passage of the legislation, and all physicians were urged to talk to patients and the media about the medical malpractice problem in Pennsylvania, and seek patient support on the issue.

Society leaders had also requested meetings with Governor Ridge, with the intent of seeking the administration's public support for tort reform and CAT Fund changes.

Final legislative action on tort reform was expected before November 26. Look for results of this battle and news of the CAT Fund surcharge in the "Deadline News" insert in this issue.

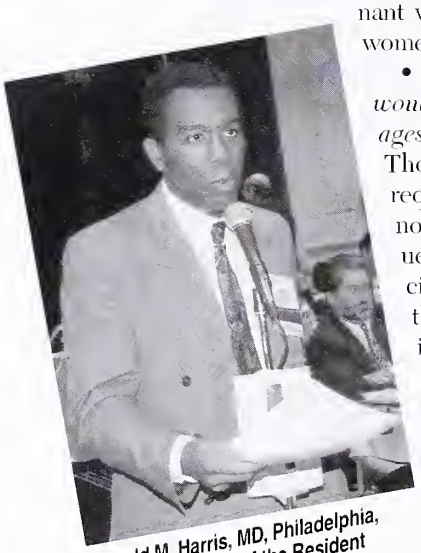
While the CAT Fund surcharge and tort reform took center stage at the annual meeting, the delegates did put those worries aside for a short time to discuss and debate other issues important to their patients and practices.

Patients' health

Always of priority to physicians are issues affecting the care and well-being of their patients. In actions on behalf of all patients, the physician delegates:

- *endorsed a policy of mandatory counseling and testing of all pregnant women for HIV.* The action brings the State Society into compliance with a policy adopted earlier this year by the AMA ➤

at its annual meeting. Currently, such a law does not exist in Pennsylvania, but the Society—through this action—has committed to seeking legislation mandating HIV testing for all pregnant women as well as newborns of women who are HIV positive.


Ronald M. Harris, MD, Philadelphia, speaks on behalf of the Resident Physician Section.

• *voted to pursue legislation that would require all alcoholic beverages to contain nutritional labels.* Though federal law does not require such labeling and there is no movement to label such products, the House agreed that the citizens of this country are entitled to know the contents of ingestible products. Cited were an estimated 14 million diabetics and countless other nutritionally conscious citizens who have no knowledge of the amounts of sugar, calories, and carbohydrates in alcoholic beverages.

• *voted to support elimination of the state requirement for premarital syphilis testing.* The House approved this resolution, recognizing that the test concentrates on a population that is low risk, rarely identifies cases, and wastes private money since most of those applying for marriage licenses pay for the tests themselves. In 1994, approximately 158,000 applicants in Pennsylvania submitted to a premarital syphilis exam, at an average cost of $50 per test, with a total cost of $7.9 million spent to identify one case of infectious syphilis through premarital testing. The CDC has said it does not consider such testing to be effective in combating the disease. Only 12 states still use such testing; of the remaining 38, 33 have eliminated the testing since 1979, and five never instituted it.

• *agreed to work closely with the AMA, public health agencies, the state legislature, and the Department of Public Welfare to assure continuing access to quality medical care for the medically indigent, medically underserved, and Medicaid recipients in Pennsylvania.*

Practice issues

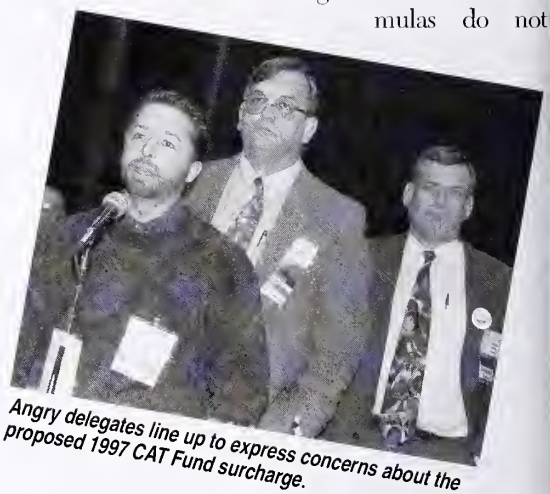
A series of actions of the House will make the Society a major player in discussions about key issues in practicing physicians' clinical decision making. Four actions of the House deal specifically with managed care issues.

Restrictive Covenants—The first focuses on physicians who are terminated from managed care plans due to change in practice status, such as leaving a group practice. The Society will be formulating a position and taking related action after receiving input from all sides of the issue. This has been referred to as the "second generation of the restrictive covenant."

HMO Profits—The House, through a second resolution, directed the Society to widely disseminate medical expense ratio information to consumer and business groups. This action addresses physician concerns about nonprofit insurance companies considering a change to for-profit status. According to the Allegheny County Medical Society, which introduced the resolution, "The net effect [of this change to for-profit status] is to redirect premium dollars paid for health care to profits and compensation of health care insurers and senior management, at the expense of patient access to care and freedom of choice." Physician delegates believe the expense ratio information will be enlightening to the public.

ER Precertification—Third, the House adopted a resolution directing the Society to seek legislation and regulation that require all emergency room precertification programs providing coverage in the state to have a physician-based screening and appeals program that is meaningful and requires decisions based on patient care issues, not fiscal goals. At issue is concern for quality assurance. The resolution further calls for enforcement of legislation and regulation that require that HMOs not establish programs that are different for Medicaid versus non-Medicaid patients.

Incentive Arrangements—The final action, addressing managed care organization reimbursement formulas, calls for the Society to seek regulation or legislation to expand the criteria used in payment plans which evaluate utilization of services and provide financial incentives or penalties. House members agreed that current formulas do not adequately account for severity of illness in specific patient populations. The resolution also encourages that severity-focused reimbursement formulas properly compensate physicians in financially disadvantaged communities.


Angry delegates line up to express concerns about the proposed 1997 CAT Fund surcharge.

Hospital Privileges—Two separate House-approved actions relate to hospital privileges. The first calls for the Society to seek relief precluding academic organizations from linking the granting

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of academic privileges and hospital medical staff credentials. The Society will urge the AMA to adopt a similar policy.

The second recommends coordination of legal action whenever a change in the characteristics of a hospital has the potential to cause changes in credentials and/or clinical privileges of medical staff members.

In other action related to reimbursement, the House directed the Society to:

- seek regulation or legislation that requires health care insurance entities to keep a detailed record of all denials of approval for any medical care by providers or other representatives of the entity, and that requires review of such records by the commonwealth;
- ask the AMA to study various Blue Cross and Blue Shield plans, with particular emphasis on nonprofit/tax-exempt status, involvement with mergers and acquisitions, perception of social mission, and interaction with medical and hospital professions; and
- study current Pennsylvania regulations mai dating lab testing of nursing home patients t determine if they are clinically efficacious and/c cost effective, and also study the current methoc of reimbursement for such tests.

Organizational concerns

A continuing priority for the Society in the ne year is to attract new physicians—including youn physicians—into organized medicine. One avenu to attracting members is to expand services, bring ing more value to each dues dollar.

With that in mind, the House adopted a resolu tion for the Society to study the feasibility of work ing with county societies to offer employmer placement services to physicians seeking practic opportunities in the commonwealth. Changin times mean changing jobs, and organized medicin at all levels is often asked to help physicians relc cate. Such services would prepare the State Societ and county medical societies to adequately assis with such requests.

Another avenue to increased membership i representation at the national level. In line wit that, the House directed the Pennsylvania Del egation to the AMA to introduce a resolu tion at the 1996 interim meeting to creat a section for international medical grad uates (IMGs).

A final avenue is for physicia members to take a role in recruit ment efforts—and for the Society t recognize the efforts of its mem bers. To do so, the House called fo establishment of a system to trac recruitment efforts and publis members' efforts.

For a complete list of resolution and corresponding House actions turn to page 16.

Managed care, tort reform are top priorities for 1997

At the recommendation of the Society's Boar of Trustees, the House of Delegates adopted fou priorities for 1997:

1) Regaining Physician Control in a Man aged Care Environment—includes providin members with concrete strategies to regain con trol of health care delivery and medical decisio making; educating members, particularly on mar ket forces driving managed care; continuin patient and physician advocacy efforts; and devel oping strategies to address economic survival con

cerns, particularly those of young physicians just entering practice, medical students, and residents.

2) Tort Reform—includes continuing efforts to achieve meaningful tort reform, and developing a long-term, sustained strategy to address problems associated with Pennsylvania's medical liability system and related issues such as the CAT Fund, with particular emphasis on physician education.

3) Young Physician Involvement—includes establishing local mentoring programs; developing programs to address financial burdens; developing young physician leadership within the practice setting, the community, and county and state societies; developing strategies to facilitate young physician involvement, including financial incentives; and implementing organizational changes to address perceived generational differences, e.g., corporate model of medicine.

4) Society Relationship with Specialty Organizations—includes identifying initiatives that the Society is uniquely positioned to successfully lead, and working collaboratively with specialty organizations to ensure the Society's role in key initiatives on behalf of the specialty and/or medicine as a whole is clearly communicated.

ALLEGHENY COUNTY PHYSICIAN HONORED FOR OMSS SERVICE

James G. Pitcavage, MD, a Sewickley pediatrician, was honored by the State Society's Organized Medical Staff Section (OMSS) at its annual assembly on October 17. Dr. Pitcavage was recognized for his dedicated service to the section over the past decade—including as chair of the Governing Council for two full terms. Presenting the honor was newly elected Chair John W. Lehman, MD.

Dr. Pitcavage

The OMSS assembly, held in conjunction with the annual House of Delegates business meeting in Hershey, began with section business—welcoming remarks, the trustee's report, discussion of resolutions to go to the House, and nominations for the OMSS Governing Council. Speakers during the meeting included Robert E. McAfee, MD, past president of the American Medical Association, who discussed the AMA's new accreditation program; and Donald E. Harrop, MD, president of the Keystone Peer Review Organization (KePRO). The assembly concluded with an open forum on medical staff problems.

The OMSS sponsored the seminar, "Risk-Sharing Contracts: How to Manage Utilization and Meet Quality Standards," in an optional afternoon session. National speakers discussed how physician organizations in a more evolved managed care market are taking control of utilization decisions addressing quality issues and managing risk contracts in a financially favorable manner.

In elections, in addition to Dr. Lehman's ascension to chair of the Governing Council, John A. Malcolm Jr., MD, Union County, was elected vice chair; William W. Lander, MD, Montgomery County, was elected secretary; and Richard N. Harris, MD, Allegheny County, was elected member-at-large. For more information on the annual assembly, call the OMSS at (800) 228-7823 or (717) 558-7750.

BOARD ELECTS NEW OFFICERS

At a reorganizational meeting following adjournment of the 1996 House of Delegates on October 20, the board elected James R. Regan, MD, Northampton County, as chairman of the board. Dr. Regan replaces John W. Lawrence, MD, who was elected vice president of the State Society by the House. Newly elected vice chairman is Edward H. Dench Jr., MD, Centre County, who most recently served as Sixth District Trustee. Also, Robert L. Lasher, MD, Erie County, returns as secretary for his second term.

Election Results

The State Society House of Delegates elected the following new officers and delegates during its October 1995 meeting:

President: Victor F. Greco, MD
President Elect: Lee H. McCormick, MD
Vice President: John W. Lawrence, MD
Speaker of the House: Howard A. Richter, MD
Vice Speaker of the House: Donald H. Smith, MD

New Trustees:
William W. Lander, MD, Second District
Joseph J. Stemm, MD, Fourth District
Michael J. Prendergast, MD, Fifth District
Camille J. Maravalli, MD, Eleventh District

Delegates to the AMA
R. William Alexander, MD; Richard D. Baltz, MD; Doris G. Bartuska, MD; Joseph B. Blood Jr., MD; Betty L. Cottle, MD; Victor F. Greco, MD; Lee H. McCormick, MD; Howard A. Richter, MD; Carl A. Sirio, MD; Donald H. Smith, MD; Jennifer E. Trottman, MD

Alternate Delegates to the AMA
George F. Buerger Jr., MD; Charles Cutler, MD; Robert G. Doe, MD; James B. Donaldson, MD; Carl A. Frankel, MD; Mark S. Friedlander, MD; Lila S. Kroser, MD; John A. Malcolm Jr., MD; Marlon T. Maus, MD

Alternate Delegate, Resident
John D. Paletta, MD

Alternate Delegate, Student
Amy K. Imro

Committee to Nominate Delegates and Alternates to the AMA
Norman Makous, MD; Ferdinand L. Soisson Jr., MD

Judicial Council
Henry H. Fetterman, MD; David L. Miller, MD; Brooke Roberts, MD

AUTHOR BIOGRAPHY

Mrs. Boyer is assistant managing editor of PENNSYLVANIA MEDICINE.

Assuring Relevancy in Changing Times

Victor F. Greco, MD

Abstract

In this strong inaugural address before the House of Delegates on October 18, the Society's new president outlined his priorities for the year ahead—including public health, patient advocacy, and tort reform.

I would like to enlighten you as to what the president of this organization does and is, as determined by our bylaws. The president is the spokesperson for the entire organization, to promulgate and bring forward those ideas, those priorities, and those actions which are passed upon by the House of Delegates and the Board of Trustees.

The president is also the official spokesperson before the legislative committees on the hill and the spokesperson visiting the various medical societies to which we are invited. We (presidents) have no role in formulating policy other than by the use of moral persuasion, debate, and, hopefully, proper insight on the discussions at hand. This I hope to do to my best ability.

As your spokesperson and president, I will be sure to promulgate those priorities that have been set forward by this House. One is that we must, as physicians, regain control of the medical practice in managed care. That is imperative.

Second, we want involvement of the young physicians. I have already embarked on that matter. If you look at our councils and commissions and committees that I have formed (opposite page), you will see that the average age of each one of them has dropped. We have representation across the entire state, both gender wise, age wise, and any other qualification that we could use in making these choices.

I stood before you last year as your president elect, and I challenged you: If you wanted to be active in this organization, send your name to me and we'd see that you got placed on a committee or council. I am proud that I can stand before you today and say that everyone who submitted their name has been placed on a council or commission. And I thank you for that. I shall continue these efforts to make the Society representative of the entire state of Pennsylvania and relevant to everybody's concerns.

We must also increase our relationship with ou specialty brethren. Remember, we are all phys cians first and specialists second. Any problem tha involves one physician involves all physicians, an unless we understand that basic primary poin we'll continue to be picked apart by our adver saries. We must unite. We must speak in one voice

Our other priority is a big one. And that is to and CAT Fund reform. It is time that we be give what is our just due. All we're asking for is to b treated in the old American tradition of fairnes fairness, fairness. We're not asking for anythin more than that which is deserving of this group.

Those are our priorities.

Those of you who know me realize that I als feel very strongly about public health issues. [B taking a stand,] we'll make the presence of Pennsy vania physicians known throughout the entir state...What are those issues? Number one AIDS. It must be treated as a public health prob lem and not as a socioeconomic political problen And we as physicians must lead that fight.

Second is immunization for all children an elderly who need it. It's not going to cost us any thing to get out into our communities and perpetu ate these rights and these public health policie We must take a stand, as our Alliance has, again violence. We must make the public aware of th dangers of drug-resistant tuberculosis and th drug-resistant acute infections that are occurrin throughout the state that are causing tremendou problems to our patients and to our physicians.

The Society must also change its course and it direction so it remains relevant to what is happer ing today and relevant to what will be happenin tomorrow. We must take into account, as we hav always tried, the wishes and desires of our mem bers. The Society should do everything it can for it members. And we should stop giving things awa to nonmembers. They should pay for the service that they require or need or ask for, but this shoul be free to members. We should develop a symb otic relationship rather than a parasitic relationshi

The Society must also find avenues to bring i non-dues revenue. I envision the time when w have enough subsidiaries providing services s

that the income from these subsidiaries will eliminate the necessity for dues, and that any physician who wants to belong to this Society can belong to this Society for a very nominal fee.

I also would like to suggest that in order for our nonmember colleagues to understand the deliberations of this great body—the hard work and functioning of our councils and commissions—that we invite into our room, where our deliberations take place, nonmember physicians, administrators, and managers of managed care so they can hear our deliberations and realize that we have one overcrowning reason for being physicians: We are our patients' advocate. All we want is the best for our patients, and we will work and strive to do that. In our deliberations and hard work, we can show what we do and therefore make being a member of the Pennsylvania Medical Society very desirable.

Also, we should spend our time lobbying the public. I am getting tired of merely lobbying legislators and others who are supposedly in positions of power. Let me remind each and every one of us, an aroused citizenship, an aroused public is what causes legislative changes because our legislators can count votes, and no matter how powerful we are or think we are, we do not have the clout of an aroused citizenry.

You can do this without spending any money by speaking out forthrightly to your patients, to service organizations, and to the media. The Communications Division took me aside and said, "Dr. Greco, what is it we can do to help you?" I said, "It's very simple…I want you to get me on as many talk shows as you can, on radio and television, because I want to speak to the public. I want them to know what is happening to them." People are not telling the truth, they are hiding what's happening, and we must arouse our citizens so they know what the truth is.

How many of you in this room were at the tort reform rally here in Harrisburg? Do you remember that mantra that we used to help get this bill passed through the House? I stood before you and I said:

[Dr. Greco:] *What do you want?*

[Audience:] *Tort Reform!*

[Dr. Greco:] *When do you want it?*

[Audience:] *NOW!*

We must and we will get meaningful tort reform with your support and with your help. I hope to lead you through this year—and I'm dedicating my entire year to you.

AUTHOR BIOGRAPHY

Dr. Greco, a general and thoracic surgeon from Drums, is the Society's 147th president.

New President Appoints Councils, Commission

State Society President Victor F. Greco, MD, appointed the following physicians as members and officers of the Society's councils and commissions for the 1996-97 term:

Council on Health Policy and Advocacy

Chair—Richard T. Bell, MD, *Berks*
Vice Chair—Jeffrey H. Chaby, DO, *Lancaster*
Lawrence L. Altaker, MD, *Dauphin*
James D. Balshi, MD, *Northampton*
Carl A. Frankel, MD, *Dauphin*
Richard M. Gash, MD, *Philadelphia*
Barbara M. Harley, MD, *Allegheny*
Donald E. Harrop, MD, *Chester*
James J. Houser, MD, *Venango*
Wilma C. Light, MD, *Westmoreland*
Lynn Michele Lucas-Fehm, MD, *Philadelphia*
Arthur H. McTighe, MD, *Union*
Gordon S. Perlmutter, MD, *Berks*
Mark A. Piasio, MD, *Clearfield*
Robert S. Pyatt Jr., MD, *Franklin*

Council on Membership and Services

Chair—Arthur V. Stein, MD, *Lehigh*
Vice Chair—Mary J. Hudak, MD, *York*
Domingo T. Alvear, MD, *Dauphin*
Barbara E. Barnes, MD, *Allegheny*
Raphael J. Bonita, MD, *Luzerne*
Peter A. Cognetti, MD, *Lackawanna*
Charles Cutler, MD, *Montgomery*
William S. Lovrinic, MD, *Chester*
Marlon T. Maus, MD, *Philadelphia*
Joseph G. O'Neill, DO, *Bucks*
Rodger F. Rothenberger, MD, *Chester*
Fred Teichman, MD, *Union*
Edward V. Twiggar II, MD, *Northumberland*
William B. West Jr., MD, *Berks*
Anne M. Woods, MD, *York*

Commission on Health Care Cost and Quality Data

Chair—Donald E. Harrop, MD, *Chester*
Marc S. Berger, MD, *Berks*
A. Craig Brown, MD, *Erie*
George R. Green, MD, *Montgomery*
Ancil A. Jones, MD, *Delaware*
Thomas L. Schaefer, MD, *Allegheny*
David J. Shulkin, MD, *Philadelphia*

Commission on Quality

Chair—Robert S. Pyatt Jr., MD, *Franklin*
Paul N. Casale, MD, *Lancaster*
James A. Cowan, MD, *Northampton*
Enrico J. DiRienzo, MD, *Bucks*
Michael J. Gallagher, MD, *Lackawanna*
Lila S. Kroser, MD, *Philadelphia*
Michael J. Kush, MD, *Jefferson*
Marlon T. Maus, MD, *Philadelphia*
Frank C. Polidora, MD, *Luzerne*
Ratnakar S. Shetty, MD, *Beaver*

Commission on Continuing Medical Education

Chair—Carl A. Frankel, MD, *Dauphin*
Vice Chair—John H. Esbenshade II, MD, *Lancaster*
Thomas F. Freenock Jr., MD, *Clarion*
Brian W. Little, MD, *Lehigh*
Carmela F. deRivas, MD, *Montgomery*
Bradford K. Strock, MD, *Dauphin*
Mark E. Thompson, MD, *Allegheny*
Martin D. Trichtinger, MD, *Montgomery*
Ned M. Weiss, MD, *Montgomery*

Commission on International Medical Graduates

Chair—Domingo T. Alvear, MD, *Dauphin*
Arvind Bhasin, MD, *Beaver*
Diego J. Gonzalez, MD, *York*
Srinivas R. Nalamachu, MD, *Philadelphia*
Satish D. Patel, MD, *Luzerne*

Commission on Women Physicians

Chair—Anne M. Woods, MD, *York*
Judith E. Black, MD, *Allegheny*
Stella M. Boron, MD, *Indiana*
Christina T. DeAngelis, *Dauphin*
Patricia A. Graham, MD, *Delaware*
Mary F. Pascucci, DO, *Montour*
Mary A. Simmonds, MD, *Dauphin*
Jennifer E. Trottman, MD, *Montgomery*
Gloria J. Watkins, MD, *Westmoreland*

President's Ad Hoc Committee

Marcia A. Fitzpatrick, MD, *Delaware*
Joseph T. Ichter, MD, *Luzerne*
John S. Parker, MD, *Westmoreland*
Herbert C. Perlman, MD, *Cumberland*
C. Richard Schott, MD, *Delaware*
Robert B. Sklaroff, MD, *Philadelphia*
Robert L. Yoxtheimer, MD, *Chester*

Resolutions Before the 1996 House of Delegates

This is an overview of actions from the October 18-20 annual meeting in Hershey.

Education and Science

96-201: Time Frame for Forwarding Medical Records. Directs that the State Society/PMSLIC manual, "A Guide for Pennsylvania Physicians: Laws and Regulations Affecting Medical Practice," indicate a period of up to 30 days to forward records to another physician. *Referred to the board.*

96-202: Nutritional Labels on Alcoholic Products. Calls for Society and AMA to initiate development of federal legislation to require nutritional labels on products containing alcohol. *Adopted.*

96-203: Two-Tier Match. Directs Society to oppose a two-tier match for graduate medical education training. *Referred to the board.*

96-204: Selection of Residents Based On Skill and Qualification. Calls for Society to support as policy that all physicians and medical students be evaluated for purposes of licensure, hospital medical staff privileges, and entry into programs for graduate medical education on the basis of individual qualifications, skill, and character. *Referred to the board.*

96-205: A Single Pathway Examination for Licensure. Calls for Society to support a single pathway examination for licensure without additional examinations or requirements being applied solely to international medical graduates. *Referred to the board.*

96-206: HIV Testing by Physicians. Directs Society to seek revision to the HIV-Related Information Act to delete the mandated offering of face-to-face counseling and allow physicians to operate as medically appropriate in each case. *Adopted as amended.*

96-207: Lead Toxicity. Asks the AMA to study the issue of lead toxicity and issue guidelines on targeted screening efforts and which screening methods would facilitate optimal routine lead screening. *Not adopted.*

96-208: American Association of Blood Banks. Asks the AMA to study blood handling and develop policy addressing issues under study by the FDA. *Not adopted.*

96-209: Candidacy for Blood Donor Status. Asks House to re-refer 1995 resolution on blood donor status to board with the specific "charge" that exclusion issues be addressed by the American Association of Blood Banks and other appropriate entities. *Not adopted.*

96-210: Partial-Birth Abortions. Directs Society to support a legal ban on partial-birth abortions and urge AMA to do the same. *Substitute resolution adopted; renamed "Termination of Late-Term Pregnancies."*

96-211: Closure and Privatization of the Sixty (60) State Health Centers. Calls for Society, in conjunction with the AMA, to develop policy dealing with the process of closing and privatizing state-level health centers. *Referred to the board.*

96-212: Cost-Effective Interventions for Sexually Transmitted Diseases. Directs Society to support legislation to eliminate the statewide requirement for premarital syphilis testing. *Adopted as amended.*

96-213: Categorization of HIV as an Infectious Disease. Calls for Society to support HIV testing of all patients at high risk and that HIV be treated like other infectious diseases. *Withdrawn.*

96-214: Amendment of Pennsylvania Act 102 Governing Organ and Tissue Donation. Calls for Society to clarify and, if necessary, amend Act 102 to provide attending physicians the choice to discuss organ donation with family members or guardians, or to delegate this responsibility to an organ procurement organization. *Adopted.*

96-215: Mandatory Weapons-Related Injury Reporting in the City of Philadelphia. Seeks support from Society to prevent implementation of mandatory physician reporting of domestic violence and patient substance use in Philadelphia. *Not adopted.*

96-216: Antibiotic Resistance Surveillance Network. Directs Society to call on the Department of Health to establish, set up, maintain, fund, and run effectively a statewide antibiotic resistance monitoring program, and to report developing trends to physicians. *Adopted.*

96-217: Diabetes Education by Pharmacists. Seeks revision of policy to consider the role of non-physicians that may place patients at risk, and calls for oversight of pharmacies to evaluate the information released by them and define the pharmacist's appropriate scope of practice. *Referred to the board.*

96-218: Physician Supply/Residency Slots. Calls on Society to support limiting the funding of available U.S. residency slots to 110 percent of graduating seniors from U.S. medical schools, and to ask the AMA to do the same. *Referred to the board.*

96-219: Mandatory Counseling and Testing of Pregnant Women for HIV. Calls for Society to bring its policy on this into compliance with AMA policy. *Adopted.*

Managed Care

96-301: Evaluation of Managed Care Organizations. Calls for Society to poll Pennsylvania physicians to evaluate various aspects of managed care plans and report findings to assist the public in making informed choices. *Referred to the board.*

96-302: Any Willing Provider. Asks Society to adopt an any willing provider policy and ask the AMA to do the same. *Not adopted.*

96-303: Medicare/Medicaid Managed Care. Directs Society to endorse Pennsylvania's primary care case management model and the Family Care Network model, and ask the AMA to do the same. *Not adopted.*

96-304: Managed Care Organization Reimbursement Formulas. Calls for Society to seek regulation or legislation to expand criteria used in payment plans which evaluate utilization of services and provide financial incentives or penalties, and to encourage the design of payment mechanisms to appropriately compensate physicians to take care of severely ill patients and locate in financially disadvantaged communities. *Adopted as amended.*

96-305: Profiteering in Health Care Insurance. Directs Society to disseminate medical expense ratio information to consumer and business groups. *Adopted as amended.*

96-306: Managed Care Organization Termination of Participation. Calls for Society to address the continued participation of physicians who previously participated in managed care organizations but were terminated following a change in practice setting. *Adopted.*

Tort Reform/Legislation

96-401: Eliminating CAT Fund Surcharge for Retired Physicians. Directs Society to take action so that retired physicians do not have to pay the CAT Fund surcharge. *Referred to the board.*

96-402: Linkage of Academic Privileges and Hospital Privileges. Calls for Society to seek relief precluding academic organizations from linking the granting of academic privileges and hospital medical staff credentials, and to urge the AMA to adopt this policy. *Adopted*

96-403: Emergency Room Precertification. Directs Society to seek legislation and regulations that require all emergency room precertification programs providing coverage in the state to have a physician-based screening and appeals program that is meaningful and requires decisions based on patient care issues and not fiscal goals, and to contact the appropriate agencies to enforce legislation and regulations that require that HMOs may not establish programs that are different for their Medicaid-based programs and their non-Medicaid-based programs. *Adopted.*

96-404: Vehicular Driver Re-Examination. Calls for Society to study co-adoption of related AMA policy, with particular emphasis on whether legislation clarifying the physician's role regarding vehicular driver re-examination is either needed or desirable. *Adopted.*

96-405: Selective Contracting/Utilization Review Legislation. Directs Society to develop specific policy regarding selective contracting/utilization review. *Substitute resolution adopted.*

96-406: Abolishment of the Medical Liability Catastrophic Loss Fund (CAT Fund). Proposes abolishment of the CAT Fund. *Adopted.*

96-407: Release of 1992 Inspector General's Report Documenting Possible CAT Fund Problems. Directs Society to urge the Ridge Administration to make the stated document public. *Adopted.*

96-408: CAT Fund Premium and Surcharge. Directs Society to actively oppose any effort to assess the CAT Fund premium and surcharge on any amount other than that actually paid by physicians for their malpractice insurance. *Not adopted.*

96-409: Insuring Meaningful Broad Medical Liability Tort Reform. Directs Society board to develop a plan whereby all practicing physicians in Pennsylvania refuse to pay the CAT Fund surcharge until such time as meaningful tort reform is enacted. *Adopted as amended.*

96-410: Actions to Block a Scheduled January 1997 CAT Fund Surcharge. Calls for Society to file for legal injunction to block the CAT Fund surcharge scheduled for January 1997, pending resolution of significant and timely change in the mechanism of funding. *Referred to the board.*

96-411: CAT Fund/Public Information Booklet. Directs Society to develop and distribute a patient brochure to inform the public of the current tort climate in Pennsylvania which necessitates physician action to alter the current tort system. *Adopted.*

Third-Party Reimbursement

96-501: National Study of Blue Cross and Blue Shield Organizations. Directs Society to ask AMA to study various Blue Cross and Blue Shield plans, with particular emphasis on nonprofit/tax-exempt status, involvement with mergers and acquisitions, perception of social mission, and interaction with medical and hospital professions. *Adopted as amended.*

96-502: Annual Review of Health Care Financing Administration Proposals at the State Level. Directs Society to ask AMA to study establishment of a mechanism by which state-level input regarding proposed revisions of HCFA reimbursement policies may be acquired in a coordinated fashion, perhaps by employing the state-level interspecialty section. *Not adopted.*

96-503: Development of a Structure for Practice Parameters. Calls for Society to ask AMA to develop. *Withdrawn.*

96-504: HCFA "Global Fees" Pilot Studies. Calls for Society to oppose the concept, and to ask the AMA to do the same. *Withdrawn.*

96-505: Payment for Precertified Procedures. Calls for Society to undertake efforts to remedy payment timing concerns. *Withdrawn.*

96-506: Linking of ICD-9 Codes for Laboratory Tests. Directs Society to work with the AMA and HCFA to develop and implement a more appropriate resolution to the problem of unbundling of laboratory tests. *Referred to the board as amended.*

96-507: Mandated Laboratory Testing of Nursing Home Patients. Directs Society to study current state regulations mandating lab testing of nursing home patients to determine if they are clinically efficacious and/or cost effective, and also study the current methods of reimbursement for such tests. *Substitute resolution adopted.*

96-508: Access to Quality Medical Care for the Medically Indigent, Medically Underserved, and Medicaid Recipients. Directs Society to work closely with AMA, public health agencies, state legislature, and Department of Public Welfare to assure continuing access to quality medical care for the medically indigent, medically underserved, and Medicaid recipients in Pennsylvania. *Adopted.*

96-509: Denial of Coverage Equals Denial of Care. Seeks establishment of such a principle. *Referred to the board.*

96-510: Denial of Care. Directs Society to seek regulation or legislation that requires health care insurance entities to keep a detailed record of all denials of approval for any medical care by providers or other representatives of the entity, and that requires review of such records by the commonwealth. *Adopted as amended.*

Membership

96-601: Employment Placement Services for Physicians. Directs Society to study the feasibility of working with county societies to offer employment placement services to physicians seeking practice opportunities in the commonwealth. *Adopted.*

96-602: A "Meet the Candidates" Forum. Asks Society to establish such a forum at the annual meeting. *Referred to the board.*

96-603: AMA Delegation. Requests that the number of delegates and alternates in each election cycle be kept balanced. *Referred to the board as amended.*

96-604: International Medical Graduates Section. Calls for Pennsylvania Delegation to the AMA to introduce a resolution at the 1996 interim meeting of the AMA to create a section for IMGs. *Adopted.*

96-605: Funding of Cooperative Medical Society Ventures. Directs Society to establish policy that any time funding is sought for cooperative ventures, an oversight entity be created to involve participating medical organizations in the decision-making process, to include day-to-day operations of such ventures. *Referred to the board.*

96-606: Pennsylvania Medical Society Elected Officials and Conflict of Interest. Recommends that any member seeking office disclose to the House of Delegates any physician-health insurer alliance, such as partnering. *Referred to the board.*

96-607: Representation of Specialty Societies in the House of Delegates. Directs Society to ask AMA to study this issue and use AMA data to maximize physician involvement in the federation. *Not adopted.*

96-608: Communication with Resolution Authors. Directs Society to invite input from the author of any resolution referred to the board at least once before a final report is placed on the board's agenda. *Not adopted.*

96-609: Facilitation of Discussion of Resolutions. Requests that, where necessary, appended documents to a resolution be permitted to facilitate discussion by annual meeting reference committees. *Adopted as amended.*

96-610: AMA/State Medical Society Litigation Center. Directs Society to ask AMA to add hospital/organized medical staff to its "Priorities of Issues for Litigation." *Adopted as amended.*

96-611: Simplifying the Life of a Delegate. Calls for Society to use more modern and succinct methods of stating issues and requesting actions of the House in the future. *Not adopted.*

96-612: Reaffirmation of the Principles of Medical Ethics. Calls for Society to reaffirm AMA principles and seek recognition of these by appropriate state regulatory agencies. *Adopted.*

96-613: Tracking and Recognizing Individual Member Recruitment Efforts. Calls for establishment of a system to track such efforts and publication of members' efforts. *Adopted.*

96-614: Medical Student Leadership Development. Recommends development of medical track to train student members or potential members for leadership positions. *Referred to the board.*

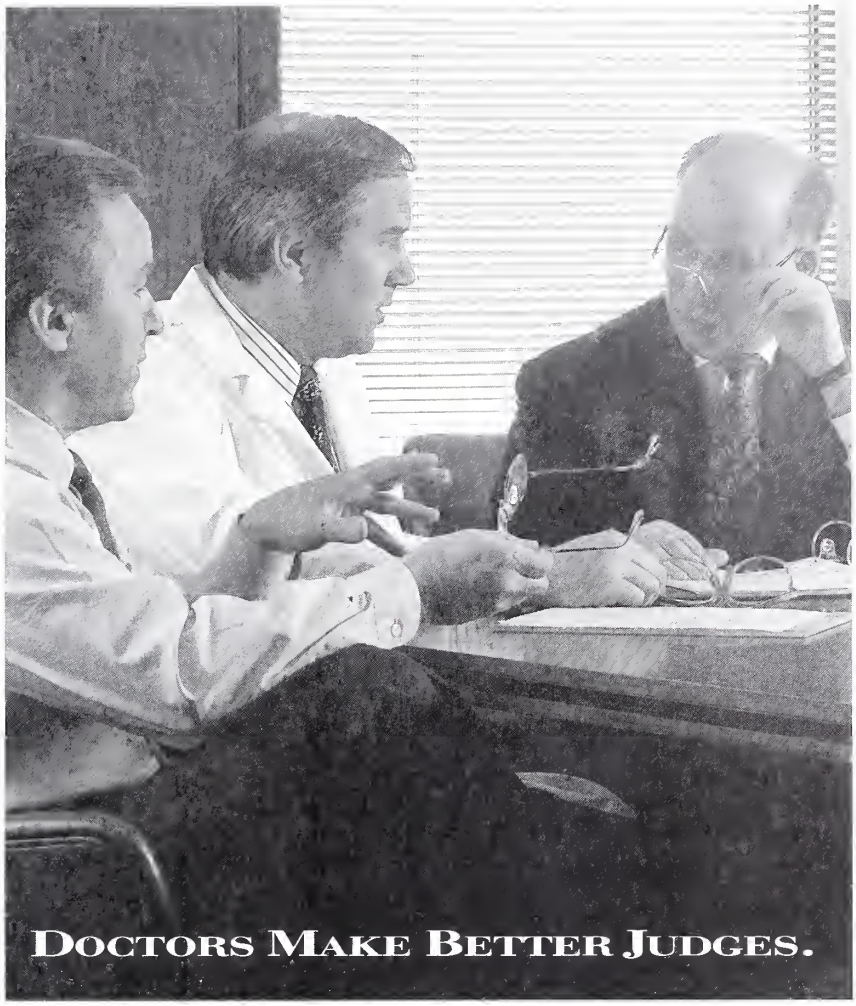
96-615: Legal Medicine Seminar Series, Resident Education/Outreach Program. Directs Society to work with PMSLIC to offer the Legal Medicine Seminar Series for presentation to resident physicians in Pennsylvania. *Adopted.*

96-616: The Effect of Changes in Hospital Characteristics upon Medical Staff Credentials. Directs Society to develop policy on mergers or acquisitions between hospitals and/or changes in services ensuring due process when physician privileges and credentials are affected. Also directs Society to educate medical staffs of these policies and support them in implementing them. *Adopted as amended.*

House Proceedings Available to Members

A bylaws change approved by the House in 1993 calls for the State Society to publish a summary of the House proceedings in the December issue of PENNSYLVANIA MEDICINE, rather than print the entire official proceedings in the January issue, as done in the past.

Delegates and county medical societies will receive copies of the full proceedings. Members who would like a copy should contact their county societies or call the State Society at (800) 228-7823 or (717) 558-7750, ext. 1406.



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Regaining Control

With Knowledge Comes Responsibility

Maria M. Boyer ■ Darlene D. McClendon

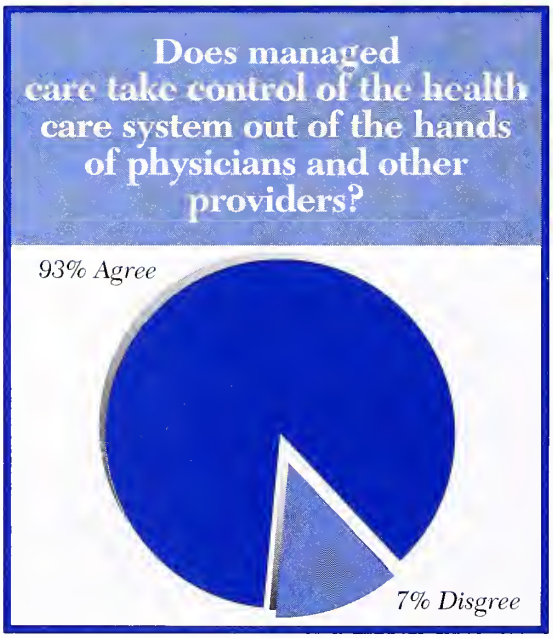
Certainly with knowledge comes responsibility...a responsibility or duty to act upon what has been learned. The Pennsylvania Medical Society takes this statement seriously and is not simply gathering information, but is actively attempting to address key issues of concern to physicians.

One of the key issues in this past decade has been the strong emergence of managed care in Pennsylvania. The Society has gathered much information on the subject and continues to act upon what is being heard. There is still much to do, and the Society is poised to continue its efforts on behalf of physicians in the future.

Abstract

State Society delegates agree with the latest statistics from the Society's MDP Review Panel: Regaining physician control in managed care needs to remain top priority.

When physicians are asked for their opinion on managed care, an overwhelming cry from the majority is that it is not enhancing patient care, but has served to strip physicians of clinical autonomy and further divided the profession. Many comment that the control c a patient's care is no longer a responsibility of th physician, but has been usurped by managed car organizations and third-party payers.



This past May, the Society's MDP Revie Panel polled more than 2,000 physicians to deter mine their views on various aspects of manage care and to attempt to pinpoint future priorities i addressing managed care concerns. The finding of this study confirmed what Society leaders an staff have been hearing at regional meetings, dur ing face-to-face visits, and over the phone. Take look at key findings from the panel's survey:

1) Physicians believe that managed car takes away their leadership and contro Retaining control and autonomy of patient care i a top concern of many physicians. Not only did th respondents indicate that managed care take away their control, but 80 percent said manage care has adversely affected their practices. Th majority of respondents (53 percent) say the Soc ety should implement strategies to regain phys cian leadership in the delivery system.

2) Physicians do not believe that manage care enhances health care. Physicians are dowr right frustrated because managed care limits thei clinical decision making. Eighty-nine percent c respondents say it is difficult to advocate fc patients' rights in a managed care system, and 9 percent agree that managed care has noticeabl impacted the physician/patient relationship.

3) Physicians are having difficulty success fully handling managed care. When asked t identify their strategies, 55 percent of physician did not answer, perhaps because they are not har dling it successfully.

4) Physicians generally do not believe tha increased competition among HMOs will b beneficial. Responses indicate a concern fc patients as well as physicians: 81 percent of respon dents believe increased HMO competition will nc enhance the quality of care to patients, and 65 pe cent do not think it will allow physicians to be mor selective in their participation decisions.

5) Physicians do not support deselection Seventy-five percent of respondents say it is nc

appropriate to decline physician applications, even if there is an adequate number of physicians in a specialty within a managed care network. Further, 88 percent advocate legislation that protects physicians from being deselected.

6) Younger physicians—age 50 and under— appear more amenable to the concept of risk sharing than older physicians. In comparing physician responses according to demographics, younger physicians were more likely than older physicians to:

- say that risk sharing can help put physicians in leadership positions,
- say that physician risk sharing is a good idea, and
- participate in physician organizations (POs) and independent practice associations (IPAs).

With knowledge certainly comes responsibility...a responsibility to act upon that knowledge. Now that the MDP Review Panel has confirmed statistically what we've been hearing, the Society has accepted the responsibility that comes with knowledge and has taken action on behalf of its physicians.

The Society's managed care consulting company, PMSCO, is actively working with physicians—both individuals and groups—throughout the state to address their managed care needs. Society staff are also meeting with physicians to ➤

Has your practice been adversely impacted by the emergence of managed care?

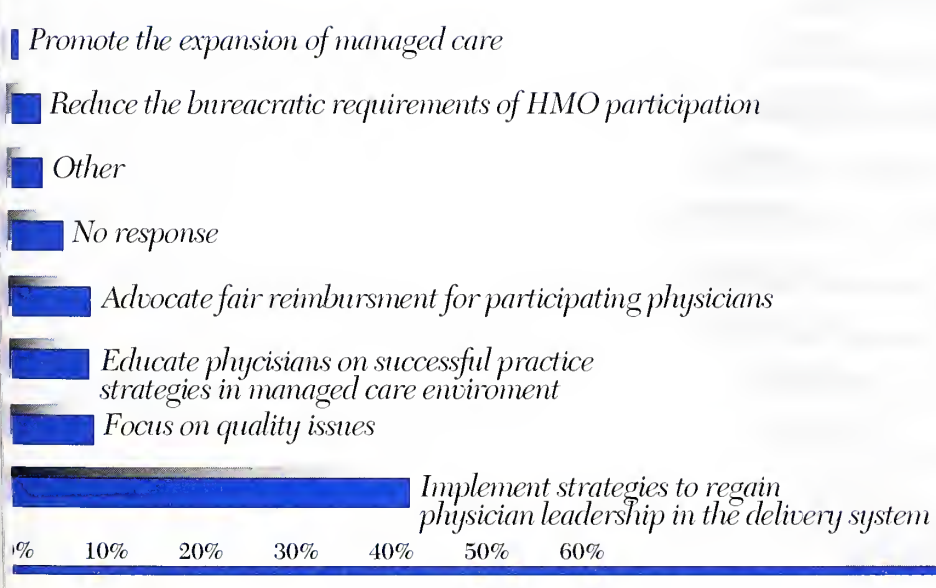
37.1% Strongly Agree
42.4% Agree
15.3% Disagree
2.2% Strongly Disagree

Will increased competition among HMOs be beneficial?

81% said increased competition will not enhance the quality of care

65% do not think increased HMO competition will allow physicians to be more selective in their participation decisions

Actions the Society should implement to effectively address managed care



educate local groups, including county medical societies, specialty societies, physician organizations, and hospital medical staffs.

The Managed Care Business Strategy Department at the Society meets and talks with physician members and their practice administrators almost daily, providing advice on how to deal successfully with managed care.

On the legislative/regulatory side, the Society is working to seek passage of selective contracting legislation and has achieved passage of a new risk-sharing policy for integrated delivery systems. The Society is preparing publications and designing products and services that assist physicians in becoming informed on managed care issues and in effectively handling managed care within the practice. And through its Organized Medical Staff Section, the Society is working closely with the state's payers to develop a standardized credentials application form.

The MDP survey results support past research and anecdotal evidence that physicians continue to need assistance in dealing with managed care. The Society will continue to act on this information to produce programs, materials, and other resources to help physicians fill this need.

ACTION STEP ONE

The Society's House of Delegates at its annual meeting in October acted in response to survey findings: 80 percent of respondents, both members and nonmembers, agreed that managed care should continue as a 1997 priority—and the House adopted the following as its highest priority:

REGAINING PHYSICIAN CONTROL IN A MANAGED CARE ENVIRONMENT

- Provide members with concrete strategies to regain control of health care delivery and medical decision making.
- Educate members, particularly on market forces driving managed care.
- Continue patient and physician advocacy efforts.
- Develop strategies to address economic survival concerns, particularly those of young physicians just entering practice, medical students, and residents.

As the Society explores ways to enhance physicians' positions within managed care, it will continue to gather information—keeping in mind that with knowledge comes responsibility—and act upon it on behalf of physicians. The Society will persist in its efforts to unite physicians and will continue to seek ways to strengthen the physician's position within a system that continues to change the way health care is delivered.

About the Survey

The 2,000-plus physicians polled were asked to fill out and return a two-page survey, conducted by the Society's Educational and Scientific Trust. Managed care was the focus.

The first section asked physicians to indicate their level of agreement for each of 16 statements dealing with different aspects of managed care, including its impact on patient health and education, quality of care, physician control, and other topics overviewed in this article. "Levels of agreement" ranged from "Strongly Agree" to "Strongly Disagree."

A second section addressed managed care as a priority of the Pennsylvania Medical Society. Physicians were asked to prioritize related issues and expected outcomes; they were also asked if managed care should continue as a Society priority and how they were "successfully handling managed care."

More than 800 physicians responded, providing a 41.3 percent response rate.

The Society's MDP Review Panel is challenged with the task of recommending priorities to the Society each year. While managed care remains a priority to the Society, there are other issues on which physicians would like concentrated attention and intense efforts. See pages 12-13 for a complete listing of priorities for the year ahead as approved by the Society's House of Delegates in October.

For a summary of the managed care survey results, call Darlene McClendon at (800) 228-7823 or (717) 558-7750, ext. 1407. For additional information regarding the Society's strategies, call Sharon Orlowski at (800) 228-7823 or (717) 558-7750, ext. 1495.

AUTHOR BIOGRAPHY

Mrs. Boyer is assistant managing editor of PENNSYLVANIA MEDICINE, and Ms. McClendon is the State Society's professional and corporate development assistant.

PENNSYLVANIA MEDICINE®

DEADLINE NEWS

Inside:

- A Message from the President
- Provisions of House Bill 2210
- Should You Pay the '97 CAT Fund Surcharge?
- Blues' Merger Report

REFORM EFFORTS PAY OFF!

November was an historic and victorious month for Pennsylvania physicians: On November 20, the legislative process moved swiftly to bring the Society's tort and CAT Fund reforms together into one bill—House Bill 2210—and to gain unanimous approval from both sides of the legislature. By a vote of 49-0, the state Senate passed the bill and forwarded it to the House of Representatives, where it also was approved unanimously, 195-0. Less than one week later, on November 26, Governor Tom Ridge signed the bill into law as Act 135.

"We have successfully opened up dialogue, shown the legislators and the governor that there is a problem in tort reform, and pointed out very clearly that the CAT Fund is in trouble," says State Society President Victor F. Greco, MD. "More importantly, we've pointed out that the physicians in the state of Pennsylvania are ANGRY!"

House Bill 2210 was the result of negotiations between the Society and the Trial Bar. Its provisions—including periodic payments and a cap on punitive damages, detailed on page 3A of this insert—offer a first step toward tort reform and CAT Fund relief measures.

The bill is the culmination of a year-long fight that began with the introduction of a tort reform measure by state Representative J. Scot Chadwick (R-Bradford) which contained reforms supported by the Society. His reform language passed the House last May, a week after more than 2,000 physicians rallied at the state Capitol to demand tort reform.

The Society will continue to work in the months ahead with a broad coalition of organizations for additional reforms to ensure fairness in Pennsylvania's tort system. For example, to stay at the table, the Society had to give up collateral source language, which would eliminate duplicative medical payments in some cases; we were told the governor would veto such language. The Society intends to seek collateral source and broader reforms through a newly reestablished Civil Justice Coalition (see next page).

Member physicians who aided this fight are to be congratulated for their valiant and victorious efforts! Your future efforts will be as invaluable to tort success for physicians statewide! ■

On Tuesday, November 26, Governor Tom Ridge signed House Bill 2210 into law. In a statement to the press, he said, "Make no mistake about it. Today is an historic step."

THANK YOU, MEMBERS

"I've never seen any group of physicians unite behind a problem in the 40 years I've been in organized medicine as we have with this issue this year, and I'm proud of us. Physicians mobilized over this issue, and if we stay united...stay mobilized, there is much more we can achieve." — Victor F. Greco, MD, State Society president

DEAR Colleague

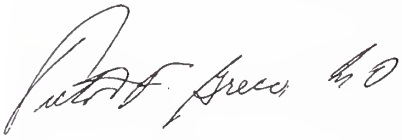
A Message from the President

One of my foremost themes during my inaugural address and shortly thereafter was the fact that the medical profession must stand united on all issues relating to our profession. In the significant first step forward on tort reform and on rollback of the CAT Fund, the importance of unity was once again proven. I would like to take this opportunity to thank all physicians in the state of Pennsylvania, especially the members of the Pennsylvania Medical Society, who stood shoulder to shoulder and lobbied very hard so that our voice was heard as a united voice.

I want to especially thank all of you for your lobbying efforts with your senators, your representatives, garnering the support of your patients, your family, your neighbors, the results of which inundated the halls and phones of the offices of all the legislators. It was this tremendous response that helped us get through the first major step in tort reform. We cannot lose sight of the fact that the huge rally we had to springboard our legislative efforts was a tremendous success. It proved once again that in "unity there is strength"—that old, tired, but true cliché.

Remember, the fight has just begun. This is but the first step forward. We are not totally satisfied with what we achieved and, therefore, we will continue our fight. Please keep the pressure on the legislators, especially in our new round of talks and efforts with the Civil Justice Coalition. You will be getting more detailed information on this from me as your president, the Board of Trustees, and the staff of the Society.

Once again, thanks so very much for your cooperation, your loyalty, your indomitable spirit, and most importantly, your unity.



Victor F. Greco, MD
President

OUR CONTINUED FIGHT!

While enactment of House Bill 2210 is a major first step in the tort reform battle, broader reform is still priority for your State Society. The Society has already begun to focus its efforts on a newly reestablished Civil Justice Coalition.

Such a coalition was established in 1986-88, and the State Society was an active participant. Nearly 70 associations and 40 local Chamber of Commerce groups participated in that group, seeking product liability reform.

The newly formed group—supported by the Society, the Hospital Association of Pennsylvania, the National Federation of Independent Businesses, the Pennsylvania State Association of Township Supervisors, George Wolff Associates, and HARSCO—would seek general tort reform in Pennsylvania. Top priority for the Society is passage of a collateral source provision, mandating the courts to deduct any public or group benefits received or to be received by the claimant with only a few exceptions.

Look for updates on the coalition's development and efforts in future Society publications. ■

Cincinnatus Request for Injunction Denied

On November 7, the Federal District Court in Philadelphia denied the Cincinnatus Society's request for a preliminary injunction against the CAT Fund. The case failed to meet or prove any of the four requirements for a preliminary injunction: **1)** the likelihood that the applicant will prevail on the merits at final hearing; **2)** the extent to which the plaintiffs are being irreparably harmed by the conduct complained of; **3)** the extent to which the defendants will suffer irreparable harm if the preliminary injunction is issued; and **4)** the public interest.

With regard to the first requirement, the court determined that if the case were to go forward at this time, the plaintiffs would not prevail on the merits of their procedural and substantive due process claims. Second, the court stated that the plaintiffs failed to show irreparable harm. The court noted that "at least some of the plaintiffs testified that they refused to pay CAT Fund surcharges as a matter of principle. Such 'self-inflicted' harm cannot qualify as irreparable injury." Finally, as to the third and fourth requirements, the court concluded that the plaintiffs did not refute the defendants' argument the if the plaintiffs' surcharge requirements were waived that the public interest will be severely harmed.

On the issue of whether the CAT Fund surcharge is mandatory or voluntary, the court stated:

> *...[S]trictly speaking, the health care providers may not be required to become members of the CAT Fund (they are simply entitled) but they are required to pay the surcharge. Thus, one might argue that participation is voluntary but payment of the emergency surcharge, the crux of this case, is not.* ■

PROVISIONS OF HOUSE BILL 2210

House Bill 2210 is a major first step for Pennsylvania physicians in the tort, CAT Fund reform battle. Briefly, here are the major issues addressed by the newly signed law:

PROFESSIONAL LIABILITY TORT REFORM

Informed Consent

Removes the existing barrier to defense testimony to establish the risks and alternatives that a typical physician would present to the patient.

Periodic Payment of Future Damages

Allows for the first-time payment of future damages to be made in installments if the parties, under court supervision, agree to the terms.

Dilatory or Frivolous Motions

Will deter frivolous lawsuits by requiring that they have a reasonable basis in fact and law, and by providing that the suit be supported early on by expert opinion. Attorneys who file frivolous cases can be sanctioned by loss of fees and a report to the appropriate disciplinary board.

Pretrial Procedures, Mediation, and Conciliation

Designed to speed up the court process and thus reduce costs, and to move cases from the courtroom and into alternative dispute resolution.

Affidavit of Non-Involvement

Addresses the practice of naming every possible target in a lawsuit, thus increasing defense costs. Physicians who don't belong in the case can file an affidavit to be removed.

Mandatory Reporting

Parallels the federal Health Care Quality Improvement Act, and the practice of the medical and osteopathic boards in requiring the reporting and investigation of awards and settlements.

Punitive Damages

Caps punitive damages at two times the compensatory award. Punitive damages are not insurable, thus there is pressure on physicians to settle, even in defensible cases. These provisions require the plaintiff to establish a *prima facie* case before he or she can proceed with a punitive damage claim. This raises the standard for awards to "willful or wanton misconduct or reckless indifference to the rights of others."

CAT FUND

Abolishment of the CAT Fund

Immediately decreases the CAT Fund layer of coverage from $1 million to $900,000. In two years it will be reduced again to $800,000, then in two years to $700,000, with a concomitant increase in primary limits. Allows time for the primary carriers to adjust, and eventually takes the CAT Fund out of most cases and substantially reduces the unfunded liability.

Advisory Committee

Establishes an advisory board—including at least one physician—to report to the General Assembly by September 1, 1997, how to improve the overall operation of the fund and how best to totally eliminate the fund. The State Society's position is that the unfunded liability is a general societal responsibility that cannot rest entirely on physicians and hospitals.

Emergency Surcharge

Obviates the need for future emergency surcharges: The buffer is raised from $15 million to 15 percent of the fund's previous year's cost, and the fund is granted the right to engage in short-term borrowing.

Adjustments

Allows CAT Fund director to adjust hospital rates up or down by 20 percent based on risk, with the approval of the Insurance Commissioner.

Prevailing Primary Premium

Intends to provide equitable distribution of the surcharge among providers and eliminate the anomalies caused by deep discounting. The surcharge will be a percentage of prevailing primary premium, based on Joint Underwriting Association (JUA) rates, not of the actual cost for primary coverage.

Installment Payments

One-year program allows 1997 surcharges may be paid in four equal installments. Physicians should contact their primary carrier or the State Society for details.

How to Reach the State Society

Write us at
P.O. Box 8820, Harrisburg, PA 17105-8820.

Call us at
(800) 228-7823 or (717) 558-7750.

Fax us at
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E-mail us at
stat@pamedsoc.org.

Find us on the Web at
www.pamedsoc.org.

Access our fax-on-demand system at
(800) 556-7850.

A ***"Timeline of Events"*** leading up to the passage of House Bill 2210 is available on the Society's Web page at ***www.pamedsoc.org.*** Or, you can request the information through our fax-on-demand system by calling ***(800) 556-7850*** and following the recorded instructions.

New Fund Expands Society's Legal Approach

Managed care and continued change in the health care marketplace will likely bring a number of new legal challenges to the State Society. In an effort to address these new issues and become more aggressive in legal matters, the Society is establishing a Fund for Legal Advocacy.

The Pennsylvania Medical Society in recent years has sought to achieve its policy positions through legislative and regulatory action, giving less attention to legal approaches and litigation as a strategy to advance Society policy positions. And while the Society does have a successful litigation program, the Board of Trustees agreed to expand that program through this fund.

Beginning in 1997, the Society will appeal to individual physicians to contribute to the fund. At that time, the board also intends to establish an advisory committee to set basic policy for the fund and to recommend cases for fund involvement.

Look for further details next month in the magazine, or call the Society's Legal Department at (800) 228-7823 or (717) 558-7750, ext. 1465. ■

SHOULD YOU PAY THE '97 CAT FUND SURCHARGE?

The State Society's House of Delegates in October voted to recommend that all physicians in the commonwealth suspend their 1997 payments to the state-run CAT Fund surcharge. The initial action was taken to focus the attention of the legislature and governor on passing and signing significant medical liability tort reform.

House Bill 2210, enacted on November 26, offers a first step to tort and CAT Fund reforms and provides for recalculation of the 1997 surcharge. Under the new law, the surcharge will be based on a prevailing premium, rather than the actual premium paid. This will more evenly distribute the burden so that all health care providers, including hospitals, pay a fair share of the cost.

The Society's board this month will convene to reevaluate the Society's position. In the meantime, Society legal counsel offers the following Q&A as information to Pennsylvania physicians.

What are the possible consequences if a physician does not pay the surcharge?

The physician who does not pay the surcharge faces two serious consequences. The first is the potential loss of license. The Administrative Law Judges who have considered the cases of those physicians who did not pay the 1995 emergency surcharge or the 1996 surcharge have imposed license suspensions of several days and fines. The State Board of Medicine began to consider its first appeals of those cases last month. There is no guarantee that the Board of Medicine will not seek to impose stricter penalties for failure to pay the 1997 surcharge. The board believes it has no alternative under Act 111 but to impose suspension or revocation of license on those who fail to pay the surcharge.

The second consequence is possible loss of insurance coverage. CAT Fund regulations say that there is no CAT Fund coverage if the surcharge is paid late. It is possible that a court, faced with a deserving plaintiff who otherwise will receive no recovery, will reach a different conclusion, but the only prudent course is to assume no coverage at the CAT Fund level. Some primary carriers may be willing to provide coverage for that layer of $200,000 to $1.2 million, but Insurance Department approval to write such coverage is necessary and may not be forthcoming. Contact your carrier for additional information.

When is the surcharge due?

The surcharge is due at the same time the basic coverage is due for renewal. For the majority of physicians that is January 1, 1997. The primary carriers then have 60 days to remit to the CAT Fund. The fund then checks the list of physicians who have paid against the list of physicians in active practice in Pennsylvania. The names of those who have not paid are sent to the state medical and osteopathic boards. Those boards assign prosecuting attorneys and investigators.

If a physician provides no medical service in the commonwealth, is he or she still responsible for the surcharge?

No. A physician not engaged in any active practice in Pennsylvania has no obligation to pay the surcharge. That physician has two methods to establish that he or she is not engaged in any active practice. First, the physician can send a notarized letter to the medical board confirming he or she is not engaged in any active practice. Second, the physician can place his or her Pennsylvania license on inactive status by writing the board. If the physician later wishes to reactivate his or her license, he or she can do so by filling out and submitting a form to the board with a small fee. Finally, a physician who conducts less than 50 percent of his or her practice in Pennsylvania is not required to pay the surcharge, but must have primary coverage to the $200,000 level. ■

IN THE NEWS

BLUES' MERGER APPROVED; SOCIETY REVIEWING DECISION

State Insurance Commissioner Linda S. Kaiser on November 27 approved the merger of Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania into one of the nation's largest health-insurance firms. The new corporate name of the consolidated insurer will be Highmark Inc.

Based on the limited information available at the time of approval, State Society Executive Vice President Roger F. Mecum, in an interview with the *Pittsburgh Post-Gazette*, criticized the Insurance Department's approval process. "This whole process has been cloaked in a great deal of secrecy, and I truly don't understand that," he said. "This process has gone on for months with no public disclosure or public discussion at all."

In the same article, Mecum noted that he was concerned that some of the order's provisions will only be imposed for a limited period of time. "Although the merger agreement does appear to have some good provisions in it...there is no guarantee that those conditions would go forth over time." For example, the Blues are restricted for only two years from seeking for-profit status. Also of continuing concern to the Society are issues of social mission, governance, and the impact on competition in Western Pennsylvania.

At press time, the Society's board was convening an emergency meeting to review the order's provisions and determine what action the Society might want to take. Look for an update next month in Society publications. ■

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DUR Program Moving Ahead in Fourth Year

Barbara A. Layne, RN

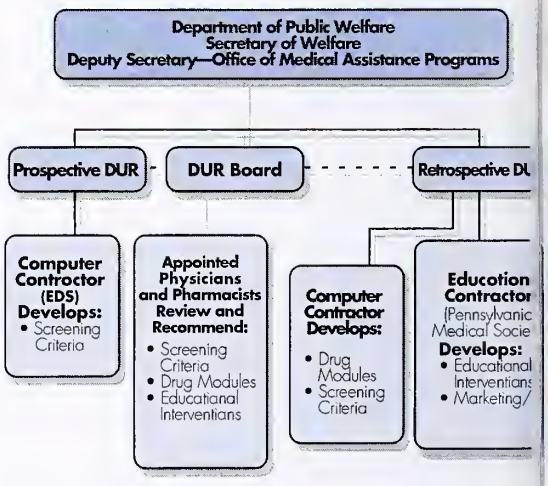
The Omnibus Budget Reconciliation Act (OBRA) of 1990 required all states to implement drug utilization review programs for outpatient medications covered by Medical Assistance. This first of a two-part series outlining the activities of the State Society's Center for Professional Drug Education and Information focuses on educational services.

As reported in the October 1994 issue of PENNSYLVANIA MEDICINE, the Pennsylvania Medical Society continues to be the only state medical organization in the country to hold a drug utilization review (DUR) contract. As quoted by the deputy secretary of public welfare at that time, the Pennsylvania Medical Society was the logical choice to help implement the requirements of the Omnibus Budget Reconciliation Act (OBRA): "Who better to educate physicians than their professional organization? We are anxious to see how this innovative approach works and are pleased to be contracting with your State Society to implement it." The success of the program insured the renewal of a new contract which began in July and extends through June 1999.

> "The Society is committed to a program that will facilitate open communication in an educational atmosphere to improve the quality of health care and maximize the value of health care expenditures related to drug treatments."
>
> *—Richard T. Bell, MD, Chairman, State Society Drug Utilization Review Policy Committee*

Reference was made in the 1994 article that this program is analogous to a three-stranded braid, wrapped by a fourth braid which holds it together. The "braid" represents the three aspects of the program—intertwined, but distinct and separate. The individual strands include prospective DUR, an educational component, and retrospective DUR. The strand which wraps around these three activities is the DUR Advisory Board.

This board, also mandated by federal law, comprises actively practicing physicians and pharmacists. Richard D. Baltz, MD, of Camp Hill, and Richard T. Bell, MD, of West Reading, represent the Society on the board which meets quarterly. Dr. Bell also serves as chairman of the Society's Drug Utilization Review Policy Committee. He comments, "The Society is committed to a program that will facilitate open communication in an educational atmosphere to improve the quality of health care and maximize the value of health care expenditures related to drug treatments." The organizational chart below diagrams this program.



EDUCATIONAL SERVICES

It is important to remember that the Center for Professional Drug Education and Information's work is educational and nonpunitive in nature. The Society has made a series of commitments with regard to the retrospective program including to:

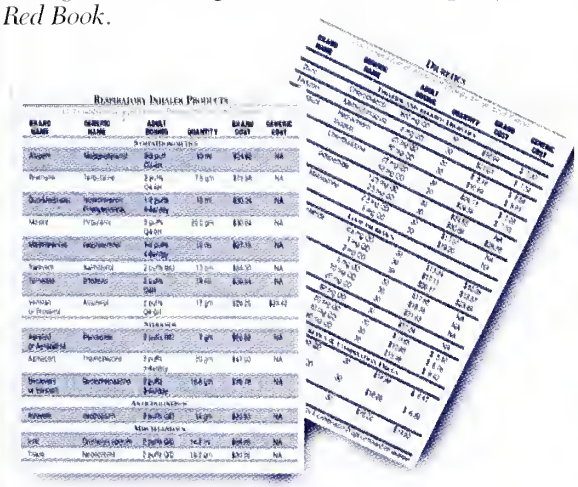
1) respect the medical judgment of individual physicians;

2) offer continuing education on prescribing standards and practice; and

3) refrain from any activities that could be construed as punitive in nature.

The success of the Center is dependent upon an effective two-way exchange of information with physicians. One key area of concentration during the past year has been education—including development of new educational materials and promotion of educational services.

Cost-Comparison Charts—In response to results from past surveys and focus groups, the Center publishes a series of charts and pocket cards. The charts compare costs of brand and generic prescription medications by drug classes and are updated twice a year. Costs are based on average wholesale prices from the *Drug Topics Red Book*.



Twenty drug charts have been developed to date and are available upon request to Pennsylvania physicians. They compare: ACE inhibitors, analgesics, antiadrenergic agents, antibiotics, antidepressants, antihypertensives, antipsychotics, benzodiazapines, beta blockers, calcium channel blockers, diuretics, gastrointestinal drugs, nonsteroidals, ophthalmic antibiotics, oral contraceptives, quinolone antibiotics, and respiratory inhalers.

Newsletter—"Counter Details, The Educational Difference" published for the first time in 1995 by the Center, focuses on providing physicians with a quick reference of the latest pharmacotherapeutic information. The title capitalizes the play on words, "countering" the information physicians receive from drug companies. With established credibility through the State Society relationship, and the review of all therapeutic articles by actively practicing specialists, the Center hopes physicians will use this material in their everyday practice.

Reviews from physicians have been positive: "All your charts have been excellent aids." "I love this newsletter, read it from cover to cover." "Information certainly was useful to my current practice." "Very concise and informative piece of literature. Like the easy reading as well as the chart form."

Physician Education—To provide education to physicians on the latest disease management strategies, the Center offers several options. The first consists of monographs developed by the Institute for Contemporary Pharmacy Research, Inc., Boston, Massachusetts. They are accredited and approved for Category I credit by the University of Massachusetts Medical School. Disease states available address rational therapy for acid peptic disease, asthma, community-acquired pneumonia, headache, otitis media, and sinusitis.

Also offered this year was the "Prescribing for Minority Patients" conference, held in Pittsburgh and offering six hours of Category I credits. The one-day educational conference was a repeat of a seminar held in 1995 in Harrisburg and Philadelphia. Tapes of the presentation are available upon request.

Thirdly, the Center distributes "Quick Reference Guides for Clinicians" from the U. S. Agency for Health Care Policy and Research (AHCPR). Currently available are:

- Depression in Primary Care: Detection, Diagnosis, and Treatment
- Diagnosis and Managing Unstable Angina
- Heart Failure: Management of Patients with Left Ventricular Systolic Dysfunction
- Management of Cancer Pain: Adults
- Managing Otitis Media with Effusion in Young Children

Patient Education—This year, the Center has expanded its focus to include patient education. This issue is under study to determine what materials are currently available, their content, and their usefulness, particularly to those patients who have the lowest compliance due to age or illiteracy. Booklets available for patients through an agreement with AHCPR address:

- Depression as a Treatable Illness
- Living with Heart Disease: Is it Heart Failure?
- Managing Cancer Pain
- Managing Unstable Angina
- Middle Ear Fluid in Young Children

The Center's staff will continue to conduct additional research to determine how best to serve the needs of Pennsylvania physicians with educational materials. Next month, the staff will outline the effectiveness and outcomes achieved from implementing these drug utilization activities.

AUTHOR BIOGRAPHY

Ms. Layne is director of the Society's Center for Professional Drug Education and Information. For more information about the Center, or to request any of the materials discussed, contact the author at (800) 228-7823, ext. 1230.

Billing for CRNP Services

Dennis L. Olmstead ■ Michael L. Williams

New models of health care delivery are being considered as part of the many discussions of health system reform. As the practice of medicine continues to evolve to meet the changing needs of consumers, payers, regulators, and physicians, the use of limited license practitioners such as physician assistants and certified registered nurse practitioners (CRNPs) continues to grow.

According to state law (49 PA Code §18.21), a CRNP is a registered nurse licensed in Pennsylvania who is certified by the boards in a particular clinical specialty area and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in this commonwealth. Nothing in the code limits or prohibits a nurse from engaging in activities which normally constitute the practice of nursing as defined in Section 2 of the Professional Nursing Law (63 P.S. §212).

Abstract

Understanding the billing nuances for certified registered nurse practitioner services can be daunting to physicians. But the advice offered here should ease your concerns. Outlined is the billing methodology for such services rendered to Medicare, Pennsylvania Blue Shield, and Pennsylvania Medicaid patients.

CRNP ACTIVITIES, PHYSICIAN DUTIES

As authorized by regulation, a CRNP may perform acts of medical diagnosis or prescription of medical, therapeutic, or corrective measures only in collaboration with and under the direction of a licensed physician. *A CRNP may not make independent decisions regarding the prescribing of drugs to patients and may not write a prescription for medical or therapeutic measures.*

The CRNP's supervising physician is responsible:

1) to immediately be available through direct communications or by radio, telephone, or telecommunications;

2) to develop with the CRNP a predetermined plan for emergency services; and

3) to be available on a regularly scheduled basis for:

- referrals;
- review of the standards of medical practice incorporating consultation and chart review;
- establishing and updating standing orders, and drug and other medical protocols within the practice setting;
- periodic updating in medical diagnosis and therapeutics; and
- co-signing records when necessary to document accountability by both parties.

REQUIREMENTS FOR LICENSURE APPROVAL

The requirements for licensure of a CRNP in Pennsylvania are that the applicant:

- be licensed as a registered nurse by the State Board of Nursing;
- have successfully completed a course of study consisting of at least one academic year in a program administered by nursing in an institution of higher education as approved by the boards; and
- submit evidence of continuing competency in the area of medical diagnosis and therapeutics at the time of renewal of the applicant's certification.

There are, of course, other licensure issues/requirements, such as when a CRNP is employed by a health care facility, a license granted by another state, termination of licensure, and renewal of license. Information on these issues can be found in 49 PA Code, §§21.251-21.414.

LIABILITY OF THE SUPERVISING PHYSICIAN

Because a CRNP is responsible for his or her own professional judgment and is accountable to

his or her patients, the CRNP therefore has independent liability exposure to patients who file professional liability claims. Supervising physicians should be aware that they, too, may be liable to the patient for the CRNP negligence. The liability may stem from inadequate supervision and/or improper delegation, as well as from negligence in the hiring of an unqualified CRNP.

The CRNP is considered an employee/agent of the supervising physician. The physician retains full professional and legal responsibility for the care and treatment of persons attended to by the CRNP. Consequently, the supervising physician may be held legally responsible for any errors, omissions, or negligent acts of the CRNP. Membership in a professional corporation or partnership will not relieve the physician of this professional and legal responsibility.

The supervising physician must note the limitations associated with the role of the CRNP. A CRNP is not a "health care provider" within the meaning of the law (Act 111, the Health Care Services Malpractice Act) and is not required to separately insure against malpractice liability. Nor is he or she entitled to participate as a "health care provider" in the Pennsylvania Medical Professional Liability Catastrophe Loss Fund.

With these guidelines and regulations in mind, let's take a look at the specific reimbursement provisions imposed on CRNPs by Medicare, Blue Shield, and Medicaid programs in Pennsylvania.

MEDICARE REIMBURSEMENT

Medicare uses the term nurse practitioner (NP) interchangeably with CRNP. Under Medicare's guidelines, an NP must meet the following eligibility requirements to qualify for recognition by Medicare: be a registered professional nurse currently licensed to practice in the state in which services are furnished, satisfy the applicable requirements for qualifications of NPs of the state in which the services are furnished, and meet at least one of the following requirements:

- be currently certified as a primary care nurse practitioner by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates; *and*
- have satisfactorily completed a formal one-year educational program for preparing registered nurses to perform an expanded role in the delivery of primary care that includes supervised clinical practice and at least four months of classroom instruction, and that awards a degree, diploma, or certification for successful completion of the program; or
- have successfully completed a formal educational program that does not qualify under the immediately preceding requirement for preparing registered nurses to perform an expanded role in the delivery of primary care, and have been performing that expanded role for a total of 12 months during the 18-month period immediately preceding February 8, 1978, the effective date for provision of the service of nurse practitioners as reflected in the conditions for certification for rural health clinics.

Services rendered by NPs under the Medicare program can be reimbursed in several ways. First, NPs employed by a physician in private practice may be billed by the physician as "incident to" his or her professional services if certain requirements are met. Thus, where a physician employs auxiliary personnel to assist him or her in rendering services to patients and includes charges for their services in his or her bills, the services of such personnel are considered "incident to" the physician services if there is a physician's service rendered to which the services of such personnel are an incidental part and there is direct personal supervision by the physician.

The requirements which must be met for services of NPs to be considered "incident to" include that the service must be:

1) one commonly furnished in physicians' offices;

2) an integral, although incidental, part of a professional service performed by the physician;

3) performed under the direct supervision of the physician—direct personnel supervision in the office does not mean that the physician must be present in the same room with the NP; however, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the NP is performing services; no more than four NPs may be simultaneously supervised; and

4) rendered without charge or included in the physicians' bill.

Further, the NP performing the service must be an employee of the physician—or an employee of the legal entity that employs the supervising physician—under the common law control test of the Social Security Act.

If NP personnel perform services outside the office setting, e.g., in a patient's home or in an institution, their services are covered "incident to" a physician's service only if there is direct personal supervision by the physician.

When a physician establishes an "office" within a nursing home or other institution, coverage of services and supplies furnished in the office must be determined in accordance with the "incident to" a physician's professional service provisions. The rules stated above for "incident to" would all apply to the office established in the nursing facility.

Services of NPs not employed by the physician, but rather performed by an NP working in *collaboration with* a physician in a skilled nursing facility or a nursing facility, are also covered. Payment of these services is made to the NP's employer. The term, "collaboration," is a process whereby an NP works with an MD or DO to deliver health care services within the scope of the NP's professional expertise, under medical direction and with appropriate supervision.

Coverage is also available for services performed by NPs working in collaboration with a physician in rural areas. Claims for rural-area services may be paid directly to the nurse practitioner or to his or her employer. Rural is defined as an area outside of a metropolitan statistical area.

Coverage is limited to the services a NP is legally authorized to perform in accordance with state law. Services NPs may provide include those that traditionally have been reserved to physicians, such as physical examinations, minor surgery, setting cast for simple fractures, interpreting x-rays, and other activities that involve an independent evaluation or treatment of the patient's condition. Also included are services and supplies furnished "incident to" an NP's services that would have been covered if furnished "incident to" the services of an MD or DO.

NP services may not be covered if they are otherwise excluded from coverage, even though an NP may be authorized by state law to perform them. All claims for NP services must be made on an assignment basis. When employed, there must be a valid employer-employee relationship between the NP and his or her employer. A group of NPs who have incorporated cannot bill for their service.

REPORTING REQUIREMENTS

In some instances, physicians and NPs not legally associated with each other may want to form a collaborative team. A team consists of a physician and a physician assistant acting under the supervision of the physician, or a nurse practitioner working in collaboration with the physician, or both. "Team" may not be used to describe a medical group that does not employ either PAs or NPs; a team of one does not meet the definition of a team.

Nurse Practitioner, Team Services—Physician team billing for nurse practitioner services are required to report one of the following procedure code modifiers to differentiate between rural and non-rural NP services: AK—NP team member service provided in a rural setting; or AL—NP team member service provided in a *non-rural setting* (replaces WU modifier). The absence of one of these modifiers for NP services may result in incorrect payment or a delay in the processing of your claim.

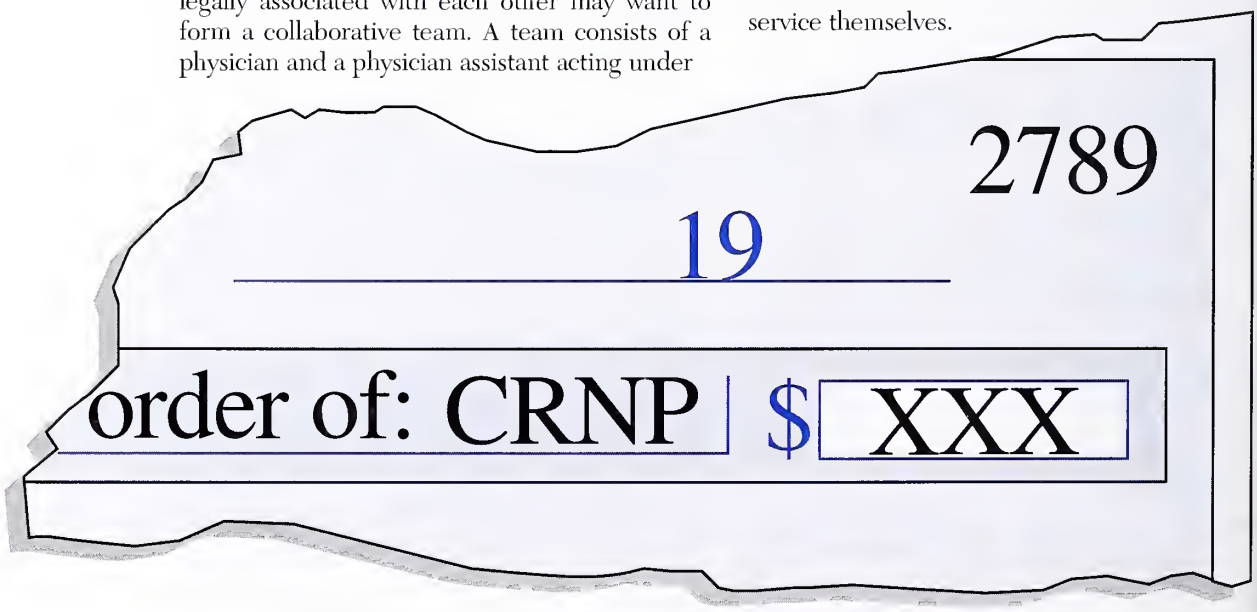
While NP team services in a rural setting are payable in any place of service, team services in a non-rural setting are only payable in a nursing facility setting. Non-rural team services performed in any other place of service will be denied.

Independent Nurse Practitioner, Non-Team Services—Nurse practitioners are also permitted by Medicare to practice independently in a rural setting. NPs who furnish services independently must report the following modifier to designate rural services: AV—Independent NP service provided in a *rural setting*.

Services by an independent NP are only payable in a rural setting. Also, independent NP services in a rural setting are payable in any place of service. If the service is reported in a non-rural setting, indicated by the absence of the AV modifier on the claim, the service will be denied.

GENERAL PAYMENT INFORMATION

Under the "incident to" guidelines, the services rendered by the NP would be paid at the same rate the supervising physician would have received had he or she rendered the service themselves.



Since January 1, 1992, the fee schedule amount for rural NP services performed in a hospital setting is limited to 75 percent of the Medicare participating physician fee schedule amount. The fee schedule amount for rural NP services performed in all other settings is limited to 85 percent of the Medicare participating physician fee schedule amount. NP services rendered in non-rural nursing facilities are limited to 85 percent of the Medicare participating physician fee schedule amount.

Payment can be made directly to an NP for services rendered in a rural setting, including hospital settings. An NP who provides services in a rural area and who is not an employee or otherwise under contract may bill Medicare directly for their covered services.

All claims for NP services must be made on an assignment basis. The assignment agreed to by the NP is binding upon the NP and any other person or entity who bills for the NP services. Any NP service submitted on a non-assigned basis will be denied.

For those patients in a nursing facility who receive physician type services by a member of a physician/PA/NP team, only one-and-a-half visits per month per resident are permitted on a routine basis. This limit is an average over a two-month period. As with physician visits, further visits are payable in situations when the team member adequately substantiates the need for more frequent visits to the specific patient.

PENNSYLVANIA BLUE SHIELD

Pennsylvania Blue Shield recognizes covered services when performed by a certified registered nurse anesthetist, certified registered nurse practitioners, certified enterostomal therapy nurses, certified community health nurses, certified psychiatric mental health nurses, and certified clinical nurse specialists, provided such services are within the scope of the certified registered nurse's license and are otherwise eligible for payment. Blue Shield uses certified registered nurse (CRN) interchangeably with CRNP.

CRNs who are employed by a health care facility or an anesthesiology group are not eligible providers according to Act 209 of 1986. However, *if these CRNs also wish to simultaneously maintain a separate and independent practice, they can become eligible providers with Pennsylvania Blue Shield and can bill for services performed only within the independent practice.*

Note: Under the Federal Employees Program, services of a CRN are not eligible, except for certain services performed in a home health care treatment program.

MEDICAID

Pennsylvania Medicaid defines a CRNP as a registered professional nurse who meets a state's advanced educational and clinical practice requirements, if any, beyond the two to four years of basic nursing education required of all registered nurses.

Under 55 PA Code §1144.52, payment will be made to a CRNP for services furnished if two conditions are met:

1. The CRNP does not have a financial arrangement to provide the services as an employee of or is not under contract to an enrolled medical service provider or practitioner. One exception has been established for the CRNP employed byan enrolled Medical Assistance (MA) entity unable to be reimbursed for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). In this case, the CRNP may enroll with the employer recognized as the payee.

2. The services billed are furnished by the CRNP in collaboration with and under the direction of a physician licensed to practice medicine in Pennsylvania.

55 PA Code §1144.53 outlines what is not compensable under the program for CRNPs. Payment will not be made for:

- procedures not listed in the MA fee schedule or precluded by Chapter 1150, relating to MA payment policies;
- services and procedures furnished by the CRNP for which payment is made to an enrolled medical service provider or practitioner;
- services and procedures for which payment is available through other public agencies or private insurance plans as described in §1101.64, relating to third-party medical resources; and
- the same service and procedure furnished to the same recipient by a CRNP and physician on the same day.

Direct questions about the billing structure outlined for CRNP services for Medicaid or other entities in this article to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

AUTHOR BIOGRAPHY

Mr. Olmstead is group director and Mr. Williams is associate director in the Society's Department of Medical Economics.

Women Physicians Gather at Annual Caucus

Darlene D. McClendon

caucus \kô-kes\ *n. {prob. of Algonquian origin} {1763} - a group of people united to promote an agreed upon cause*

In the early waking hours of Sunday, October 20, during the Society's annual business meeting, such an event…a caucus…was held by the Commission on Women Physicians. This gathering was the second of its kind and proved to be an excellent tool for the Society to "hear" women physicians and test ideas.

This group assembled to promote and discuss women's issues, and explore new measures to increase women physicians' membership in the Society. The Council on Membership's mentoring program, as well as ways to increase and enhance leadership opportunities, were also discussed.

Younger physicians in attendance solicited assistance in handling varying and demanding needs of first- and second-year women physicians in practice, as well as female medical students. The commission will further study ways in which the Society can assist young physicians in their first few years of practice.

Gloria Watkins, MD, a Westmoreland County pathologist and a commission member, was one of several women physicians on hand to discuss the issues and offer advice. Of the caucus, she says it "was well attended and served as a springboard for the commission to set its objectives and supporting activities for the new year." Dr. Watkins also serves as a delegate to the Society's House.

Dr. Watkins

Dr. Watkins says she selected medicine because of her "love for the sciences." For that same reason, she chose the subspecialty of female and neonatal pathology. But, one of the many issues facing women physicians—and one of the issues often discussed among commission members—is the balancing of a career, a family, and community responsibilities—all of which can be somewhat overwhelming. Dr. Watkins understands: With only 10 years of practice experience, she was named president of the Westmoreland County Medical Society, was appointed director of laboratories at Frick Hospital in Mount Pleasant, and served on two hospital boards.

She says she is blessed with a great deal of energy. She makes a weekly schedule for herself and her family—and she recognizes and is thankful that her schedule is flexible enough to allow for the unexpected…which often arises. Her advice to others is to "budget your time to allow for all the important facets of your life."

Next year, the Commission on Women will sponsor regional seminars to assist women physicians in expanding their leadership abilities and becoming skilled leaders in their practices, in their community, and in the state. Look for further news and profiles early in 1997 in PENNSYLVANIA MEDICINE.

AUTHOR BIOGRAPHY

Ms. McClendon is the Society's professional and corporate development assistant. For more information about the Society's Commission on Women Physicians, contact the author at (800) 228-7823 or (717) 558-7750, ext. 1407.

CME Alert

The State Society's Center for Professional Drug Education and Information currently offers *Rational Therapy Monographs*, which are continuing education opportunities for physicians. Recently, the Center received notification that five of the six monographs issued in September 1995 have been extended for use to March 31, 1997, and December 31, 1997, as listed below. The sixth monograph expiration remains unchanged.* If you are not receiving these monographs, please call the Center at (800) 228-7823 or (717) 558-7750.

March 31, 1997

Sinusitis
Community-Acquired Pneumonia
Otitis Media

December 31, 1997

Headache
Asthma
**Peptic Ulcer Disease*

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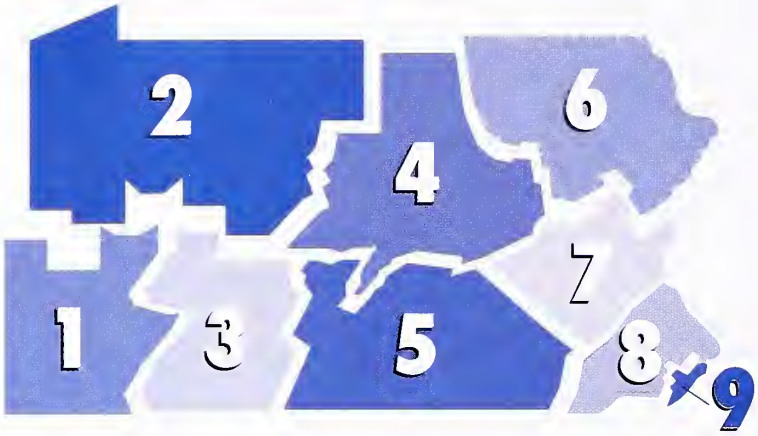
ANALYSIS OF THE EMERGING HEALTH CARE MARKETPLACE IN PENNSYLVANIA AND BEYOND

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. Fc more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.



▶ Officials from Blue Cross of Western Pennsylvania, Pennsylvania Blue Shield, and the University of Pittsburgh Medical Center (UPMC) signed a contract that gives the medical center a 20 percent investment in the SecurityBlue Medicare HMO. Also announced, the Braddock Medical Center will become a subsidiary of UPMC. *[University of Pittsburgh Medical Center press release; PR Newswire]*

▶ Two major health plans run by Blue Cross of Western Pennsylvania—Keystone Health Plan West and Select Blue—were denied accreditation after outside examiners learned that plan employees had falsified internal records. Blue Cross says it fired "the responsible individuals" and that the falsified records didn't affect patient care. However, some health-benefit consultants believe the accreditation denial could affect the health plans' standing. *[Wall Street Journal]*

▶ In other news, Blue Cross of Western Pennsylvania is apparently having second thoughts about construction of a fifth primary care center in Moon Township due to a changing health care environment. The insurer built and opened four centers in McCandless, Green Tree, Monroeville, and West Mifflin. *[Pittsburgh Business Times]*

▶ HealthAmerica, seeking to widen its patient base, opened its nine medical offices to people covered by other health insurance. The move is part of HealthAmerica's strategy to make its physicians more autonomous and allow them to contract with other carriers. *[Pittsburgh Business Times]*

▶ Children's Hospital is seeking partnerships with four community hospitals and has established a pilot program at Latrobe Hospital that includes a telemedicine project and community education programs, and will eventually lead to expanded clinical services.

Also formed was the Children's Health Network, an affiliation between the hospital and its physicians, to negotiate with local insurers to provide pediatric services to various provider networks. *[Pittsburgh Business Times]*

▶ Northwest Medical Center, Venango County, closed one of its acute care hospitals in order to cut its losses and make a profit. The consolidation is the result of several years of turmoil, leading up to and following the merger of Oil City and Franklin hospitals in 1992. *[Central Penn Business Journal, Harrisburg]*

▶ York Health System received final regulatory approval to form its own risk-bearing health insurance company in collaboration with local hospitals. The venture—described as a cross between an HMO and a traditional indemnity health insurance company—is called South Central Preferred. *[Central Penn Business Journal]*

▶ In a strategic move to compete with Harrisburg Hospital in the maternity and delivery area, Holy Spirit Hospital, Camp Hill, filed a request with the state Department of Health to upgrade its nursery and neonatal unit. *[Central Penn Business Journal]*

▶ Pinnacle Health System—formed by the merger of Capital Health System and Polyclinic Health System—announced its selection of Texas-based VHA as its national health care alliance. *[VHA press release]*

▶ Carlisle Hospital and Health Services received state Health Department approval to develop a new cancer care center in South Middleton Township. *[Patriot-News, Harrisburg]*

▶ Penn State's Milton S. Hershey Medical Center, Hershey, expanded its network of family clinics by opening a new family health and radiology clinic in Lower Paxton Township. The network also includes clinics in Middletown, Palmyra, State College, and Hershey. *[Central Penn Business Journal]*

▶ The University of Pennsylvania Health System is planning to move into a formal merger with Phoenixville Hospital. Also, following an agreement with the Chester County Hospital, West Chester, this summer, the health system signed a letter of intent to affiliate with Holy Redeemer Health System. *[Philadelphia Inquirer; Philadelphia Business Journal]*

▶ Pennsylvania Hospital is considering selling its historic, yet ailing, Institute of Pennsylvania Hospital to CoreCare Systems. *[Philadelphia Inquirer]*

▶ Crozer-Keystone Health System received state approval to operate a risk-bearing preferred provider organization in Delaware County. *[Philadelphia Business Journal]*

▶ A collaborative venture was announced between St. Agnes Medical Center and the newly formed Methodist Hospital Division of Thomas Jefferson University Hospital. *[Physician's News Digest]*

▶ Temple University Health System is discussing an affiliation agreement with the for-profit Primary Health Systems hospital chain. *[Philadelphia Business Journal]*

▶ Oncology Physician Network—with 54 medical oncologists and hematologists serving 26 institutions in the Delaware Valley and New Jersey—will provide managed care oncology services to 150,000 employees from 11 labor unions in Pennsylvania, New Jersey, and Delaware. *[Physician's News Digest]*

▶ Graduate Health System laid off 92 employees at its four Philadelphia hospitals as part of an ongoing cost-reduction plan that the system says is necessary for its survival. *[Philadelphia Business Journal]*

MANAGED CARE MOVES, STATE BY STATE

▶ A regulatory decision is expected before the end of the year on Trigon Blue Cross Blue Shield of Virginia's bid to become an investor-owned insurance company. Trigon, covering 1.8 million people, says it needs access to equity capital to strengthen its managed care business against national competitors moving into the region. The company proposes to distribute common stock to its policyholders and sell additional shares through an initial public offering. *[American Medical News]*

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Are Doctors Ignoring Living Wills?

Suzanne J. Deal, Esq.

Medical and technological advancements make it possible today to prolong the lives of patients who would otherwise have died. Artificial life support systems such as respirators and feeding tubes can prolong death for days, months, and even years. While these advancements are extraordinary, they are not necessarily welcomed by patients or their families and are often considered undesirable from moral and economic points of view.

Abstract

Living wills are useful instruments, but declarants must clearly spell out their intentions to ensure that their living wills are followed—by their families...and by their physicians.

The case of Nancy Cruzan is just one illustration of such a conflict. Nancy Cruzan was in an automobile accident in which she suffered irreversible and irreparable brain damage. Attached to a gastronomy tube, Nancy did not regain consciousness and lingered in a persistent vegetative state for years. Realizing their daughter was never coming back, the Cruzan family went to court to have the life support tubes keeping her alive removed. The case eventually reached the U.S. Supreme Court, which held that removal of life support could only be granted if their daughter had expressed the desire not to live in a persistent vegetative state by "clear and convincing" evidence or by living will.

The purpose of a living will is to equip patients suffering from a terminal condition or permanent unconsciousness with a legal safeguard against unwanted medical treatment in the event that they become unable to speak for themselves. It has been generally accepted that so long as one codified the wish to refuse certain end-of-life medical treatments in a living will, the wish was granted. Unfortunately, such may not be the case.

A recent study published in the *Journal of the American Medical Association* suggests that doctors are ignoring their patient's instructions on end-of-life treatment preferences. According to the study, roughly half of the patients who expressed the desire not to be resuscitated died in an intensive care unit attached to a life support machine.

There are several theories why living wills ar being ignored by doctors. Failure to communicate fear of liability, vagueness of living wills, patien expectations, ethical dilemmas, and hope fo medical miracles are all possible explanations fo why patients are dying prolonged, mechanica deaths contrary to their desires.

COMMUNICATION FAILURE

In light of the *JAMA* study, some doctors an other experts still believe that communicatio failure between doctors and patients i responsible for patients dying hooked to machine contrary to their wishes. Dr. Bernard Lo, University of California-San Francisco medica ethicist, suggests that the failure of nurs advocates in the *JAMA* study to improv communication and reduce unwanted deaths ma be due to the fact that doctors are reluctant to tak suggestions from nurses regarding life-sustainin interventions. Dr. Lo avers that the key t satisfying patients' wishes is getting patients an their doctors to talk directly with one another, no through a nurse liaison.

THE LIABILITY ISSUE

Ronald Mehok, MD, chief of surgery a Sewickley Valley Hospital, agrees that doctors ar reluctant to accept the advice of a nurse advocate i such a serious life or death situation. "Ultimately, i is the doctor who is on the line for medical liability not the nurse," Dr. Mehok says.

He completely respects and supports hi patients' right to refuse medical treatmen procedures. "However," he says "it is the questio of liability that muddies the water." For instance Dr. Mehok says he would not implement a patient' directive if the family disagreed; he would no remove life-sustaining treatment unless mandate to do so by a court order.

Physician-family consensus may be the mos important determinant as to whether or not patient's advance directive will be followed. A patient's surviving family members are perceived b doctors as potential plaintiffs. Doctors may be sue

by family members who assert some damage caused by the patient's death after life-sustaining procedures are discontinued by alleging that the living will should not have been honored. Under Pennsylvania law, health care providers may also be liable for initiating or continuing life-sustaining treatment.

Pennsylvania's Advance Directive for Healthcare Act (ADHA) contains an immunity provision for doctors and health care providers (Section 5407) in an attempt to alleviate the fear of liability and thus improve the implementation of living wills. However, this immunity provision has done little to allay doctors' fears about liability.

Pennsylvania's immunity provision requires that physicians act "consistent with this chapter" in order to fall within its provisions. "This language creates potential liability for any health care provider acting pursuant to the express statements of a living will, but not according to the technical requirements of the...statute." For a doctor to be protected, he or she must comply with the statute's many technical requirements.

Doctors are not generally familiar with, or particularly interested in, the statutes or living will instruments. Also, many doctors simply are not aware of the legal requirements, such as what types of treatments can be refused and when, under state law. Most doctors have only a vague understanding of key technical provisions. Consequently, a doctor may be liable for committing an error of law under the statute, such as implementing a technically invalid living will or terminating a treatment procedure not permitted under state law. While this result may be highly improbable, the door is open for suit.

Doctors also lack the legal training needed to interpret these documents. Living wills and the legislation pertaining to them are drafted for lawyers to read and not for doctors or lay persons. Living will legislation and living wills are frequently criticized as being vague, ambiguous, and riddled with technical legal requirements. Without the consultation of an attorney to interpret the act and the validity of a living will, doctors are unclear about the law and their legal risks and responsibilities. Therefore, doctors have a tendency not to implement living wills without first obtaining court approval.

VAGUENESS OF LIVING WILLS

William J. Fulkerson, MD, director of critical care medicine at Duke University Medical Center and co-director of the *JAMA* study, criticizes living wills as too vague to be useful. General declarations such as "I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness" or "no machines," do not provide doctors with enough information to make a confident decision to terminate treatment.

For example, the artificial supply of food and hydration is seen by some patients as sustenance they want continued and by others as an artificial prolongation of death they intend to refuse. Without a specific provision in the living will, the physician is unclear as to the patient's actual intent, unless he or she has previously held discussions with the patient.

The ADHA's model form provides a list of specific life-sustaining treatments which declarants may refuse. The model form provides doctors with more guidance than general declarations and provides patients with more personal autonomy as to choose which treatments to refuse. However, any treatment not specified is within the realm of physician control, and the unspecified life-sustaining procedure would probably not be withdrawn or withheld unless the family consented or a court order was received.

PATIENT EXPECTATIONS

A recent study indicated that advance directives were desired by approximately 90 percent of persons polled. Despite this popular support, few had actually made living wills. One of the most frequently cited barriers was the patient's expectation that the doctor should initiate the discussion.

Many doctors have not been trained to have discussions with patients about dying and end-of-life treatment decisions. Doctors feel uncomfortable discussing death with their patients, so the conversations are avoided. Additionally, many doctors mistakenly believe that raising discussions about living wills or end-of-life treatment decisions may hinder their patients' recovery. And some doctors question the ability of patients to meaningfully participate in end-of-life decisions since patients lack medical expertise.

There is a need for more vigorous educational efforts in medical schools and at the postgraduate level. Medical schools do not formally train their students to raise discussions with patients regarding end-of-life treatment choices. Formal training with direct supervision and feedback would likely improve doctor-patient discussions. Until such training is provided, doctors cannot expect to do a good job of eliciting patient values or preferences regarding end-of-life treatment decisions.

ETHICAL DILEMMAS

Ethical, moral, and religious justifications also contribute to the reluctance to implement living wills. Doctors are sworn to the Hippocratic Oath, which declares that a doctor shall do the patient no harm. For some doctors, the withholding or withdrawal of life support treatments is doing the patient harm because such action typically results in the patient's death. Doctors are trained to save lives, not end them.

This view has been incorporated in a declaration entitled, "the May statement."

Developed by a group of physicians, ethicists, theologians, and attorneys, the statement represents the traditional view of health care ethics in that deliberate killing in any form is rejected.

The May statement acknowledges that "competent persons have the moral and legal right to refuse any useless or excessively burdensome treatment." However, the drafters urge that this right must be exercised with great care. Additionally, the May statement suggests that artificial nutrition and hydration are never useless or excessively burdensome treatments, and can therefore never be refused. According to the May statement, the omission of nutrition and hydration is an act of killing which is never morally right.

Peggy Norris, MD, chairman of Alert, an anti-euthanasia organization, holds principles similar to those contained in the May statement. Dr. Norris says, "It is a scandal that food and fluids should be withheld from anyone as a means of causing their death...If someone is dying, it is perfectly ethical to withhold medical treatment if it is failing to help them recover, but food and drink are not medical treatment. If that is withdrawn, people are being starved to death and that can never be right."

The views espoused by the May statement and Dr. Norris stimulate a great deal of debate in the medical community on the subject. They do, nonetheless, provide an explanation as to why some doctors ignore living wills.

THE HOPE FOR MIRACLES

There is also the hope for medical breakthroughs and miracles. Recently a comatose patient, Gary Dockery, awoke after being in a coma for seven-and-a-half years, the result of a gunshot in the head. On February 11, he was diagnosed with life-threatening pneumonia. His family had to choose between letting the illness kill him or risking surgery. The next day, he miraculously awoke. This awakening has sparked the ongoing debate over changing the standard, as well as confusion about the likelihood of recovery from a coma or persistent vegetative state.

The Multi-Society Task Force on Persistent Vegetative State has defined vegetative state as a state of unconsciousness where the individual [illegible] completely unaware of the self and th[illegible] environment, and lacks any voluntary behavior [illegible] comprehension of language. The task forc[illegible] differentiated between persistent and permanen[illegible] vegetative states, saying that the condition [illegible] considered persistent after one month an[illegible] permanent if it lasts for 12 months, sinc[illegible] improvement after this time is extremely rare.

The task force described an irreversible con[illegible] as a deeper state of unconsciousness, with a lack [illegible] both awareness and wakefulness, where[illegible] persistent vegetative state patients have cycles [illegible] wakefulness and sleep, but remain unconscio[illegible] since the brain stem is not damaged. With prope[illegible] medical care, patients in comas and vegetativ[illegible] states can survive for many years. Thes[illegible] definitions are widely accepted in the medic[illegible] community.

Nancy Childs, MD, of the Healthcar[illegible] Rehabilitation Center in Austin, Texas, and Wa[illegible] Mercer, a neuropsychologist of the Henry For[illegible] Hospital in Detroit, Michigan, have challenge[illegible] the vegetative diagnosis. They suggest th[illegible] abandoning the term "permanent vegetativ[illegible] state" may be ethically prudent.

According to their research, the rate [illegible] recovery for those in a permanent vegetative stat[illegible] is much higher than previously believed. Th[illegible] American Medical Association reports that th[illegible] prognosis rate is only one percent of cases i[illegible] which a person has been in a vegetative state fo[illegible] 12 months. However, Dr. Childs and Merce[illegible] conservatively estimate the incidence [illegible] improvement after permanent post-traumati[illegible] vegetative state to be 14 percent. They say, "Full[illegible] informed decisions regarding withdrawal [illegible] treatment...should include a discussion [illegible] pertinent information on the probability [illegible] improvement of consciousness and likel[illegible] improvement of function."

Under the ADHA, a living will become [illegible] effective only when the patient is determined t[illegible] be incompetent and in a terminal condition or i[illegible] a state of permanent unconsciousness. The statut[illegible] defines permanent unconsciousness to includ[illegible] persistent vegetative state and irreversible com[illegible] However, the act does not define these conditions [illegible] The definitions are open to medical interpretatio[illegible] and, depending upon how they are defined b[illegible] doctors, may make all the difference in whether o[illegible] not a living will is implemented.

According to the Multi-Society Task Force' [illegible] definitions, a patient's living will would no[illegible] become operable until after one month in a stat[illegible] of unconsciousness. For many patients, an artifi[illegible] cially sustained existence in a vegetative state fo[illegible] one month may be undesirable.

ENSURING PATIENTS' WISHES

When doctors ignore patients' living wills o[illegible] postpone the termination of unwanted medica[illegible]

reatment until a court order is received, the urpose of the living will and the legislation is hwarted. In view of this result, some may uestion the worth of executing a living will if it nay ultimately be ignored. However, as the Cruzan case illustrates, without a living will, it is ery difficult to provide clear and convincing vidence of a patient's desires for end-of-life reatment decisions.

Living wills are still useful instruments. They rovide families, doctors, and courts with valuable vidence as to the declarant's intent. However, it is ot enough for a person to merely declare his or er intentions in a living will. Declarants need to ake additional steps to ensure their living wills are ollowed:

- First, a declarant should talk with his or her primary care physician ahead of time to assess the physician's values regarding end-of life decisions. The greater the consonance between declarant and physician values, the more likely the declarant's treatment choices will be followed. Declarants are also advised to complete their living will with their physician during a routine appointment. This way the declarant can make sure the doctor understands the living will and can ask if the doctor has any objections.
- Second, the declarant should also discuss the matter with close family members, since without their consent many doctors are reluctant to implement a living will.
- Finally, once the living will is made, the declarant should make sure that his or her doctor, surrogate, and close relatives have a copy. ✪

Full references available upon request

AUTHOR BIOGRAPHY

Ms. Deal, a graduate of Villanova University School of Law, is an attorney in Harrisburg. A more detailed version of this article was originally published in the October 1996 issue of *The Pennsylvania Bar Association Quarterly.*

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hysicians as never before are being assailed on all sides by restrictive nanaged care policies, Medicare reimbursement legislation and an overall ightening of reimbursement schedules. The practice has to see more atients to make the same income as last year but there are still ONLY 24 ours in a day! What's the answer?....PHYSICIANS ASSISTANTS. PA's are ow being touted by a number of medical practice consultants as a way to tabilize and/or increase practice revenues.

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ELECTION NEWS

Republicans Increase Control in **State Senate**

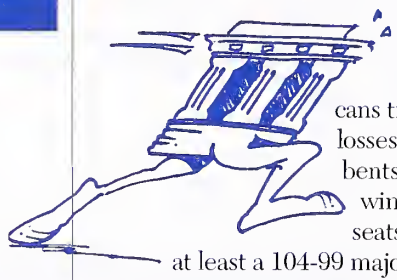
Pennsylvania Senate Republicans increased their control as the majority party by one vote, to 30-20, as a result of the November 5 election. The lone "takeover" was the defeat of Buzz Andrezeski (D-Erie). Andrezeski was defeated by Jane Earll, the Republican challenger supported by Physicians' Action Trust, the newly formed, state-level political action committee (PAC) for non-State-Society-member physicians.

The other major contest in the Senate was the race to replace Mike Fisher, elected as the state's new attorney general. The winner was Tim Murphy (R-Allegheny), a psychologist. PAMPAC—the Society members' PAC—supported Democrat Greg Fajt, based on his voting record as a House member on specialty society issues and tort reform. Physicians were visible working for both candidates.

In the other 23 state Senate races, either the incumbent legislator or the same party held the seat. PAMPAC supported winners Mary Jo White (R-Venango) and William Slocum (R-Warren) in their successful bids to win open seats. Another winner who had PAMPAC support was incumbent Senator Pat Stapleton (D-Indiana) in a race that was closer than some expected.

THE "LONE TAKE-OVER"

THE HOUSE RACE



Republicans traded two losses of incumbents for four wins in open seats to build at least a 104-99 majority. This session they held only a one vote, 102-101 margin.

The two losers were Tom Stish (R-Luzerne) and Colleen Sheehan (R-Montgomery). Both had PAMPAC support and strong local support from physicians. The four new Republican winners in "takeover" districts were John Pippy and Tom Stevenson, both from Allegheny County; Fred McIlhattan from Clarion County; and Kerry Benninghoff from Centre County. PAMPAC or the Physicians' Action Trust supported each of the four winners.

Late reports, however, indicated that the Colleen Sheehan/Connie Hess Williams race had become too close to call. The official count—and perhaps some recounts—we expected at press time.

In other House races, the incumbent won or the party in control held the seat.

CONGRESSIONAL RESULTS

At press time, the Jon Fox/Joe Hoeffel race in Montgomery County was thought to have a 89-vote margin. Challenges may still be pending. Although there was word that incumbent Frank Mascara (D) may have lost in Washington County, that victory was not realized. AMPAC—the AMA's member PAC—supported his GOP opponent Mike McCormick.

In other prominent congressional races, all three of the candidates—Phil English (R-Erie), Joe Pitts (R-Chester/Lancaster), and John Peterson (R-Venango)—who received the maximum $5,000 support from AMPAC, were winners. The Democratic incumbents who supported medical liability reform, Tim Holden (D-Berks/Schuylkill) and Paul McHale (D-Lehigh) were also winners with AMPAC support.

As Election Day 1996 came to a close, it was evident the State Society was successful in supporting friends in both parties—generally defined by their vote on medical liability—and getting involved in open seats in both the Senate and House. In addition to support for the victorious Attorney General candidate, Mike Fisher, physicians also won their big Senate challenge race—Earll over Andrezeski.

Larry L. Light, the State Society's director of legislative affairs, contributed this election analysis.

MEDICAL STUDENT NEWS

Education, Elections Focus of **Annual Meeting**

The annual meeting of the Society's Medical Student Section was held November 2 at Jefferson Medical College of Thomas Jefferson University, Philadelphia. In an educational session Society Trustee George R. Fisher III, MD, spoke to the group on his vision of the evolving health care environment in Pennsylvania.

QMB Update

In 1994, the State Society won our challenge to the state Medicaid program's failure to pay the full Medicare patient cost-sharing (deductibles and coinsurance) for low-income beneficiaries—known as Qualified Medicare Beneficiaries (QMBs). **Total payments to date exceed $130 million for all providers, with more than $73 million of that paid to physicians.** The Society continues to work to educate seniors about their benefits through the QMB program.

Also, Robert L. Lilley, the Society's irector of outreach, talked about tort eform and the CAT Fund surcharge; nd Shelley J. Urich, director of admin-stration and loans of the Society's Edu-ational and Scientific Trust, verviewed student loans, the Physi-ians' Health Programs, and other ser-ices provided by the Trust.

In elections:

- Eric Grossman of Jefferson Medical College was elected section chair; Glen J. Barbee of Allegheny University of the Health Sciences is past chair.
- Victoria Falcone of the Philadelphia College of Osteopathic Medicine was elected vice chair.
- Kenneth S. Kurtz of Jefferson Medical College was reelected to a second term as student trustee, and Amy K. Imro of Allegheny University of the Health Sciences was reelected alternate delegate to the AMA.

Also serving the section are five Gov-rning Council members-at-large: ditya Arora, University of Pittsburgh chool of Medicine; Jorge A. Garcia-uazaga, Penn State's College of Medi-ne; Jaime H. Membrano, Temple niversity School of Medicine; Jean-acques Rajter, Allegheny University of e Health Sciences; and Herb Singh, niversity of Pennsylvania School of Iedicine.

For more information, call the sec-on at (800) 228-7823 or (717) 558-750.

ALLIANCE NEWS

PA's First Lady loins PMSA in Anti-Violence Program

Pennsylvania First Lady Michele idge joined the Pennsylvania Medical ociety Alliance (PMSA) in presenting conflict-resolution program to second aders in Middletown in October. The ogram uses the message, "Hands are t for hitting," to teach children about positive, non-violent activities and acceptable ways to treat others.

The Middletown program was scheduled to coincide with national SAVE day. SAVE, which stands for Stop America's Violence Everywhere, was launched two years ago by the AMA Alliance and PMSA. The SAVE program focuses attention on the problems of violence in America—in homes and schools, on the streets, and in the media—by stressing the importance of prevention through education.

Middletown second graders learn the importance of conflict resolution at the "Hands" program presented by the Pennsylvania Medical Society Alliance in October.

PMSA members will present the "Hands" program and other age-appropriate programs across the state during the school year. The State Society and The Educational and Scientific Trust have also lent support to the program.

Insurance Benefits Expanded to Members

Pennsylvania Medical Society members residing in the Capital Blue Cross area now may purchase high-quality health insurance through the Society's endorsed insurance administrator, Colburn-Bertholon-Rowland (CBR). Rates offered are lower than those available through community-rated plans. Advantages include:

- *Guaranteed acceptance*—The Society program guarantees that its members are eligible for full coverage, including for spouses and dependent children up to age 19, or up to age 25 if single, full-time students.
- *No exemptions or waiting period for pre-existing conditions*—Employees will receive immediate coverage for themselves and any family members, without a checkup. Pre-existing conditions are also covered, which can mean tremendous savings on medical bills that would otherwise be denied.
- *Full portability as long as you're a Society member*—Because this plan is sponsored by the State Society, all active members may retain their coverage indefinitely even after they leave their current place of employment, as long as they reside in the Capital Blue Cross 21-county plan area.
- *Superior customer service*—With CBR's experienced staff and state-of-the-art systems, benefit managers and employees will find it easy to resolve everyday questions and concerns.

Available to physicians are two traditional indemnity plans, a point-of-service plan, and dental and eye coverage. For more information on programs, rates, and eligibility requirements, call CBR's Employee Benefits Department at (800) COLBURN.

Lobbying Percentages Set at 15 Percent

For federal income tax purposes, the actual non-deductible percentage of your 1996 and 1997 Society dues is 15 percent. Because of changes in the tax law in recent years, membership associations are required to report the percentage of their overall efforts related to lobbying. Members of these organizations are required to take this percentage into account when identifying dues as tax deductions. Direct questions to (800) 228-7823, ext. 1234.

Honored

Dr. Rhoads

Jonathan E. Rhoads Jr., MD, immediate past president of the State Society, was honored by the Indiana County Medical Society with a Certificate of Appreciation for his leadership and support for tort reform in Pennsylvania.

Nikitas J. Zervanos, MD, Lancaster, received the 1996 Thomas W. Johnson Award from the American Academy of Family Physicians for his contributions to family practice education in undergraduate, graduate, and continuing medical education spheres.

George Spaeth, MD, director of glaucoma service, Wills Eye Hospital, and professor of ophthalmology, Thomas Jefferson University, was awarded the Derrick Vail Award by the Illinois Ophthalmological Society. The award is given once every five years to the individual the society believes has contributed most to ophthalmology during the preceding five years. Dr. Spaeth was honored for his work in glaucoma and the field of ethics.

Alvaro Alandete, MD, medical director, Children's Residential Services, Abbottstown, was named Physician of the Year by the Hanover Hospital Medical Staff.

Gerald J. Herbison, MD, co-director of clinical electroneuromyography, Department of Rehabilitation Medicine, Thomas Jefferson University Hospital, Philadelphia, was honored by the American Academy of Physical Medicine and Rehabilitation as one of its 1996 Distinguished Clinician Award recipients.

Paul F. Engstrom, MD, senior vice president of population science, Fox Chase Cancer Center, and medical director, Fox Chase Network, was named by the *Philadelphia Business Journal* as a runner up in the Health Care Heroes Awards. He was honored for his pioneering strategies and techniques to prevent cancer.

Scott L. Williams, MD, associate professor of surgery at the University of Pittsburgh who practices at Magee-Womens Hospital, and **John Kirkwood, MD,** director of the University of Pittsburgh Cancer Institute's Melanoma Center and vice chairman for clinical research in the Department of Medicine, were honored by the cancer institute. Dr. Williams received the Leo H. Criep, MD, Excellence in Patient Care Award, and Dr. Kirkwood received the institute's Scientific Leadership Award for his achievements in the treatment of melanoma.

Myron Yanoff, MD, professor and chairman, Department of Ophthalmology, Allegheny University of the Health Sciences, Philadelphia, was selected by his peers as one of the best 100 ophthalmologists in America. The honor was given by *Ophthalmology Times*, with input from ophthalmologists nationwide.

Appointed

Arnold T. Berman, MD, was named president of Graduate Hospital, Philadelphia. He formerly served as chairman of orthopedic surgery and rehabilitation, Allegheny University Hospital, Hahnemann Division.

Karen A. Abrams, MD, was named medical director at the Renfrew Center, a comprehensive women's mental health facility in Philadelphia.

Joseph A. Weader, MD, was appointed president and chief executive officer, General Medical Services, a Wyoming Valley Health Care System affiliate in Plains.

Joseph E. Philbin, MD, was appointed executive medical director, Mercy Physicians Network, serving the Wilkes-Barre/Scranton area.

Paul Pepe, MD, was named chai man, Department of Emergency Me cine, Allegheny General Hospital, Pittsburgh.

Dr. Permut

Stephen R. Permut, MD, JD, was appoint professor and chairman, Depa ment of Family Practice and Co munity Health, and **Glenn C. Isaacson, MD,** was appointed professor and chairman, Departmen of Otorhinolaryngology, Temple Uni versity Health Sciences Center, Philadelphia.

Farooq Chaudry, MD, was named associate professor of medicine, chief of the Echocardiography Laboratory, and director of the Card vascular Imaging Laboratory, Allegheny University of the Health Sciences, Philadelphia.

The Project on Death in America the Open Society Institute has select **Susan McGarrity, MD,** assistant pr fessor of anesthesia and director of palliative care, Penn State's Milton S Hershey Medical Center, as a Soros faculty scholar.

County News

Under the leadership of President **Craig G. Richman, MD,** the Erie County Medical Society is reaching o to local practice managers in an effort to increase membership. Audrey DiPlacido, county society executive, and Dana Gleason, the State Society's associate director of managed care bu ness strategy, made a presentation to the local chapter of the Professional Association of Health Care Office Ma agers on the benefits/resources of ally ing themselves with both the local an state branches of organized medicine

OBITUARIES

hn R. Bower Sr., MD, Wyomissing
fferson Medical College of Thomas Jeffer-
n University, 1933; age 91, died Septem-
r 23, 1996. Dr. Bower was a psychiatrist.•

obert A. Buyers, MD,
ower Gwynedd
niversity of Pennsylvania School of Medi-
ne, 1944; age 79, died September 19,
96. Dr. Buyers was a general surgeon.•

onald Y. Cameron, MD, Pittsburgh
niversity of Pittsburgh School of Medi-
ne, 1935; age 85, died September 28,
96. Dr. Cameron specialized in internal
edicine.•

ctor A. DiGilio, MD, Philadelphia
niversity of Pennsylvania School of Medi-
ne, 1931; age 91, died October 15, 1996.
r. DiGilio specialized in cardiovascular dis-
ses.•

seph H. Hobbs, MD, Pottsville
fferson Medical College of Thomas Jeffer-
n University, 1956; age 69, died Septem-
r 3, 1996. Dr. Hobbs was a general
actitioner.•

exander M. Hofstetter, MD, Carlisle
bany Medical College, 1943; age 78, died
ptember 30, 1996. Dr. Hofstetter special-
d in urological surgery.•

rl A. Humphreys, MD, Gibsonia
niversity of Pittsburgh School of Medicine,
55; age 68, died September 25, 1996. Dr.
umphreys was a gastroenterologist.•

ephen J. Marthouse, MD, Lewistown
fferson Medical College of Thomas Jeffer-
n University, 1942; age 80, died Septem-
r 6, 1996. Dr. Marthouse was a general
actitioner.•

seph Wilbur Raymond, MD,
hnstown
niversity of Pennsylvania School of Medi-
ne, 1935; age 86, died October 12, 1996.
r. Raymond was an ophthalmologist.•

eorge W. Rinck II, MD, Middleburg
mple University School of Medicine,
52; age 71, died August 26, 1996. Dr.
nck was a family practitioner.•

artin J. Rocco, MD, Philadelphia
mple University School of Medicine,
82; age 41, died August 31, 1996. Dr.
cco was an anesthesiologist.•

oco P. Sciubba Jr., MD, Springfield
ferson Medical College of Thomas Jefferson University, 1945; age 76, died August 1, 1996. Dr. Sciubba was a general practitioner.•

Charles G. Steinmetz III, MD, Merion Station
Jefferson Medical College of Thomas Jefferson University, 1948; age 73, died September 16, 1996. Dr. Steinmetz was an ophthalmologist.•

J. Howard Swick II, MD, Beaver Falls
Hahnemann University School of Medicine, 1942; age 80, died September 16, 1996. Dr. Swick was a general practitioner.•

Richard Troxel Sr., MD, Laurys Station
Temple University School of Medicine, 1940; age 82, died September 2, 1996. Dr. Troxel specialized in emergency medicine.•

Michael S. Vigilante, MD, Allentown
Marquette University School of Medicine, Wisconsin, 1937; age 86, died July 12, 1996. Dr. Vigilante was an obstetrician/gynecologist.•

Louis J. Wagner, MD, Dunmore
Jefferson Medical College of Thomas Jefferson University, 1952; age 73, died September 28, 1996.•

William G. Watson, MD, Verona
Johns Hopkins University School of Medicine, Maryland, 1934; age 86, died August 22, 1996. Dr. Watson was a general surgeon.•

Peel White, MD, Bethlehem
Columbia University College of Physicians and Surgeons, New York, 1966; age 55, died September 16, 1996. Dr. White specialized in nephrology.•

Rayford E. Wright, MD, Winchester, VA
Hahnemann University School of Medicine, 1932; age 92, died September 3, 1996. Dr. Wright was a family practitioner.•

Harold N. Yoh, MD, Myerstown
Hahnemann University School of Medicine, 1937; age 85, died August 18, 1996. Dr. Yoh was a family practitioner.•

Philip D. Zarnick, MD, Butler
University of Pittsburgh Medical School, 1985; age 37, died July 23, 1996. Dr. Zarnick was an obstetrician/gynecologist.•

I. Ralph Burbridge, MD, Waterford
Jefferson Medical College of Thomas Jefferson University, 1946; age 73, died August 19, 1996. Dr. Burbridge was a psychiatrist.

Alan S. Cohen, DO, Blue Bell
Philadelphia College of Osteopathic Medicine, 1991; age 44, died July 22, 1996.

Sterrett E. Dietrich, MD, Ligonier
University of Pittsburgh School of Medicine, 1929; age 91, died August 9, 1996.

John W. Galson, MD, New Smyrna Beach, FL
Jefferson Medical College of Thomas Jefferson University, 1942; age 81, died August 9, 1996.

Arthur E. Gatenby, MD, Erie
University of Illinois College of Medicine, 1963; age 58, died August 11, 1996. Dr. Gatenby specialized in child psychiatry.

Robert E. Hallinger, DO, Newtown
Philadelphia College of Osteopathic Medicine, 1955; age 69, died September 2, 1996.

H. Walter Horan Jr., MD, Kingston
State University of New York Health Science Center at Syracuse College of Medicine; age 78, died August 10, 1996. Dr. Horan was an obstetrician/gynecologist.

Beatrice M. Kratz, DO, Lumberton, NJ
Philadelphia College of Osteopathic Medicine; age 87, died September 23, 1996.

Robert Lehman, MD, Los Angeles, CA
Temple University School of Medicine, 1937; age 84, died August 23, 1996. Dr. Lehman was a pathologist.

Eleanor Lessley, DO, Ephrata
Philadelphia College of Osteopathic Medicine; age 75, died September 12, 1996. Dr. Lessley was a family practitioner.

Jacob Lewis, MD, Freehold, NJ
Temple University School of Medicine; age 90, died July 28, 1996. Dr. Lewis was a family physician.

Conrad Maulfair, DO, Lower Macungie Township
Philadelphia College of Osteopathic Medicine; age 93, died September 10, 1996.

William J. Oschell, MD, Glenside
Jefferson Medical College of Thomas Jefferson University, 1954; age 68, died October 4, 1996. Dr. Oschell specialized in internal medicine.

Mark A. Van Slyke, MD, Hershey
University of Massachusetts Medical School, 1987; age 39, died August 18, 1996. Dr. Van Slyke was a diagnostic radiologist.

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Scranton, PA—Several primary care practice opportunities for family practice/internal medicine physicians to join established, expanding solo and group practices. Private practice and employment openings. Competitive salaries/benefits. Send CV/contact: Bud Rogers, Director of Primary Care, Community Medical Center Healthcare System, P.O. Box 934, Scranton, PA 18501. (717) 586-1773 or fax: (717) 586-1776.

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Dodson Insurance Company **11**

Medical Inter-Insurance Exchange **Cover 2**

Medical Protective Company **23**

Pennsylvania Blue Shield **Cover 4**

Pennsylvania Medical Society Liability Insurance Company **5**

PIE Mutual Insurance Company **19**

Princeton Insurance Company **7**

Specialized Programs & Services

Medical Administrative Support Services **37**

Pennsylvania Medical Society Center for Professional Drug Education and Information **Cover 3**

PENNSYLVANIA MEDICINE publishes this listing of health care-related meetings each month as a service to its readers. Due to space limitations, t magazine is unable to publish complete details about each offering. Call the contact person for specifics such as program topics, speakers, CM credit hours, and registration fees. Send announcements to: Calendar, PENNSYLVANIA MEDICINE, P.O. Box 8820, Harrisburg, PA 17105-8820; fax (717) 558-7840; e-mail to *mboyer@pamedsoc.org*. Listings may be edited and are used at the discretion of the editors.

JANUARY 1997

17, *Pennsylvania Society of Colon and Rectal Surgeons Meeting*
Union League, Philadelphia
CONTACT: Samuel S. Laucks II, MD, (717) 848-2067

FEBRUARY 1997

21-26, *Joint Meeting of the American Academy of Allergy, Asthma, and Immunology (AAAAI), the American Association of Immunologists, and the Clinical Immunology Society*
San Francisco
CONTACT: AAAAI, (412) 272-6071

MARCH 1997

7-9, *Robert H. Ivy Society of Plastic and Reconstructive Surgeons Annual Scientific Meeting*
Park Ridge Hotel and Conference Center, Valley Forge
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

16-18, *American Medical Association Leadership Conference*
Marriott, Philadelphia
CONTACT: AMA, (800) 262-3211

20-21, *Pennsylvania Chapter American College of Emergency Physicians The Successful ED*
Valley Forge Hilton, Valley Forge
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

APRIL 1997

11-13, *Pennsylvania Medical Society Leadership Conference*
Lancaster Host Resort, Lancaster
CONTACT: Linda Harder, (800) 228-7823, ext. 1443

16-18, *Pennsylvania Chapter American College of Emergency Physicians Scientific Assembly*
Sheraton Station Square, Pittsburgh
CONTACT: Laurie Dobrosky, (800) 228-7823, ext. 1480

16-19, *Pennsylvania Orthopaedic Society Spring Scientific Meeting*
Charleston Place Hotel, Charleston, SC
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

16-20, *American Association of Clinical Endocrinologists (AACE) Sixth Annual Meeting and Clinical Congress*
Marriott, Philadelphia
CONTACT: AACE, (904) 353-7878

18-20, *Pennsylvania Society of Anesthesiologists Annual Meeting*
Hyatt Regency Baltimore on the Inner Harbor, Baltimore, MD
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

24-25, *American Trauma Society, Pennsylvania Division Annual Trauma Prevention Conference*
Hershey Lodge and Convention Center
CONTACT: ATS, Pennsylvania Division, (717) 766-1616

29-May 1, *Pennsylvania Medical Society Alliance Confluence*
Toftrees Hotel Resort & Conference Center
CONTACT: Lisa Lenker, (800) 228-7823, ext. 1433

MAY 1997

1-3, *Pennsylvania Association of Pathologists Annual Meeting*
Hotel Hershey
CONTACT: Linda Hare, (800) 228-7823, ext. 1481

9-16, *American College of Occupational and Environmental Medicine (ACOEM) and American Association of Occupational Health Nurses, American Occupational Health Conference*
Orange County Convention Center, Orlando, FL
CONTACT: ACOEM, (847) 228-6850

16, *Pennsylvania Society of Colon and Rectal Surgeons Meeting*
Union League, Philadelphia
CONTACT: Samuel S. Laucks II, MD, (717) 848-2067

JUNE 1997

19-21, *Pennsylvania Academy of Otolaryngology-Head and Neck Surgery Annual Meeting*
Nemacolin Woodlands Resort, Farmington
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

22-26, *American Medical Association Annual Meeting*
Hyatt Regency, Chicago, IL
CONTACT: AMA, (800) 262-3211

26-29, *Pennsylvania Allergy and Asthma Association 49th Annual Meeting*
Hotel Hershey
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

SEPTEMBER 1997

12-14, *Pennsylvania Society of Gastroenterology Annual Meeting*
Doubletree Hotel, Philadelphia
CONTACT: Christine Britton, (800) 228-7823, ext. 1483

25-27, *Pennsylvania Oncologic Society a the Pennsylvania Society of Hematology and Oncology 2nd Annual Joint Scientific Meetin*
Yorktowne Hotel, York
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

26, *Pennsylvania Society of Colon and Rec Surgeons Meeting*
Union League, Philadelphia
CONTACT: Samuel S. Laucks II, MD, (717) 848-2067

NOVEMBER 1997

13-16, *Pennsylvania Orthopaedic Society Fall Scientific Meeting*
Hotel DuPont, Wilmington, DE
CONTACT: Jeanmarie Staufenberg, (800) 228-7823, ext. 1482

Board Meetings of the Society and the Trust

Board meetings of the State Society and the Trust are held periodically throughout the year, usually at Society headquarters in Harrisburg. Below is a listing of meetings scheduled during the next year. If you have questions about the workings of a board, or if you would like to have an issue considered, contact your district trustee, or write to the chairman of the board of the appropriate entity.

Pennsylvania Medical Society Board of Trustees
P.O. Box 8820, Harrisburg, PA 17105-8820
January 7-8, 1997; March 11-12, 1997; May 13-14, 1997; July 8-9, 1997; September 9-10, 1997

Pennsylvania Medical Society Educational and Scientific Trust Board of Directors
P.O. Box 8820, Harrisburg, PA 17105-8820
March 20, 1997

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